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Substance Abuse and Mental Health Services Administration
Office of Applied Studies

Advance Report Number 9

January 1995

**OVERVIEW OF THE NATIONAL DRUG
AND ALCOHOLISM TREATMENT UNIT
SURVEY (NDATUS): 1992 AND
1980-1992**

NCJRS

APR 27 1995

ACQUISITIONS

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HIGHLIGHTS

This report presents key results from the 1992 NDATUS survey plus comparisons to prior surveys going back to 1980. NDATUS is the only national census of specialty substance abuse (i.e. alcohol or other drugs) treatment providers. It seeks information from all free-standing facilities that treat only substance abuse, and from specialized substance abuse units within multi-purpose health care institutions (for example, hospitals). Providers report information about all of their clients in treatment on a specific reference day. They also report data that describe other aspects of their treatment operations. A forthcoming Main Findings report will summarize all 1992 NDATUS results. The focus here is on selected data that were most consistently reported in 1992 and in prior surveys.

In addition to the highlights listed below, there are two broad findings concerning the structure of the specialty treatment industry. First, excluding growth in total clients over time, broad characteristics of providers and clients show either stability or gradual change between 1980 and 1992. Seeing the direction of changes or no change helps to understand how specialty treatment has responded to changes in the population needing treatment and to funding constraints. The observed stability or gradual change also provides reassurance that the NDATUS reporting system has been relatively consistent over this period.

Second, large differences exist among the States in terms of the number of clients in treatment as a proportion of the general population, in patterns of substances abused by clients, and in the mix of outpatient versus 24-hour care. These differences may reflect many factors such as the number of substance abusers, the types of substances abused, and the availability of funds to pay for treatment. To some extent, they may also reflect State reporting practices.

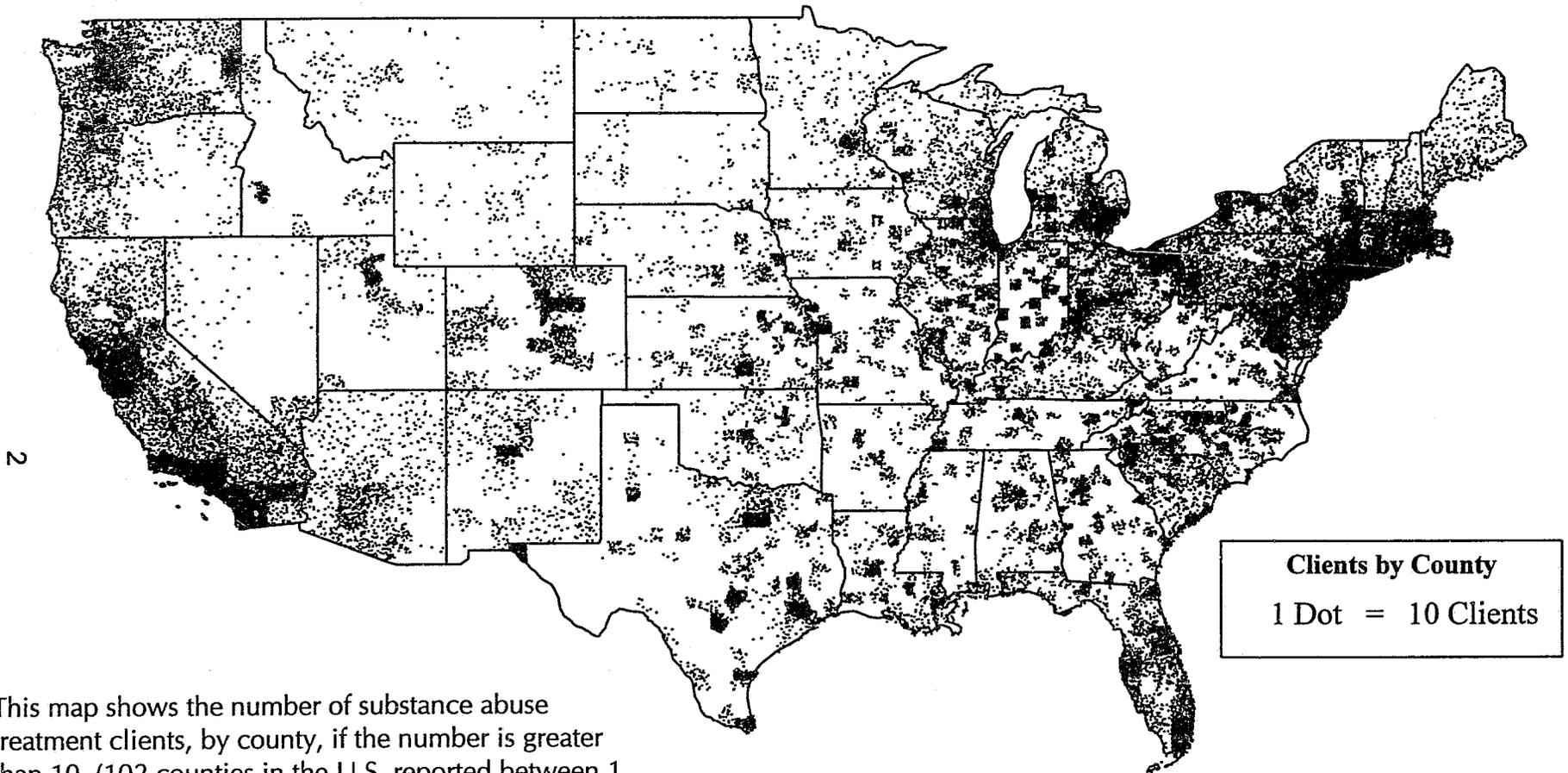
Clients in Treatment

- Across the U.S., there were an estimated 945 thousand clients in specialty substance abuse treatment on September 30, 1992. The geographic distribution of clients by county is shown in Figure 1.
- There were 432 clients for every 100,000 people in the general population above the age of 12. However, this rate varied by State and by region [see Figure 2]. For example, it was about twice as high in the West (656) than in the South (293). Among the States, Washington had the highest rate (781) and Arkansas the lowest (148).

Substances of Abuse

- NDATUS classifies clients into 3 groups: alcohol only, drug only, or both. Among clients in treatment, abuse of alcohol and illicit drugs (such as cocaine, opiates, and marijuana) together was the most common pattern of substance abuse across the U.S. --- 38% of clients abused both alcohol and

Figure 1

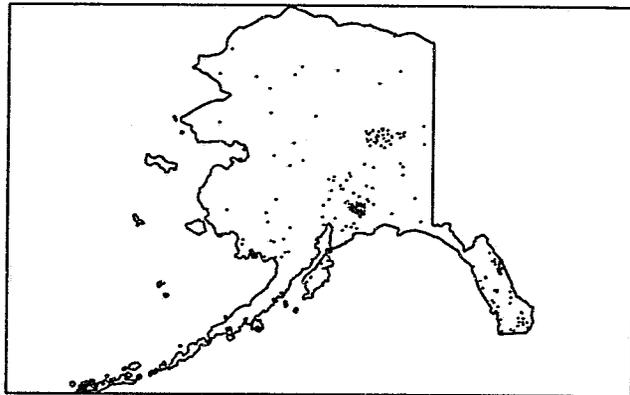


This map shows the number of substance abuse treatment clients, by county, if the number is greater than 10. (102 counties in the U.S. reported between 1 and 10 clients.) In counties with large client populations dots may overlap.

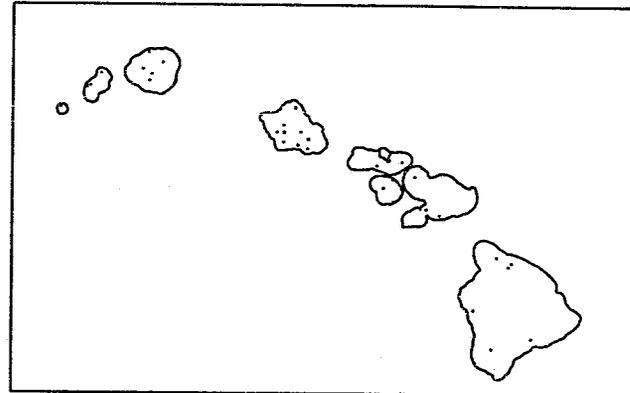
Figure 1 (cont.)

Clients by County
or Jurisdiction
1 Dot = 10 Clients

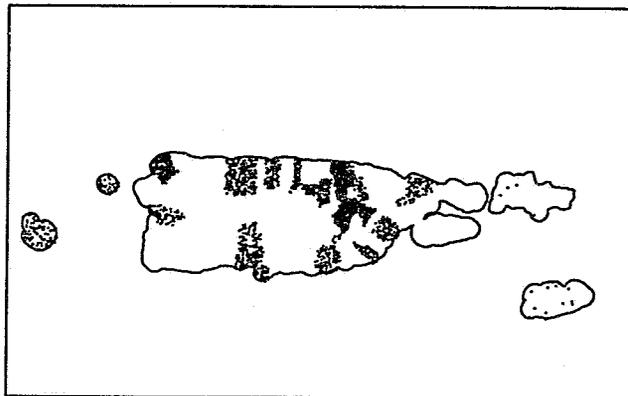
Alaska



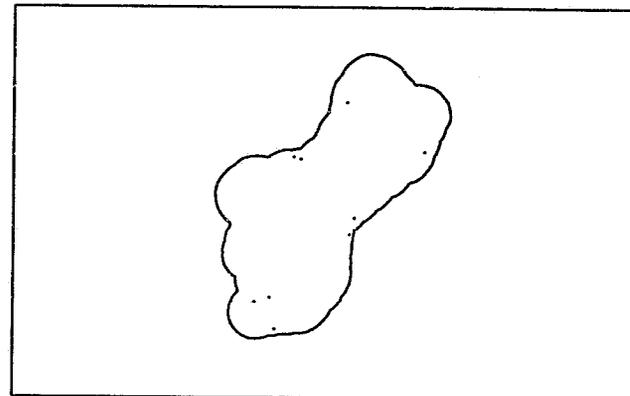
Hawaii



Puerto Rico & Virgin Islands

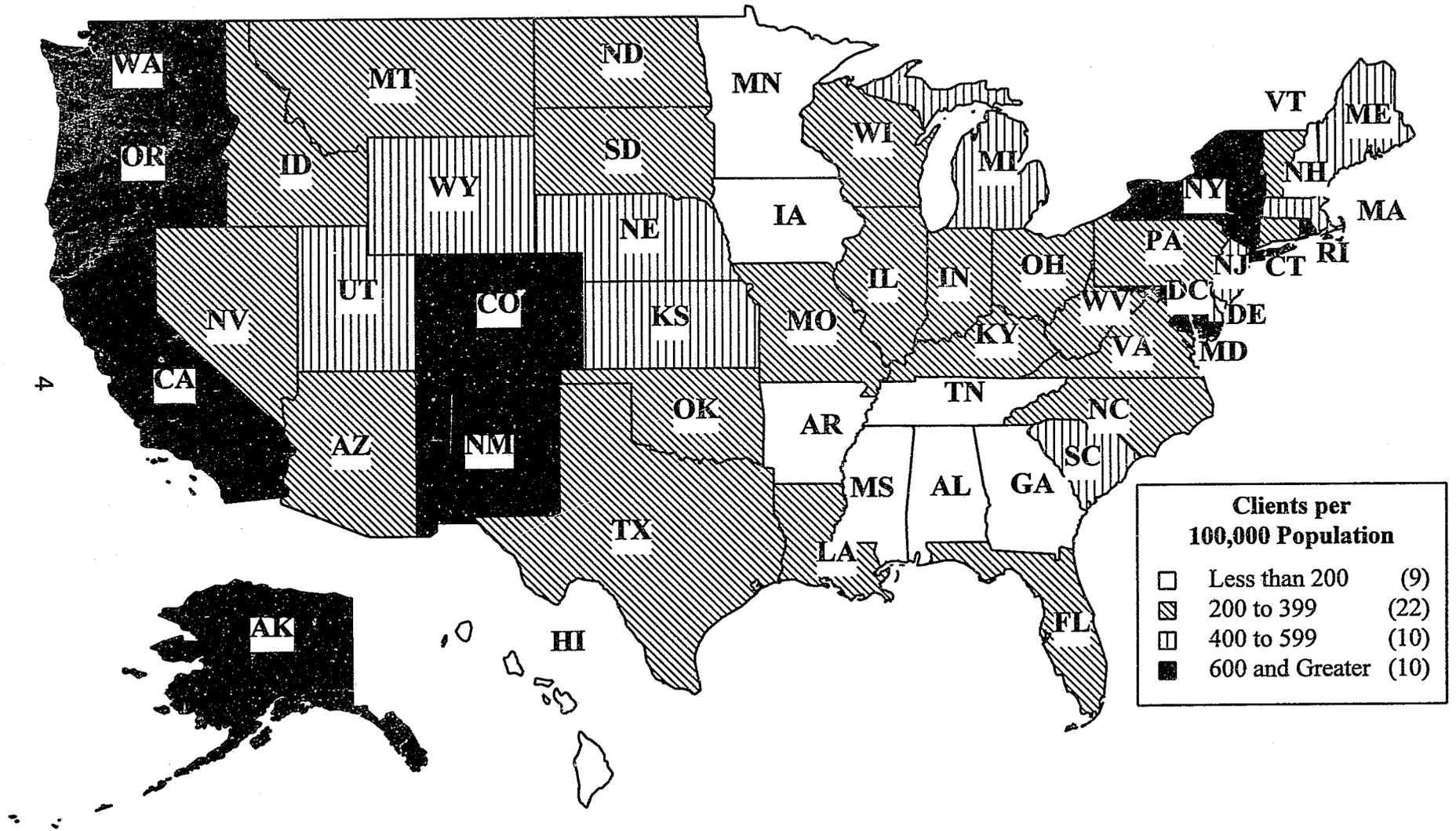


Guam



3

Figure 2



drugs. A slightly smaller fraction (37%) abused only alcohol; and a smaller fraction (25%) abused only drugs.

- Substance abuse patterns vary by region and by State. In the West, alcohol abuse alone was found among the highest share of clients (52%). The greatest proportion of alcohol-only clients was found in West Virginia (73%) and the lowest was in Massachusetts (13%).
- Substance abuse patterns among clients varied across the four census regions. The proportion of alcohol-only clients was highest (52%) in the West and lowest in the Northeast (21%). The proportion of drug-only clients was highest in the Northeast (34%) and lowest in Midwest (19%). The proportion abusing both alcohol and drugs was about the same in the Northeast (44%), the South and the Midwest (43%), and lowest in the West (27%).
- Substance abuse patterns varied more widely among the States. The highest proportion of alcohol-only clients was reported in West Virginia (73%), followed by California and South Dakota (60%) and Vermont (59%). The highest proportion of drug-only clients was reported in New York (44%), followed by Arizona and Nevada (40%). The highest proportion of clients abusing both alcohol and drugs was reported in Massachusetts (73%), followed by Minnesota (60%), Texas (58%), and Oklahoma (57%).

Client Demographics

- Whites accounted for the largest share of clients (60%) in 1992, followed by blacks (22%) and Hispanics (15%). Black and Hispanic clients were over-represented in the treatment population compared to the general population (12% and 10%, respectively).
- Similarly, while the national rate of clients in treatment was 432 per 100,000 population (aged 12 and over), the rates for blacks and Hispanics were higher than for whites (850, 608, and 348 per 100,000, respectively).
- The racial and ethnic composition of clients has changed little between 1980 and 1992. The proportion of whites declined from 63% in 1980. The proportion of Hispanics rose slightly from 13%, and the proportion of blacks rose one percentage point from 21%.
- There was a relative increase in the number of women in treatment. Between 1980 and 1992, their share increased from 25% to 29% of all NDATUS clients. Conversely, men went from 75% in 1980 to 71% in 1992.
- There has been a gradual aging of clients in treatment. While most clients (75%) in 1992 were between the ages of 21 and 44, since 1987 the fastest

growing segment was between the ages of 35 and 44. This age group increased from 23% to 28% of all clients over these 5 years.

Providers' Institutional Setting

- Over half (54%) of clients in 1992 were treated in free-standing facilities that offer only outpatient substance abuse services. Most remaining clients were treated in community mental health centers (16%), general hospitals (10%), and free-standing residential facilities (7%).
- Free-standing outpatient facilities experienced gradual yet pronounced growth since 1980. Clients treated in these facilities increased from 40% in 1980 to 54% in 1992.

Treatment Services

- Outpatient services, offered in all institutional settings, accounted for 87% of all clients. The other broad category of services is 24-hour or round-the-clock care. Outpatient clients were mostly in drug-free programs (75%), but some also received methadone (12%). Outpatient services may include the same services that are delivered in 24-hour care, although outpatient treatment episodes are typically less intensive and are stretched out over a longer period of time.
- There was wide variation in treatment services offered in different States. Minnesota and Mississippi had the smallest share of clients in outpatient care (less than 70%) and the greatest share of clients in 24-hour care (greater than 30%). Conversely, Kentucky, Maryland, Michigan, and Rhode Island had more than 93% of clients in outpatient care and less than 7% in 24-hour care.
- From 1980 to 1992, there was a gradual shift in patients to outpatient services. The share of clients in outpatient treatment went up from 84% in 1980 to 87% in 1992, while the share receiving 24-hour care declined from 16% to 13%.

Providers With Private Funding Exclusively

- Limited funding data permit comparison between all providers and a subset that report only private funding (20% of all providers and 18% of all clients). In 1992, providers with private funding exclusively had more excess capacity. They used 70% of their outpatient capacity and 58% of their 24-hour capacity, compared to an average of 80% and 76% (respectively) for all providers. The overall average was higher because publicly funded providers had less excess capacity.

- Between 1980 and 1992, privately-funded-only providers treated a higher share of clients who were male, white, and Hispanic than did all providers. Conversely, they treated proportionally fewer blacks and women.
- Over this time period, privately-funded-only providers shifted more rapidly than others from 24-hour to outpatient services. In 1980, 20% of their daily clients were in 24-hour care; in 1992, it had dropped to 9%. For all (mostly publicly funded) providers, this proportion declined from 16% to 13%. Two factors may explain this more rapid shift by the private sector: 1) faster conversion to managed care systems, and 2) diversion of severe cases requiring inpatient treatment to publicly funded providers.

By presenting these and other findings, this Advance Report helps Federal and State policy makers to track developments in substance abuse treatment. The forthcoming Main Findings report will include a complete set of NDATUS results plus more detailed client information from treatment admissions records reported to the Client Data System (CDS).

INTRODUCTION

This report describes specialty substance abuse treatment services in the U.S., based on the National Drug and Alcoholism Treatment Unit Survey (NDATUS).¹ The survey queries specialty providers of substance abuse treatment, including facilities that only treat substance abuse (called free-standing), and specialized units within multi-purpose institutions such as hospitals. The survey is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the States. Other Federal agencies also participate by identifying treatment facilities that they support.

NDATUS solicits data concerning provider and client characteristics from a census of all identified providers. These data pertain to a specific reference date. For the 1992 survey, it was September 30, 1992. Provider characteristics include institutional setting, ownership, treatment services, and source of funding. Client characteristics are summarized by counting people who are actively enrolled by substance of abuse (alcohol, drugs, or both), sex, age, race/ethnicity, IV (injection) drug use, pregnancy, HIV status, and waiting list.

The census involves all providers identified on the National Facility Register (NFR, formerly called SAFIS). Providers listed on the NFR were identified primarily by State and Federal agencies that fund, license, or regulate specialized substance abuse intervention services. The NFR identifies treatment providers primarily, but it also includes organizations that deliver prevention services and providers of other services related to treatment such as central intake and assessment of prospective clients. Some privately owned and funded providers are not identified by public agencies but nonetheless respond to the survey. Survey response is motivated in part as a marketing tool. Responders are identified in the National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs [SAMHSA 1993b] and this directory is used by many as a referral source.

The NDATUS survey is one of two sources of national data on specialty substance abuse treatment. The other source is the Client Data System (CDS). Also a collaboration between SAMHSA and the States, CDS is an ongoing administrative reporting system that collects individual client admission records from State funded or monitored providers [see SAMHSA 1994a, pp.18-43, for CDS data as compiled by individual States]. In FY92, CDS collected a consistent series of admissions records from 40 States plus the District of Columbia and Puerto Rico,

¹Throughout this report, national or U.S. totals or averages include specialty substance abuse treatment providers reporting from the 50 States plus the District of Columbia, Puerto Rico, American Samoa, the Federated States of Micronesia, Guam, the Pacific Trust Territories, and the Virgin Islands, as well as Federal agencies and Native American tribal governments. However, comparisons highlighted in the text are limited to the 50 States. All States and jurisdictions are represented in the detailed tables (Appendix 7).

an area representing 89% of the nation's population. CDS results will be published in a forthcoming Advance Report. An integrated analysis of NDATUS and CDS data will also be included in a forthcoming Main Findings report.

Like previous NDATUS reports, this report updates the ongoing series of NDATUS survey results. However, unlike previous reports, it makes explicit comparisons to results from prior surveys, starting in 1980. That is the first year when the current set of demographic data was collected for both alcohol and drug clients. NDATUS or precursor surveys were conducted annually from 1973 to 1980, in 1982, 1984, and 1987, and annually again from 1989 to 1992. However, because of reporting limitations prior to 1992, comparisons are limited to proportionality relationships, such as the percentage of women in the treatment population and the percentage of providers reporting from within general hospitals. Actual numbers of clients cannot be compared because critical non-respondent data were not collected prior to 1992.

Also for the first time, this report makes explicit graphic comparisons among the States in order to highlight differences in the number of clients in treatment, in their substance abuse problems, and in treatment services delivered. These differences may reflect many factors, such as the number of people who need substance abuse treatment, the pattern of substances abused, clients' ability to pay for treatment, the availability of private insurance and public funding for treatment, social mores, cultural values, criminal justice sanctions, and the data definitions and collection process. NDATUS does not collect the broad range of data needed to explain why specialty providers and clients differ among States. Nevertheless, State differences are highlighted because they are sufficiently large to suggest major differences among State substance abuse treatment policies.

In addition to changes in data analysis, the 1992 NDATUS introduced a representative sample survey of non-responders to the main survey, and imputation of key data when respondents did not complete all questions. These changes permit estimation of basic provider and client characteristics for the entire 1992 NFR universe of specialty treatment providers.

Limitations

All surveys have limitations that must be understood before their results can be fully appreciated. Four limitations are noted here and more fully described in Appendix 3.

First, NDATUS collects limited services data for one reference day out of the year. This one-day snapshot is a good indicator of the scope and costs of annual treatment services to the extent that admissions, the duration of treatment episodes, and the content of treatment services are stable over time. Regarding the flow of admissions and the duration of treatment episodes, there is evidence of stability. Admissions records reported to CDS indicate that admissions are relatively stable over the year [see forthcoming CDS Advance Report]. Regarding

the duration of treatment episodes, joint analysis of 1992 NDATUS and CDS data yield estimates that roughly match estimates from a 1990 national sample of clinical records [SAMHSA, DSRS, 1992 and forthcoming Main Findings].

It should also be understood that the distribution of clients (for example the percent in 24-hour care) reported in a one-day census will differ from the distribution reported annually to CDS. Both time perspectives are important in trying to understand treatment activity and its costs and benefits to society. An annual viewpoint, however, highlights the relative contribution of shorter term (and often more intense) 24-hour treatment programs which accumulate treatment episodes more rapidly over time than longer term, outpatient programs.

Second, the NFR universe targeted by NDATUS has not been fully developed as a standardized list of all locations where specialty services are delivered. It should include nearly all recipients of State and Federal funds because the States both disperse these funds and identify NFR providers. However, since 1987, the States have had the option of identifying centralized administrative organizations that may manage many different treatment locations. As a result, two or more treatment facilities may be nested within each provider listed on the NFR. Also, the target universe is broadly defined, allowing considerable discretion for the States and Federal agencies. Some States may include all providers, public and private, because they license or otherwise regulate all specialty treatment. Other States do not monitor providers that rely exclusively on private funds, and thus do not identify them for the NFR.

Third, beyond three broad categories and eight types of treatment, NDATUS does not collect data on the content of specialty treatment. Nor does it allow longitudinal tracking of clients that is needed in order to assess treatment outcomes. However, information about how treatment services vary among providers will be collected by the National Treatment Study, a 1995 sample survey sponsored by SAMHSA. Except to the extent that NDATUS and CDS report changes in the number of clients by treatment categories, there is little national information about how the content of treatment has changed over time.

Fourth, some differences in NDATUS data reported over time may be artifacts resulting from changes in NDATUS procedures or reporting practices. An example is the 1987 policy change discussed above involving one provider reporting for several treatment locations. Other factors that could affect comparability over time include variation in coverage and response rates (nationally and among States), changes in the NDATUS form, and variation in Federal and State resources available for conducting the survey. Finally a major difference between the 1992 survey and previous surveys is the introduction of non-response adjustments.

Regarding differences among the States, it is important to note that NDATUS is a collaboration between SAMHSA and each State and jurisdiction. As a result, comparisons over time and the quality of the data in general depend upon independent decisions made by the more than 50 governments involved.

FORMAT OF THIS REPORT AND PRIOR NDATUS REPORTS

This is the first NDATUS Advance Report. The main body of the report summarizes key results from NDATUS 1992 and makes comparisons to 7 NDATUS surveys going back to 1980. In the ways discussed in the introduction, this Advance Report has a broader analytic focus than NDATUS reports in the recent past. It also has a narrower empirical focus than these earlier reports because it does not attempt to report the full range of NDATUS data. Its focus is limited to questions that have had the highest response rates from 1980 to 1992, and that have generated the most reliable and consistent data over this period. The forthcoming Main Findings report will summarize all 1992 NDATUS results. Furthermore, an NDATUS public use data file, including all reported and imputed data, will be released soon after this Advance Report.

The data are summarized in this Report using narrative and figures. Technical appendices 1 through 7 respectively describe the methods used to collect NDATUS data, a glossary of terms, limitations of the data, other sources of data, a brief history of the NDATUS survey program, references, and detailed tables.

This discussion of NDATUS findings focuses on 7 types of data:

- the one-day client caseload in specialty substance abuse treatment;
- substances abused: alcohol-only, drug-only, or both problems;
- clients' sex, age, and race/ethnicity;
- provider setting;
- 3 categories of treatment: 24-hour detoxification, 24-hour rehabilitation, and outpatient rehabilitation;
- treatment capacity and capacity utilization; and,
- providers' source of funding.

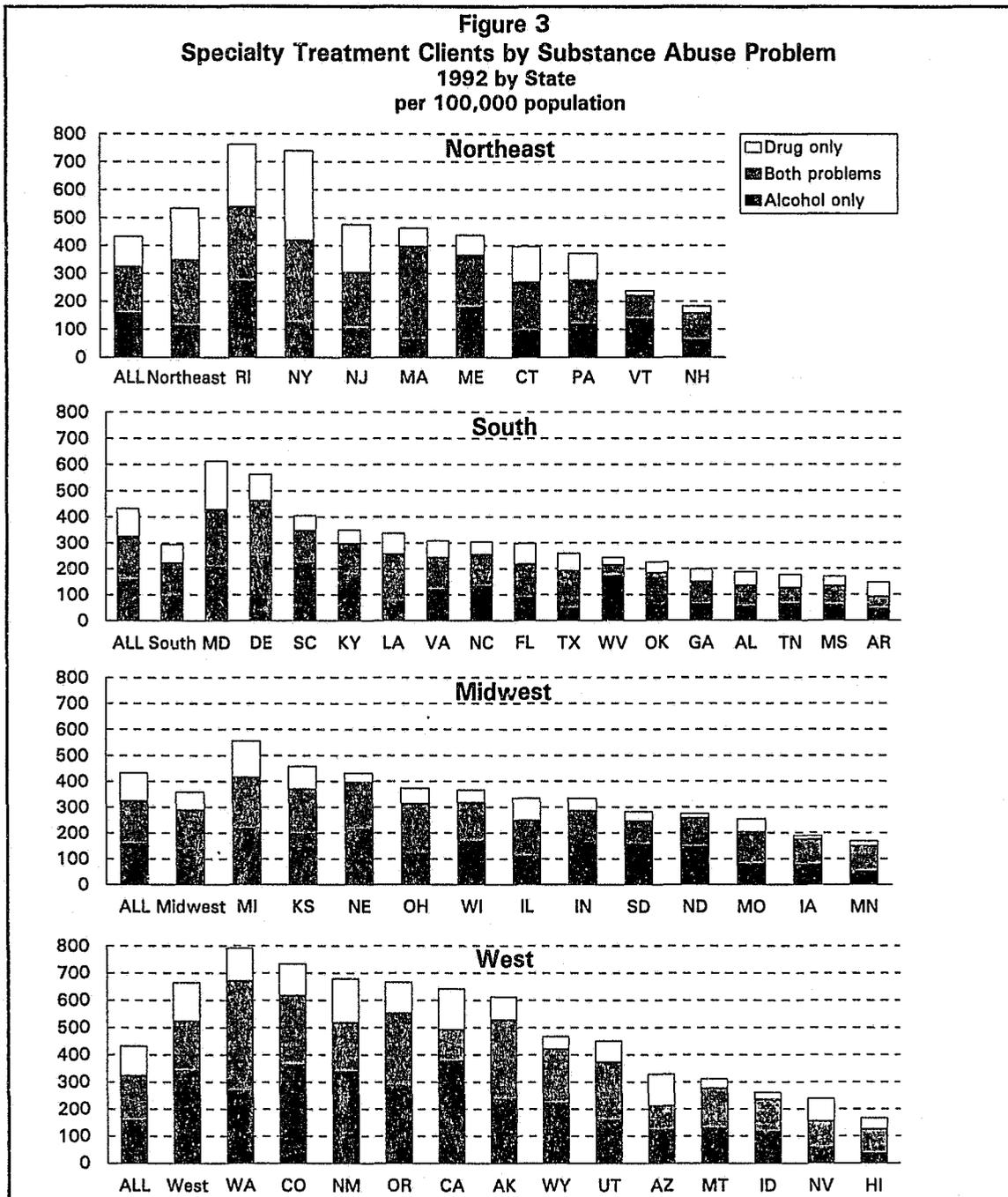
CLIENTS IN TREATMENT, 1992

- Across the nation, an estimated 945 thousand clients were in specialty substance abuse treatment on September 30, 1992. This amounts to 432 clients per 100,000 in the general population, age 12 and older.
- This census of clients is an estimate, for 1992, of the number of clients who were in specialized treatment in one time. Out of the much larger population who abused alcohol and illicit drugs that year [see SAMHSA, 1994b], these people were getting help to reduce their own substance abuse. Their efforts and the resulting reduction in substance abuse benefits society by lowering the economic and social costs of abuse.
- This estimate of the daily client population, in conjunction with information about specialty treatment process, can be used to estimate the scope of treatment operations and the economic resources employed. That is, it can be used to estimate the professional staff and the space required to deliver specialized services day-to-day. NDATUS also collects limited funding and staffing data from treatment providers that will be presented in the forthcoming Main Findings report.

The number of clients per 100,000 people, ages 12 and older, varies across the nation. These differences may reflect a number of factors, including the number of people who abuse substances, clients' ability to pay, availability of private insurance and public funding for substance abuse treatment, social mores, cultural values, and criminal justice sanctions that impose substance abuse treatment on substance abusers who are arrested or convicted. These differences may also reflect State reporting practices. The NDATUS results presented below simply compare different parts of the nation in terms of the scale and scope of substance abuse treatment services. They do not attempt to explain differences.

- The number of clients in specialty treatment per 100,000 population, age 12 and older, varied among the 4 census regions. The highest rate of specialty treatment clients was in the West (656 per 100,000 population), followed by the Northeast (539). The Midwest (361) was well below the national average, and the South had the lowest rate (293).

- The variation among the States was greater than among census regions. Washington State had the highest estimated rate (781 clients per 100,000 population), with Rhode Island next (754). On the other extreme, 8 States had less than 200 clients per 100,000 population.



See Table 3 in Appendix 7 for data.

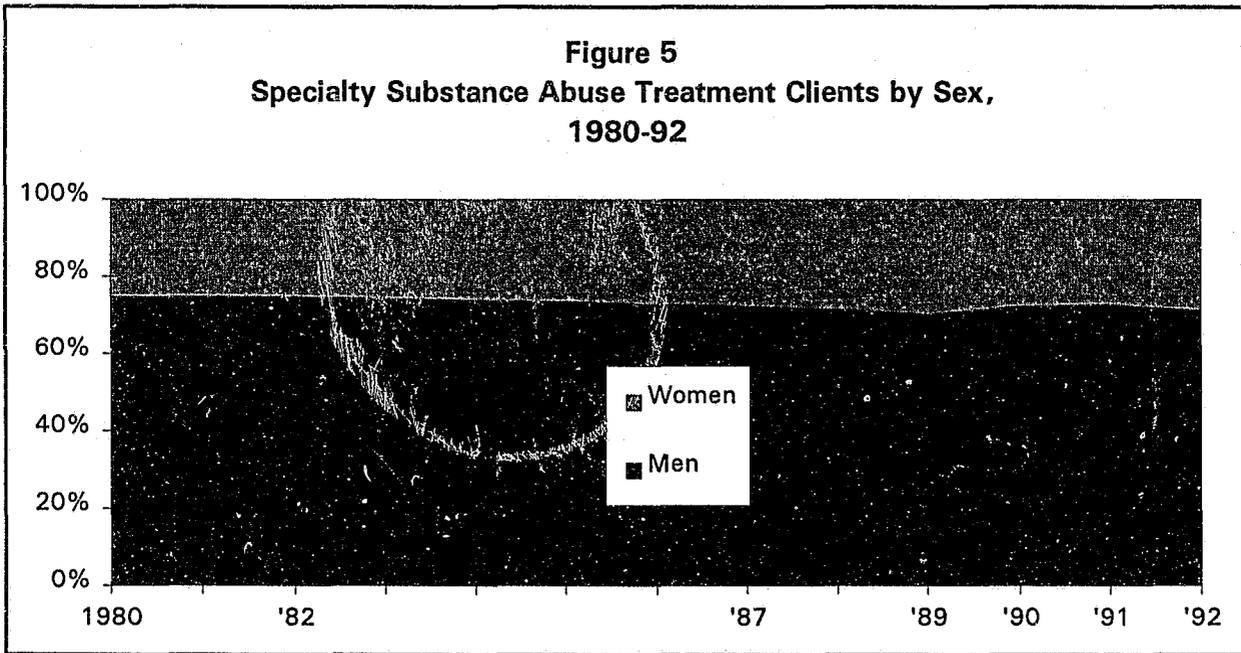
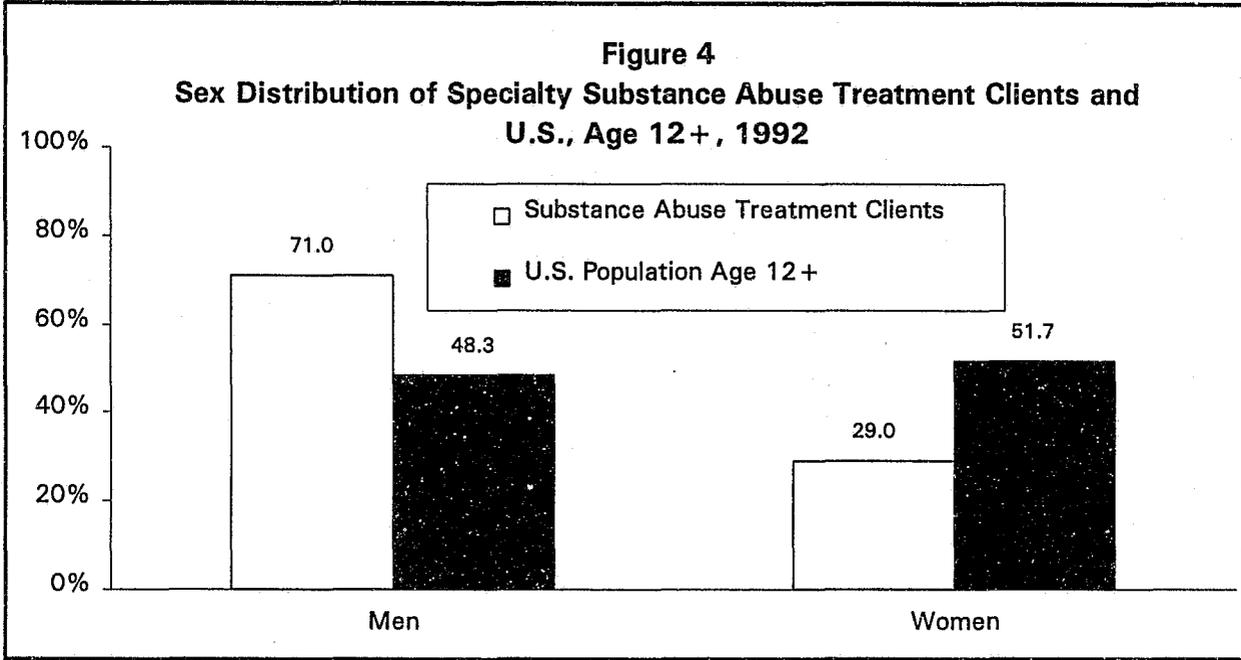
SUBSTANCES OF ABUSE, 1992

Since 1991, NDATAUS has classified clients by whether they were being treated for drugs only, alcohol only, or both. Besides the actual substances abused by clients, this classification may reflect provider expectations. That is, if a provider is oriented toward alcohol abuse (or drugs or both), they are more likely to report that their clients abuse alcohol (or drugs or both). State funding, licensing, and reporting practices may also influence the reporting of clients' problems.

- Among clients in treatment, abuse of alcohol and illicit drugs (such as cocaine, opiates, and marijuana) together was the most common pattern of substance abuse across the U.S. --- 38% of clients abused both alcohol and drugs. A slightly smaller fraction (37%) abused only alcohol; and a smaller fraction (25%) abused only drugs.
- Clients' reported substance abuse by census regions exhibited similarities and differences. The proportion of clients abusing both alcohol and drugs was essentially the same in the Northeast (44%), the South and the Midwest (43%). Clients in the South and the Midwest had similar overall substance abuse patterns. The West had by far the highest proportion of alcohol-only clients (52%). In the Northeast, the proportion of drug-only clients was relatively high (34%).
- Clients' reported substance abuse varied widely by State. The proportion of alcohol-only clients was highest in West Virginia (73%), followed by California and South Dakota (60%), and Vermont (59%). The lowest proportion of alcohol-only clients was in Massachusetts (13%), followed by New York and Texas (16%).
- The proportion of drug-only clients was highest in New York (44%), followed by Arizona and Nevada (40%). The lowest proportions were in North Dakota (5%), Vermont (6%), South Dakota (7%), Iowa and Nebraska (8%), and Montana (9%).
- The proportion of clients that abused both alcohol and drugs was highest in Massachusetts (73%), followed by Minnesota (60%), Texas (58%), and Oklahoma (57%). Over half of specialty treatment clients in 11 States abused both alcohol and drugs. The lowest proportion was reported in West Virginia (14%), followed by California (17%).

CLIENT DEMOGRAPHICS, 1980-1992

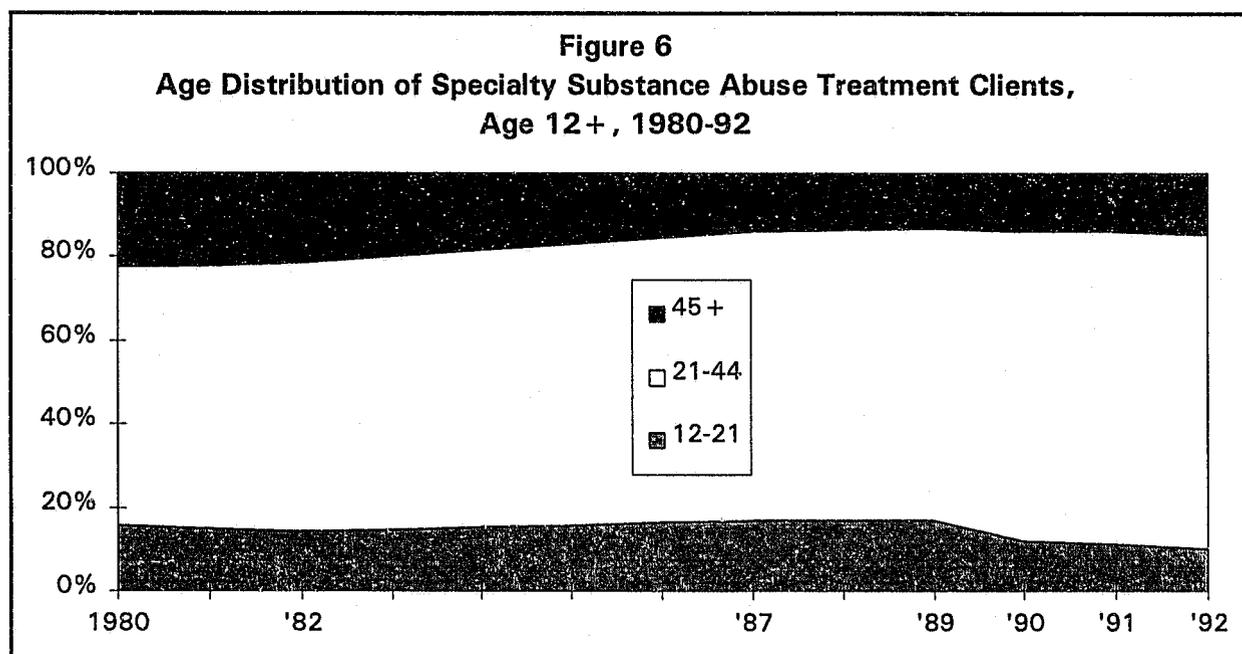
Since 1980, NDATUS has collected the same demographic data for clients treated on the reference date of the survey. Actual numbers of clients reported cannot be compared over time due to likely fluctuations in survey coverage. However, the proportion of clients in each demographic category is compared in



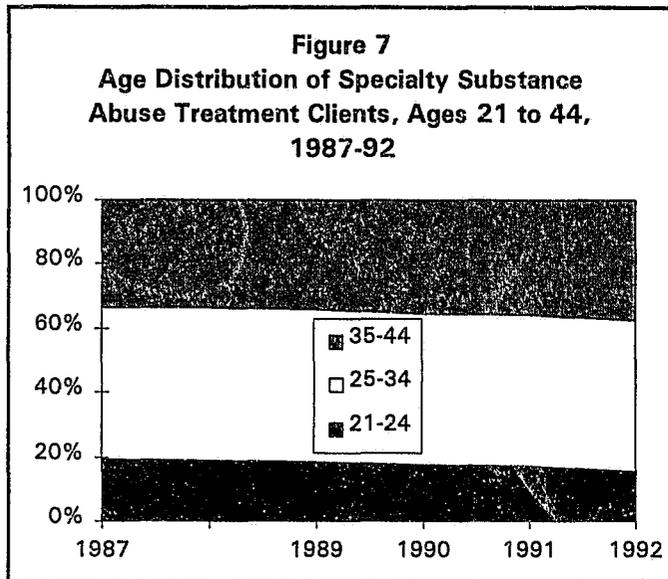
order to assess how the mix of clients may have changed over time and in order to highlight potential survey discontinuities.

Clients in Specialty Substance Abuse Treatment by Sex							
	Percent						
	1980	1982	1987	1989	1990	1991	1992
Men	74.8	74.8	72.3	70.4	72.1	72.5	71.1
Women	25.2	25.2	27.7	29.6	27.9	27.5	28.9

- Sex.** In 1992, 71% of clients in specialty substance abuse treatment were men; this compares to 48% men in the general population age 12 and older. The series of NDATUS surveys between 1980 and 1992 shows a slow decline in the proportion of men, starting from 75% in 1980.



- Age.** In 1992, a disproportionate number of clients in specialty substance abuse treatment were between the ages of 21-44, compared to the general population. Ages 21-24 accounted for 12% of the treatment population versus 7% in the general population age 12 and above; ages 25-34 were 35% versus 21%; and ages 35-44 were 28% versus 19%.
- Recent NDATUS surveys show a shifting age pattern among clients. The proportion of clients ages 21 to 44 rose from 62% in 1980 to 75% in 1992, while the proportion of clients under 21 and over 44 both declined substantially.

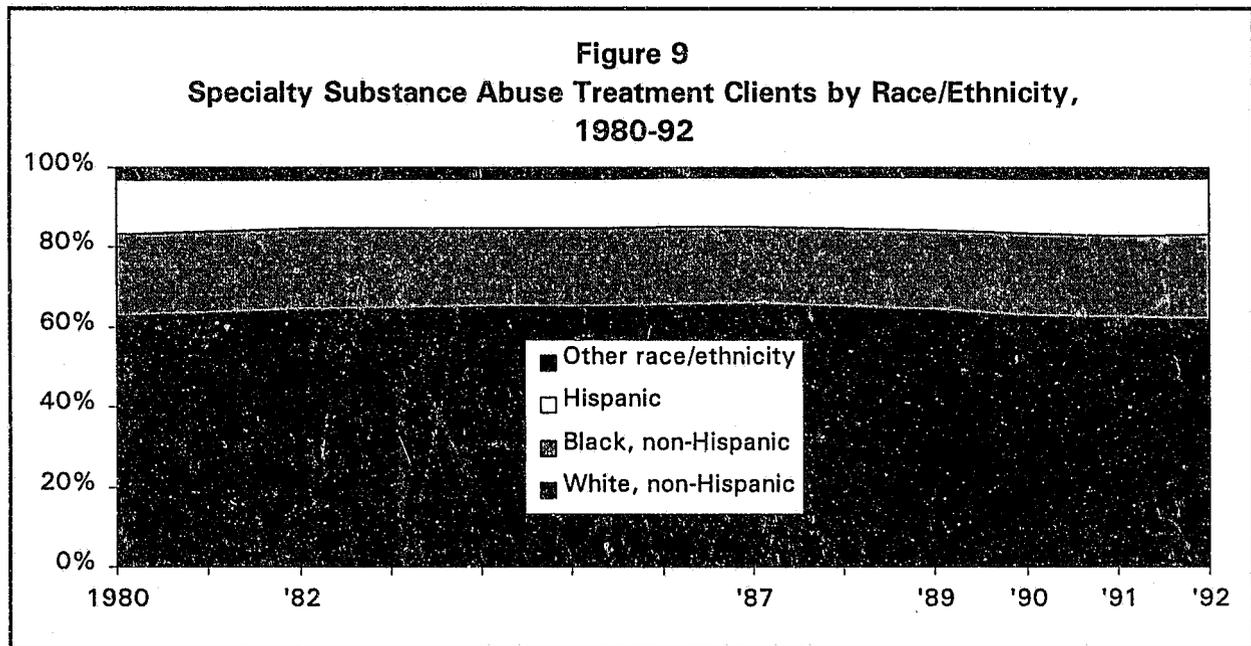
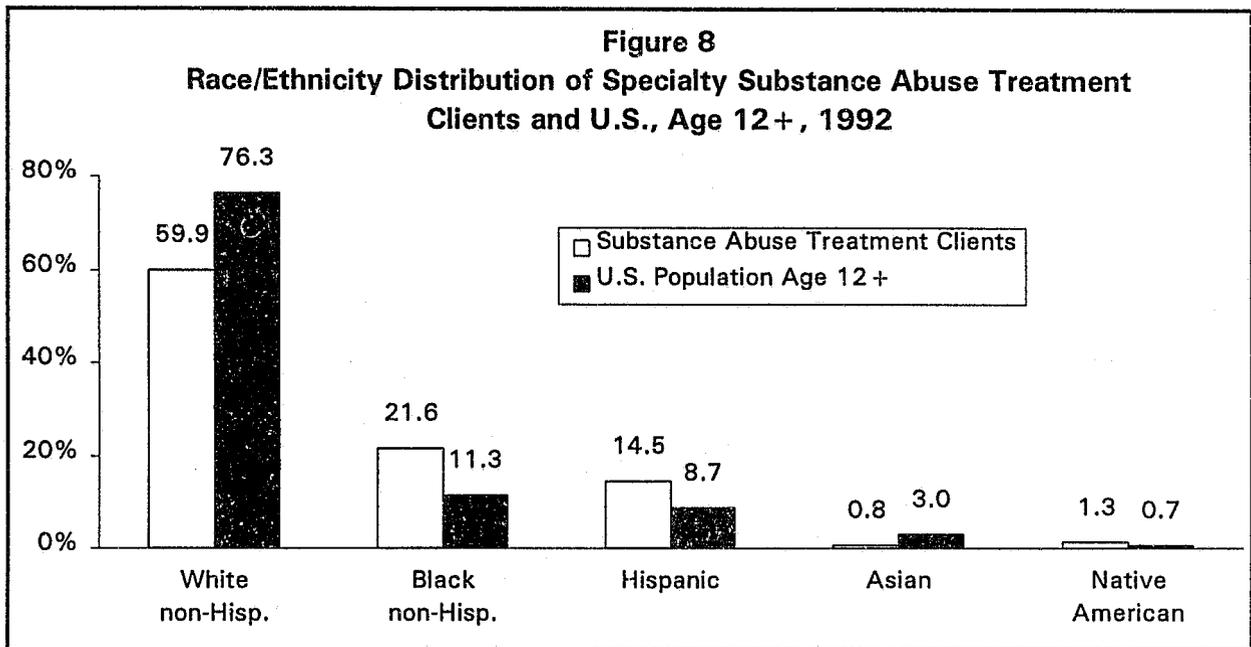


- More detailed data, reported since 1987, show a definite aging pattern. All groups under age 25 declined in proportion to the total. The most rapidly growing group was clients age 35-44; and the proportion of clients over 45 reversed its steep decline in 1989, and slowly started to rise.

Clients in Specialty Substance Abuse Treatment by Age

	Percent						
	<u>1980</u>	<u>1982</u>	<u>1987</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>
< 21	15.7	14.1	16.9	16.9	12.1	11.1	10.1
12-17			10.3	10.2	6.4	5.9	5.4
18-20			6.6	6.7	5.7	5.2	4.7
21-44	61.7	64.6	69.1	69.9	74.1	74.9	75.2
21-24			13.5	13.0	13.0	13.0	11.8
25-34			32.5	33.2	35.0	35.2	35.2
35-44			23.1	23.7	26.1	26.7	28.3
45+	22.5	21.4	14.0	13.2	13.8	13.9	14.6
45-54			9.2	8.8	9.5	9.7	10.4
55-64			3.7	3.3	3.4	3.3	3.2
65+			1.1	1.1	1.0	1.0	0.9

- Race/Ethnicity.** In 1992, white clients made up the largest share of clients in treatment (60%). However, blacks, Hispanics, and Native Americans were over represented in specialty substance abuse treatment compared to the general population age 12 and above. Blacks made up 22% of treatment clients, compared to 12% in the general population; Hispanics were 15% of clients compared to 10% in the general population; and Native Americans were 1.3% of clients compared to 0.7% in the general population.



- Similarly, while the national rate of clients in treatment was 432 per 100,000 population (aged 12 and over), the rates for blacks and Hispanics were higher than for whites (850, 608, and 348 per 100,000, respectively).

Clients in Specialty Substance Abuse Treatment by Race/Ethnicity							
	Percent						
	<u>1980</u>	<u>1982</u>	<u>1987</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>
White, non-Hispanic	62.7	64.2	65.6	62.6	61.8	61.5	59.8
Black, non-Hispanic	20.6	20.5	19.4	20.6	20.7	21.2	21.6
Hispanic	13.4	12.3	12.4	13.8	14.4	14.1	14.6
Asian or Pac. Islander	0.4	0.4	0.5	0.6	0.7	0.9	0.8
Am. Ind. /Alas. Native	2.9	2.7	1.7	2.0	2.0	1.8	1.3

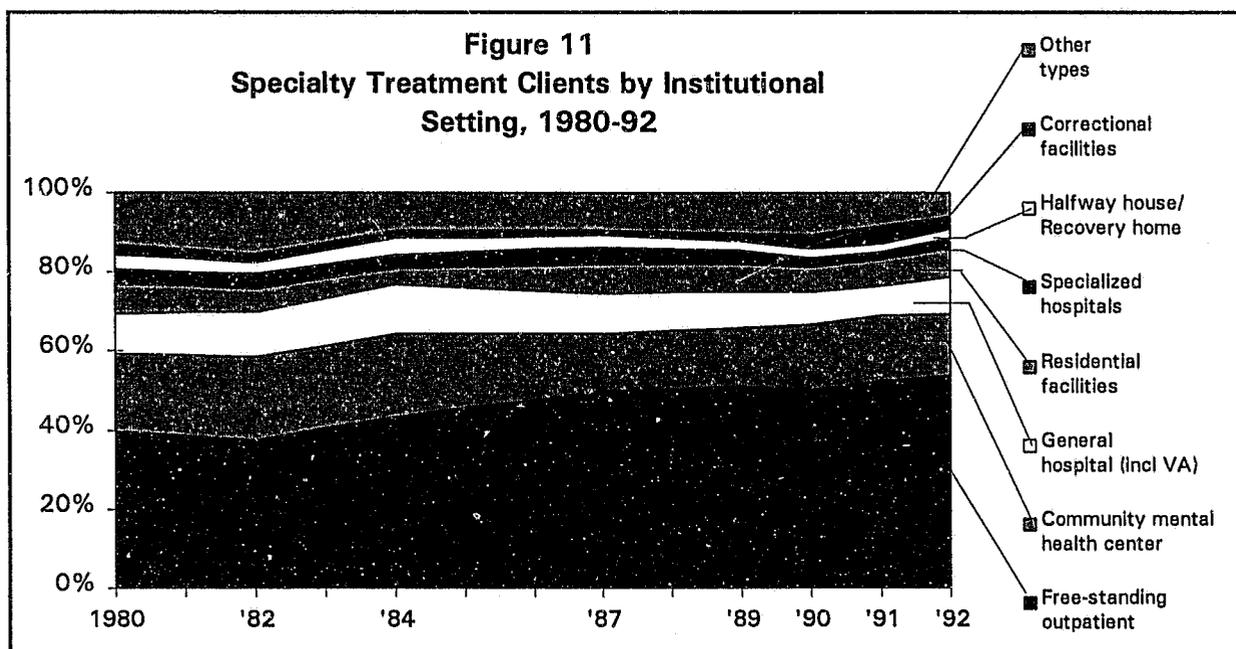
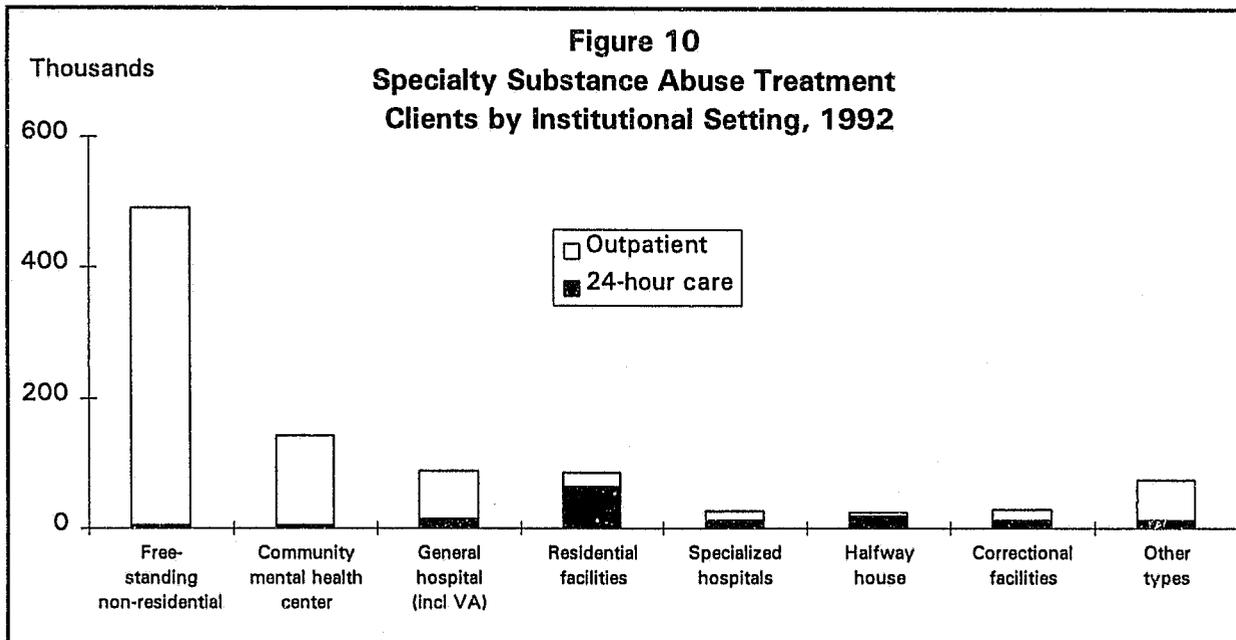
Between 1980 and 1992, the proportion of reported American Indian and Alaskan Native clients was more than cut in half, from 2.9% to 1.3%, and the proportion of Asian and Pacific Islanders doubled, from 0.4% to 0.8%. These changes were striking, but for client subgroups that are small in total number, large changes measured as a proportion of the total may result from relatively small increments or decrements in client numbers.

- The racial and ethnic composition of clients has changed little between 1980 and 1992. The proportion of whites declined from 63% in 1980. The proportion of Hispanics rose slightly from 13%, and the proportion of blacks rose one percentage point from 21%.

PROVIDERS' INSTITUTIONAL SETTINGS, 1980-1992

Specialty substance abuse treatment services, like other forms of health care, are delivered in different locations, settings, or institutions. NDATUS classifies providers loosely in terms of their institutional setting. Note that "free-standing" means that the provider delivers only substance abuse treatment. All other institutions deliver substance abuse as a specialized unit within a larger health care or correctional institution.

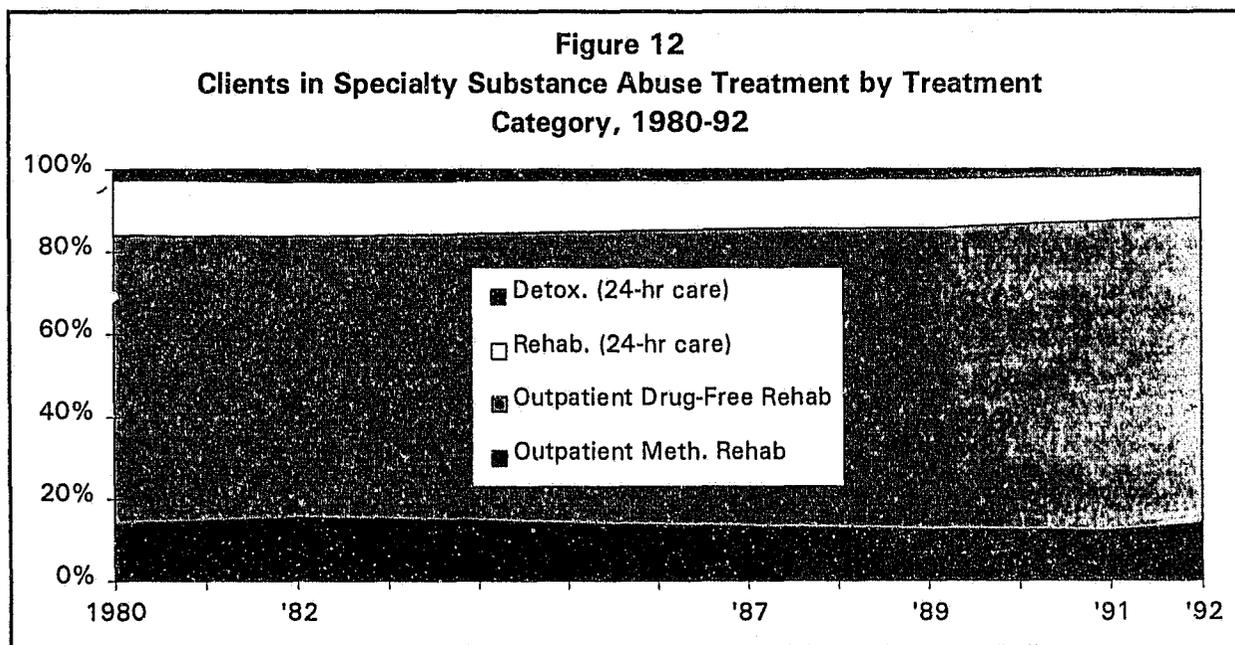
- Over half (54%) of the estimated daily clients in 1992 received treatment in free-standing outpatient facilities. Specialized programs in community mental health centers treated 16%, followed by general hospitals (10%).
- All settings reported at least some outpatient clients. Many clients reported as in 24-hour care in halfway houses are outpatient in the sense that they work and do other activities off site during the day but reside in the facility at night.
- Between 1980 and 1992, specialized outpatient facilities gained substantially in their proportion of total reported clients, going from 40% to 54%. The proportion of clients reported by criminal justice providers also increased slightly, but the proportion of clients declined for every other setting during this 12 year period. However, hospitals appeared to gain share between 1991 and 1992.



Clients in Specialty Substance Abuse Treatment by Institutional Setting								
	Percent							
	<u>1980</u>	<u>1982</u>	<u>1984</u>	<u>1987</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>
Free-standing outpatient	40.4	37.2	43.5	49.9	51.2	49.9	52.5	53.6
Community mental health center	19.5	21.0	20.8	14.5	15.0	17.0	16.5	15.6
General hospital (incl VA)	10.1	11.5	12.5	10.3	8.9	8.1	7.7	9.7
Residential facilities	6.4	5.6	4.2	7.4	7.0	6.3	6.4	6.8
Specialized hospitals	3.9	3.7	3.5	4.4	3.4	2.4	2.0	2.8
Halfway house/ Recovery home	3.7	3.1	4.0	2.8	2.5	2.3	1.9	2.4
Correctional facilities	2.5	2.2	2.0	1.5	1.9	3.4	4.8	3.2
Other types	13.7	15.6	9.5	9.3	10.0	10.6	8.2	5.8

TREATMENT SERVICES, 1980-1992

The NDATUS survey asks treatment providers to report a 1-day census of clients for 8 different types of treatment. National totals for these 8 categories are presented in Appendix 7, Table 9. However, from the viewpoints of cost and services received by clients, 3 treatment categories are critical -- 1) 24-hour detoxification, 2) 24-hour rehabilitation, and 3) outpatient. A fourth category -- outpatient methadone treatment -- is distinguished as a subset of outpatient services because it involves the prescription of a regulated narcotic as an oral substitute for heroin.



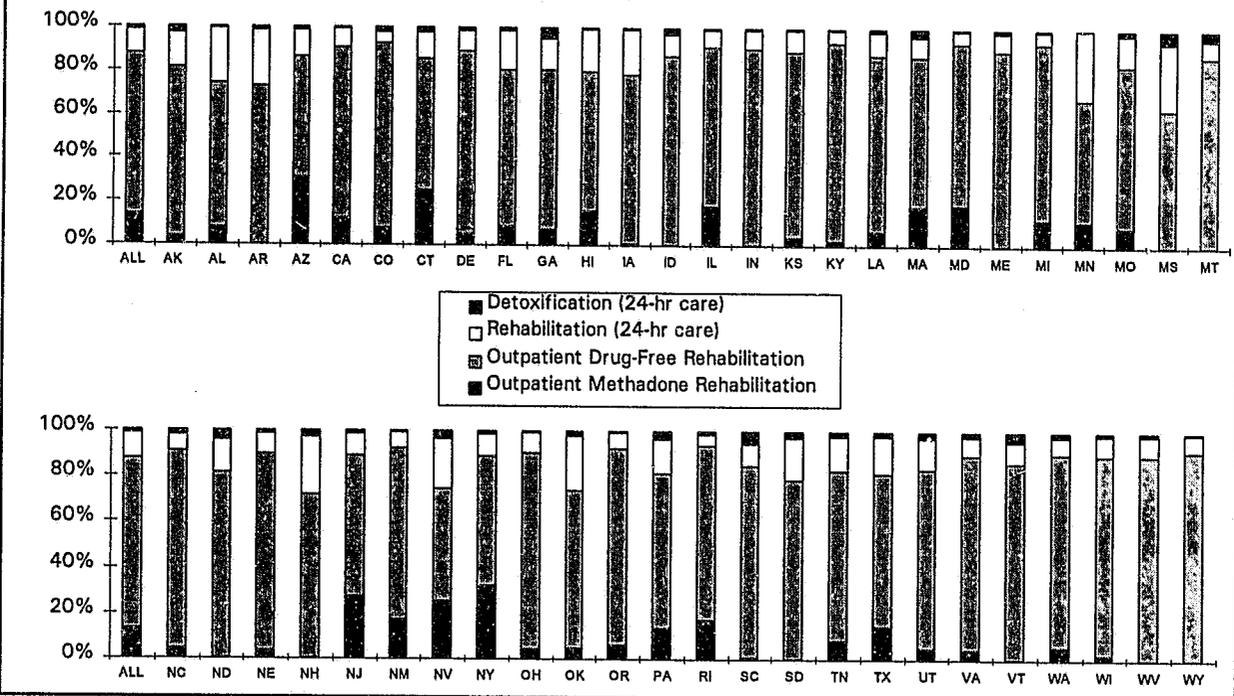
- Across the nation in 1992, 87% of daily clients were enrolled in outpatient rehabilitation, including 75% in drug free and 12% in methadone programs. The remaining 13% were in 24-hour treatment, including 11% in rehabilitation and 2% in detoxification.
- The proportion of outpatient rehabilitation clients increased slowly but steadily during the 12 years between 1980 and 1992. The proportion of outpatient methadone clients went up, down, and then up again, but it stayed between 12% and 15% of all clients.

Clients in Specialty Substance Abuse Treatment by Treatment Category

	Percent					
	<u>1980</u>	<u>1982</u>	<u>1987</u>	<u>1989</u>	<u>1991</u>	<u>1992</u>
Outpatient Drug-Free Rehab.	70.3	68.3	72.3	73.1	75.6	74.8
Outpatient Methadone Rehab.	13.8	15.4	13.3	12.6	12.2	12.3
Rehabilitation (24-hr care)	13.3	13.4	12.0	12.0	10.8	11.3
Detoxification (24-hr care)	2.7	2.9	2.5	2.2	1.4	1.6

- In 1992, the proportion of clients in 24-hour detoxification was less than 6% in all States, and 3% or less in 40 States. However, States varied widely in their proportion of clients in outpatient versus 24-hour rehabilitation, and in their proportion of outpatient methadone clients.
- Minnesota (32%) had the highest proportion of clients in 24-hour rehabilitation, followed by Mississippi (31%), and Arkansas and New Hampshire (26%). Kentucky and Rhode Island had the highest proportion of clients in outpatient rehabilitation (94%), followed by Colorado, Maryland, Michigan, New Mexico, and Oregon (93%).
- New York (32%) had the highest proportion of clients in outpatient methadone treatment, followed by Arizona (31%), New Jersey (27%) Connecticut and Nevada (25%). Ten States reported no methadone clients.
- When the States are ranked by number of clients per 100,000 in the general population age 12 and above, there appears to be a positive correlation between clients per 100,000 and the proportion of clients in outpatient treatment. In other words, the higher the rate of clients in treatment, the greater the proportion of clients in outpatient care. A partial explanation for this is that outpatient care typically costs less per day than 24-hour care, so the same funding can support more outpatient clients on a given day.

Figure 13
Clients in Specialty Substance Abuse Treatment by Treatment
Category by State, 1992

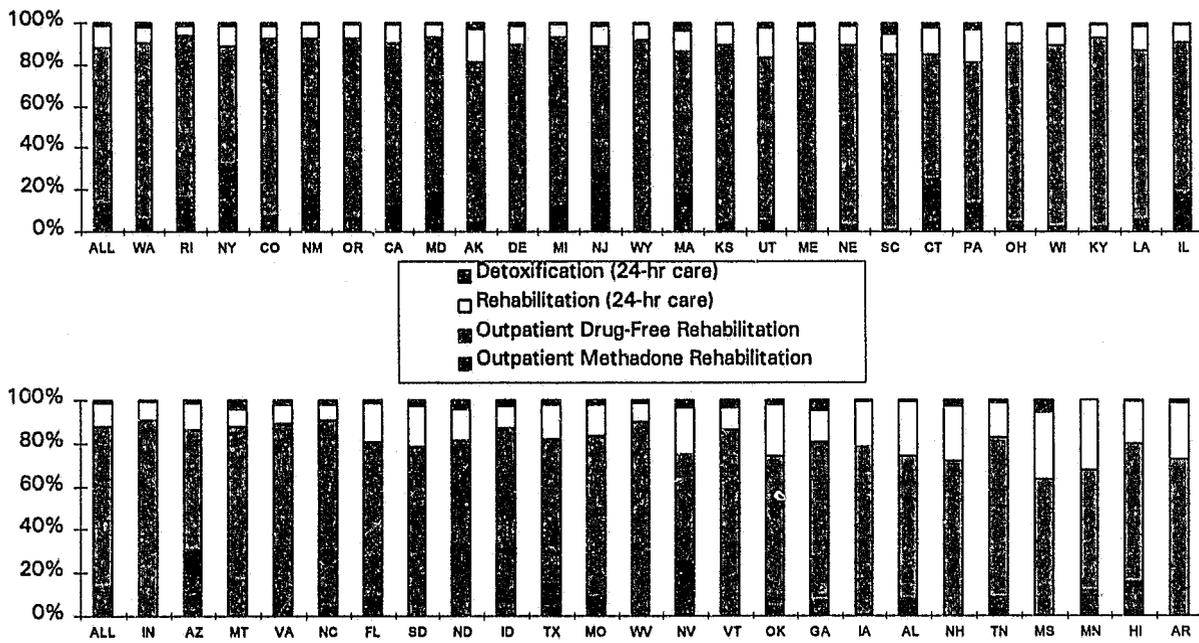


See Table 6B in Appendix 7 for data.

The predominance of outpatient over 24-hour rehabilitation has two major caveats. First, it is much more difficult for providers to accurately count the number of outpatient clients because the definition is more complicated, many more records must be reviewed, and because many "actively enrolled" clients, who had scheduled appointments during past month, may in fact never return. As a result, many respondents may estimate their active outpatient clients without any detailed review of clinical records.

Second, because 24-hour programs typically have shorter lengths-of-stay, more clients are admitted to (or cycle through) 24-hour slots than outpatient slots during a year. Consequently, the proportion of 24-hour clients measured on this one-day census is lower than it would be if clients were reported as an annual flow.

Figure 14
Clients in Specialty Substance Abuse Treatment by Treatment
Category by State, 1992
 (ranked by clients/100,000 pop.)



See Table 6B for data and Table 3 for rankings in Appendix 7.

Matching Clients to Treatment

For each type of treatment, the survey enumerates the number of clients with alcohol-only, drug-only, and both problems. Although these three types of substance abuse have only limited value in classifying problem severity, clients with both problems are likely to have more severe dependency problems.

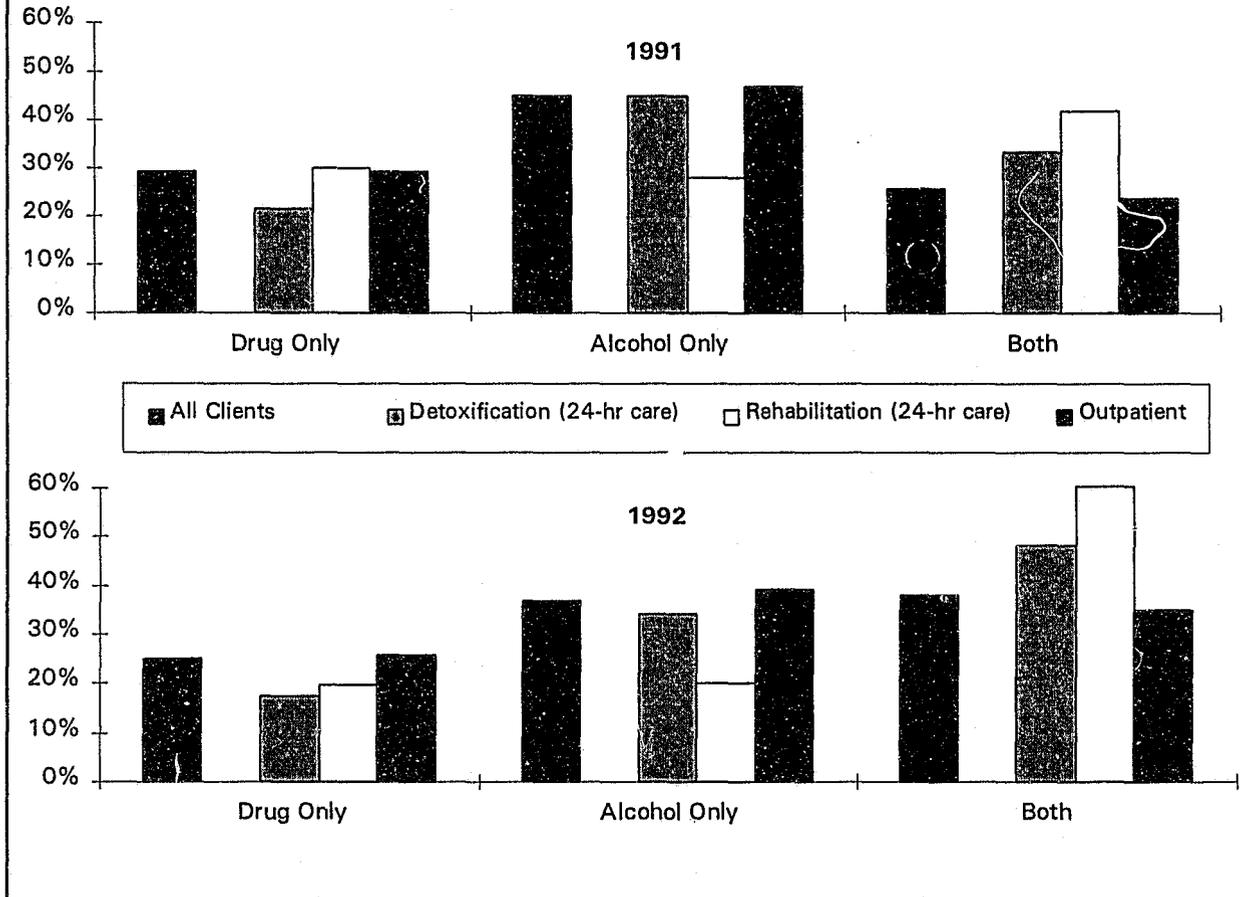
- Clients with both alcohol and drug problems receive the most intensive treatment. In 1992, 20% of clients with both problems were in 24-hour treatment versus 10% for drug-only and 8% for alcohol-only. In 1991, 19% of clients with both problems were in 24-hour treatment versus 12% for drug-only and 8% for alcohol-only.

	Number				% by substance				% by treatment type			
	Drug Only	Alcohol Only	Both	All Clients*	Drug Only	Alcohol Only	Both	All Clients	Drug Only	Alcohol Only	Both	All Clients
1992												
All Clients	237,004	348,677	359,198	944,880	25.1	36.9	38.0	100.0	100.0	100.0	100.0	100.0
Detoxification (24-hr care)	2,585	5,107	7,219	14,912	17.3	34.2	48.4	100.0	1.1	1.5	2.0	1.6
Rehabilitation (24-hr care)	20,989	21,554	64,483	107,026	19.6	20.1	60.3	100.0	8.9	6.2	18.0	11.3
Outpatient	213,429	322,016	287,495	822,941	25.9	39.1	34.9	100.0	90.1	92.4	80.0	87.1
1991												
All Clients	237,008	365,147	209,664	811,819	29.2	45.0	25.8	100.0	100.0	100.0	100.0	100.0
Detoxification (24-hr care)	2,476	5,158	3,838	11,472	21.6	45.0	33.5	100.0	1.0	1.4	1.8	1.4
Rehabilitation (24-hr care)	26,224	24,672	36,782	87,678	29.9	28.1	42.0	100.0	11.1	6.8	17.5	10.8
Outpatient	208,308	335,317	169,044	712,669	29.2	47.1	23.7	100.0	87.9	91.8	80.6	87.8

*The large difference between 1992 and 1991, in total clients, may be entirely because clients treated by non-responding providers were only estimated in 1992.

- In Figure 15, the overall proportions of clients by substance problem are compared to their proportions within each treatment category. If clients were randomly distributed across all treatment categories, then in each substance problem group all bars would be about the same height. Note the bars are uneven in both years, and that they are more uneven in 1992.

Figure 15
Matching Clients to Treatment
All Clients vs. Clients in 3 Treatment Categories, 1991 & 1992



There are two possible reasons why clients with poly-substance abuse are more often treated in 24-hour programs. They may be more disabled by their substance abuse--and thus require round-the-clock care--or they may need to be taken out of environments that perpetuate substance abuse.

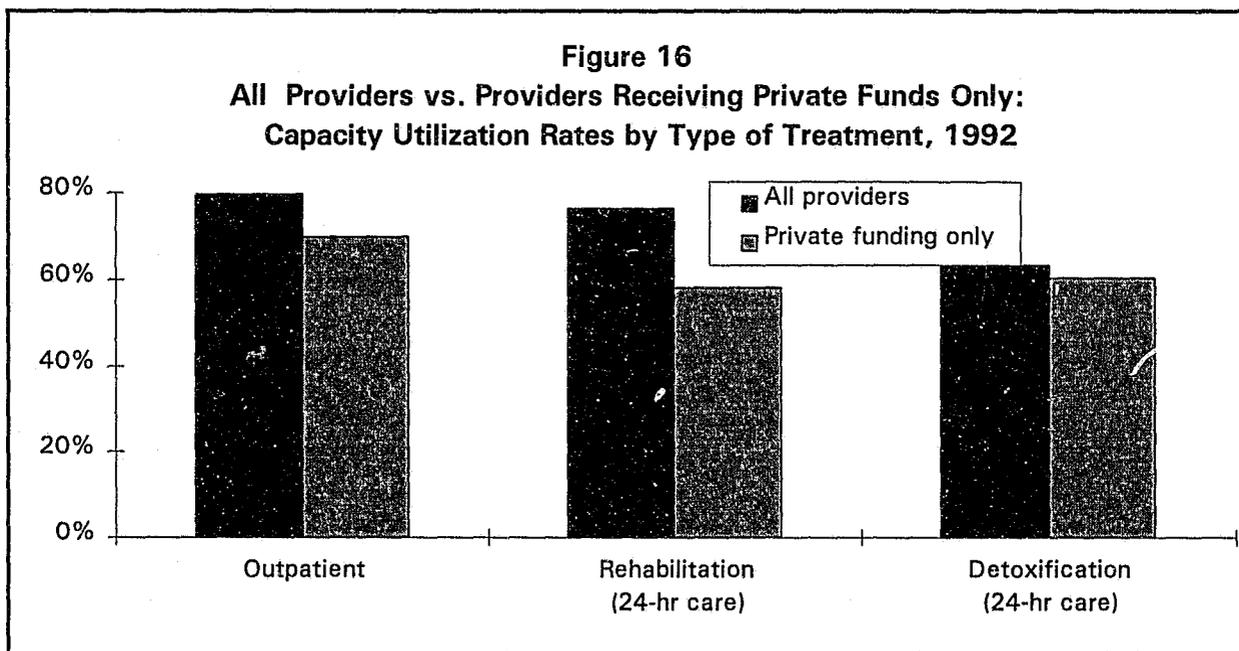
The large increase from 1991 to 1992 in the proportion of clients reported with both problems is something to watch over time. It may indicate that clients presenting for treatment have more serious problems. It also may reflect the fact that providers are still getting used to this 3-part scheme for classification of clients (drug-only, alcohol-only, and both). It was introduced in 1990, and 1991 was the first year when reliable data were reported.

PROVIDERS WITH PRIVATE FUNDING EXCLUSIVELY, 1980-92

The NDATUS survey requests data on provider funding by source. Often these questions are not answered or the data appear questionable. However, it is possible to identify a subset of respondents that receive only private funds. This distinction is important because these providers do not rely on public funds and thus they exclude potential clients except those who have private insurance or high personal income. The NDATUS data can be used to partially assess whether this exclusion results in different patterns of treatment services utilization.

Capacity Utilization

Treatment capacity is defined by NDATUS as the number of clients that could have been in treatment on the census day, given immediately available resources. Capacity utilization equals clients in treatment on the census day divided by this capacity.



- In both outpatient and 24-hour rehabilitation services, providers receiving only private funds reported lower utilization of capacity than the national average. Privately funded providers utilized 70% of their outpatient rehabilitation capacity and 58% of 24-hour rehabilitation capacity, compared to the U.S. average (mostly publicly funded) of 80% and 76% respectively. This finding may suggest that it was generally easier for clients to enter specialty treatment on a given day if they could pay for it with private insurance, personal income, or other non-government funds.

- **Caveat.** Capacity utilization varied widely among the States. For outpatient, 4 States (Connecticut, Louisiana, Utah, and West Virginia) and Puerto Rico reported rates greater than 90%. On the other extreme, 6 States (Hawaii, Minnesota, Nevada, North Dakota, Oklahoma, and South Dakota) reported that less than 70% of outpatient capacity was in use. For 24-hour rehabilitation, 4 States (Alabama, Connecticut, New York, and Oregon) reported capacity utilization greater than 85%. On the other extreme, 4 States (Idaho, Montana, North Dakota, and Wyoming) reported utilization less than 60%.

Clients in Specialty Substance Abuse Treatment by Type of Treatment			
	<u>Clients</u>	<u>Capacity</u>	<u>Utilization rate</u>
All providers			
Outpatient	822,941	1,031,194	79.8
Rehabilitation (24-hr care)	107,026	140,178	76.4
Detoxification (24-hr care)	14,912	26,275	56.8
Total	944,880	1,197,647	78.9
Private funding only			
Outpatient	154,032	220,825	69.8
Rehabilitation (24-hr care)	11,927	20,419	58.4
Detoxification (24-hr care)	3,318	5,504	60.3
Total	169,278	246,748	68.6

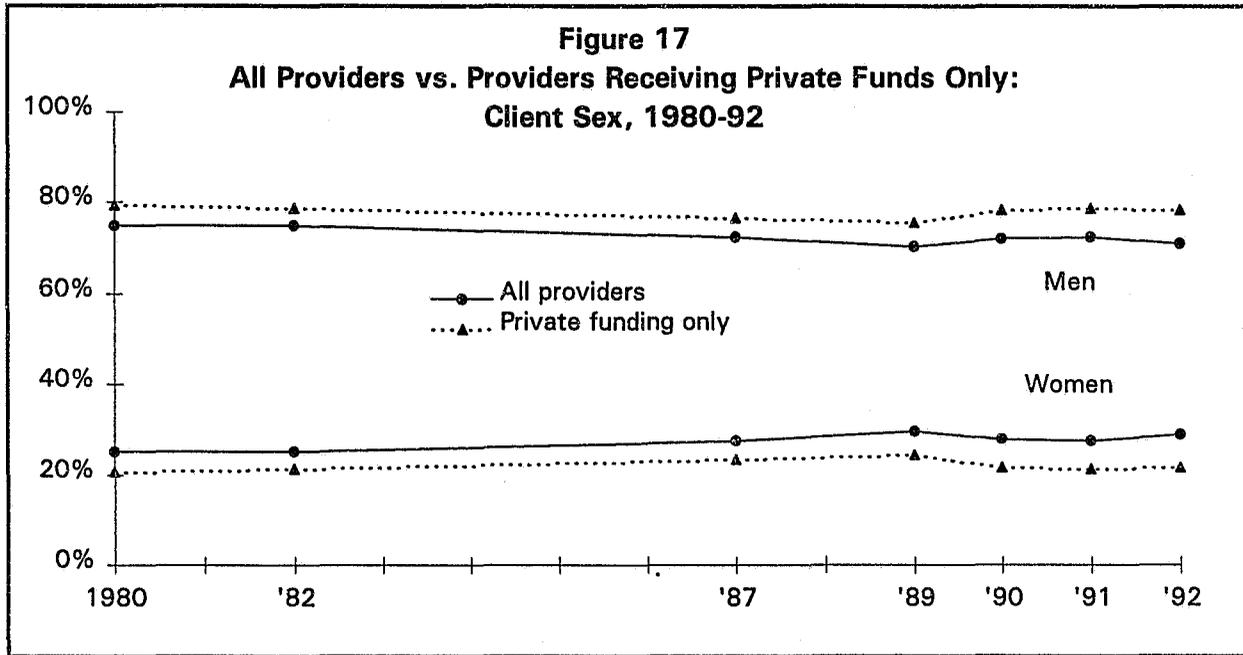
Capacity can be difficult to define in other than stand-alone residential facilities, where capacity equals the number of beds. Outpatient treatment capacity can quickly stretch by shortening treatment sessions, increasing staff caseloads, or by hiring space and staff. Hospital inpatient capacity may also change easily by shifting general purpose beds from one diagnosis to another.

Capacity utilization in NDATAUS indicates the extent to which capacity is held in reserve to meet fluctuations in demand; the lower utilization, the higher the reserve. When reserves are relatively high, it may also indicate failure to reduce capacity in response to limited demand for services.

A high rate of capacity utilization, measured by this one-day census, may or may not imply that capacity is a major factor limiting access to treatment. Even if capacity utilization is high, the main reason more clients are not in treatment could be the lack of funds to pay for services. Should funding increase substantially, treatment capacity may be able to expand right along with it.

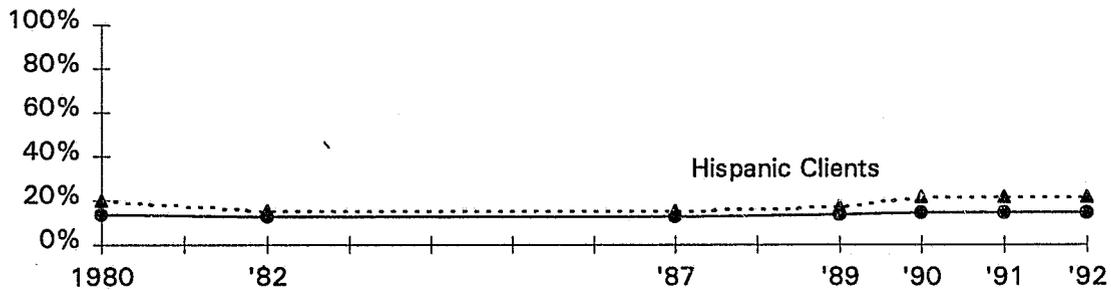
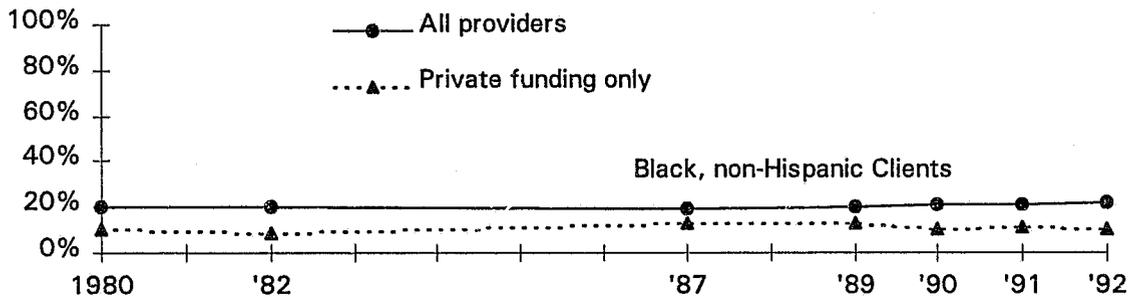
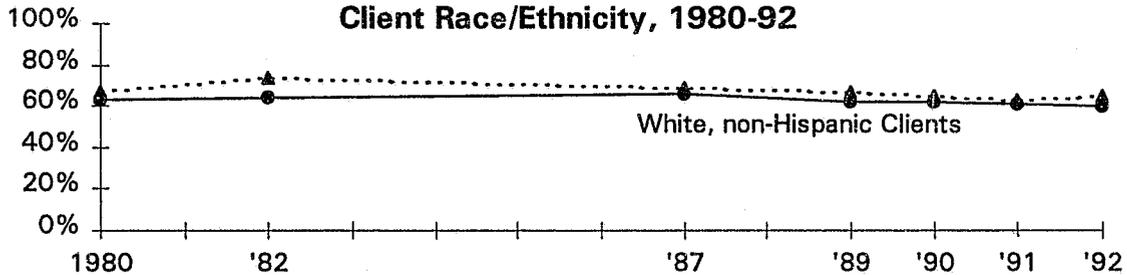
Client Demographics

- Since 1980, the subset of facilities reporting only private funds consistently reported a higher proportion of men in treatment than the national average, and a higher proportion of white and Hispanic clients. Conversely, they served lower proportions of women and black clients.



	Percent						
	<u>1980</u>	<u>1982</u>	<u>1987</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>
Men							
All providers	74.8	74.8	72.3	70.4	72.1	72.5	71.1
Private funding only	78.9	78.8	76.4	75.5	78.4	78.9	78.5
Women							
All providers	25.2	25.2	27.7	29.6	27.9	27.5	28.9
Private funding only	21.1	21.2	23.6	24.5	21.6	21.1	21.5

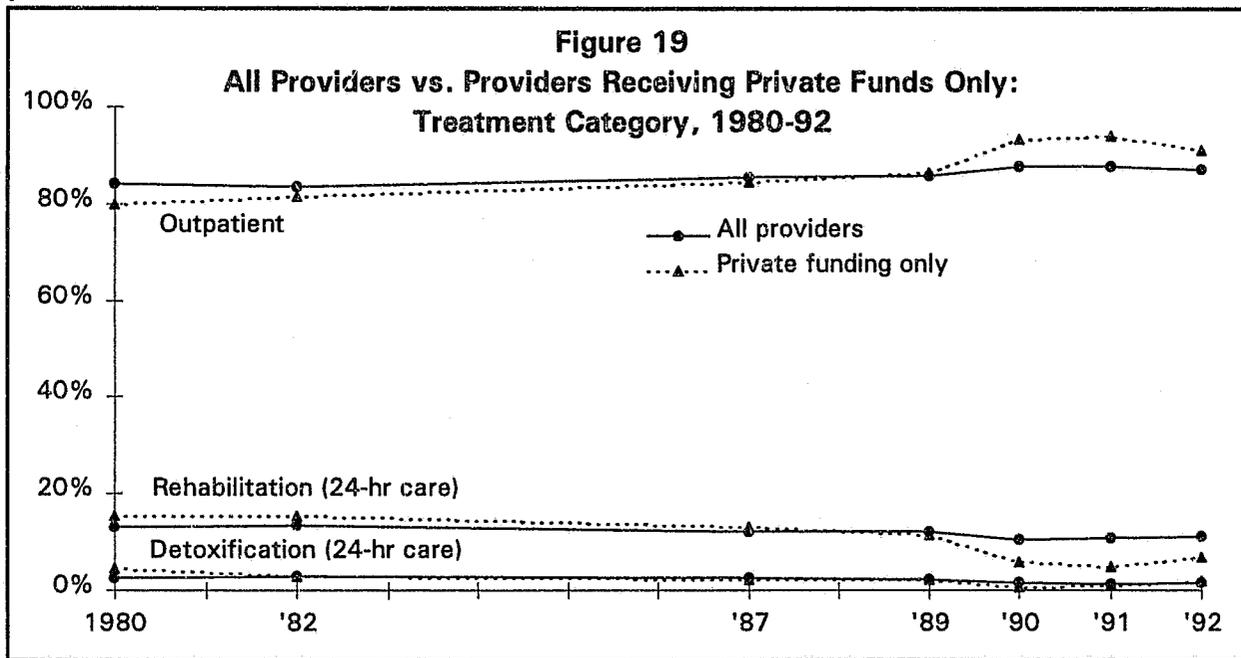
Figure 18
All Providers vs. Providers Receiving Private Funds Only:
Client Race/Ethnicity, 1980-92



All Providers vs. Providers Receiving Private Funds Only: Client Race/Ethnicity							
	Percent						
	<u>1980</u>	<u>1982</u>	<u>1987</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>1992</u>
White, non-Hispanic							
All providers	62.7	64.2	65.6	62.6	61.8	61.5	59.8
Private funding only	66.9	73.5	69.0	67.4	65.0	63.4	64.4
Black, non-Hispanic							
All providers	20.6	20.5	19.4	20.6	20.7	21.2	21.6
Private funding only	10.4	9.1	13.1	13.2	10.4	11.0	10.4
Hispanic							
All providers	13.4	12.3	12.4	13.8	14.4	14.1	14.6
Private funding only	21.1	15.3	15.8	17.0	21.8	21.9	22.0

24-Hour Vs. Outpatient Rehabilitation

- Between 1980 and 1992, the proportion of outpatient clients over all providers increased, but the subset of providers using private funds exclusively made this shift more rapidly. In 1980, privately funded facilities were below the average in their proportion of outpatient clients (80% vs 84%), but by 1992 they were above the average (91% vs 87%).



	Percent						
	1980	1982	1987	1989	1990	1991	1992
Outpatient							
All providers	84.1	83.7	85.5	85.8	87.8	87.8	87.1
Private funding only	80.4	81.5	84.5	88.4	93.3	94.2	91.0
Rehabilitation (24-hr care)							
All providers	13.3	13.4	12.0	12.0	10.7	10.8	11.3
Private funding only	15.1	15.4	13.3	10.1	5.9	4.9	7.0
Detoxification (24-hr care)							
All providers	2.7	2.9	2.5	2.2	1.6	1.4	1.6
Private funding only	4.5	3.1	2.2	1.5	0.8	0.9	2.0

This more rapid switch to outpatient care by providers using only private funds may reflect a number factors, including more rapid adoption of managed care by the private sector or the diversion of the most severely disabled clients to the public sector.

DISCUSSION AND IMPLICATIONS

Broad Patterns of Stability and Gradual Change

The NDATUS survey monitors the scope of specialty treatment activities, particularly treatment services funded by Federal and State governments. From its inception as a public surveillance and accounting tool in the mid-1970's, the survey has taken a series of one-day census "snapshots" that broadly describe providers and clients in specialty substance abuse treatment, and the treatment services delivered. This series of snapshots invites longitudinal comparisons.

Seven NDATUS surveys reported that the number of providers grew by about 50% and total clients in specialty treatment nearly doubled between 1980 and 1992. However, interpretation of this growth is problematic because, prior to 1992, the survey did not estimate the number of non-responding providers nor the number of clients treated by non-responding providers. Furthermore, the total number of providers, their size, and total NDATUS clients may reflect changing State reporting practices that were not well documented. Thus, the reported growth in providers and NDATUS clients over time may reflect survey artifacts as well as real phenomena.

Artifacts due to variable response rates are least confounding when comparing selected ratios over time. These ratios have the number of clients or providers with an interesting characteristic in the numerator and all clients or all providers respectively in the denominator. In this way, variation in absolute numbers due to different response rate cancel out. As discussed above, the proportion of clients by demographic groups, by institutional setting, and by type of treatment service appeared to be relatively stable between 1980 and 1992 or they changed only gradually.

This apparent stability has two implications. First, it suggests that at least these NDATUS data have a high "signal to noise" ratio over time. If noise were problematic, the data would have bounced noticeably up and down, from survey to survey. Second, it suggests that reported growth in the number of specialty treatment clients over these 12 years was not accompanied by major structural changes in the treatment system.

One gradual change -- the aging of clients in treatment -- corroborates similar findings from the National Household Survey on Drug Abuse (NHSDA) and the Drug Abuse Warning Network (DAWN). The NHSDA found that the proportion of drug users 35 and older increased from 10% of drug users in 1979 to 28% of users in 1993 [SAMHSA 1994b]. Similarly, the proportion of DAWN emergency room visits related to cocaine, for patients 35 and older, grew from 12% in 1979 to 34% in 1992 [SAMHSA 1993c]. Although evidence of aging in NDATUS pertains to all substance abuse clients, the aging process found in all three surveys may be

explained by the aging of an unusually large group of young people who started using addictive substances in the 1960s and 1970s [Gfroerer and Brodsky 1992].

Gradual changes in these NDATUS clients and services ratios, between 1980 and 1992, may also help to allay concerns about NDATUS reporting discontinuities that might have resulted from major Federal policy shifts -- first away from and then back toward emphasis on services data collection. The stability of NDATUS data reported over this turbulent period suggests that the States and treatment providers maintained basic reporting practices.

National Framework for a Family of Services Studies

As an annual national census of specialty providers NDATUS updates the National Facility Register (NFR); and the NFR frames the universe for nationally representative sample surveys. Because they contact fewer respondents, sample surveys can collect more detailed and more systematic data about specialty treatment services, clients, and outcomes.

Using the precursor to NFR (SAFIS) to frame the universe, NIDA funded national surveys of outpatient providers in 1988 and 1990 [see Appendix 4 and Price et al]. Also in 1990, NIDA sponsored the Drug Services Research Study [SAMHSA 1992] of all specialty treatment for drug abuse [SAMHSA 1992]. SAMHSA is currently sponsoring three more sample surveys: the Services Research Outcome Study (SROS), the National Treatment Study (NTS), and the Alcohol and Drug Services Survey (ADSS). NDATUS is also used to identify and monitor providers that the States believe should report admissions records to the Client Data System (CDS).

NDATUS and CDS data take alternative views of the specialty treatment system. On the one hand, the NDATUS one-day census estimates the daily caseload (or stock) of clients by treatment type. In conjunction with other treatment data concerning resources used per client for each treatment type, these caseload estimates can be used to estimate the resources required to operate the specialty treatment system.

On the other hand, CDS admissions records detail client characteristics for each treatment episode. Admissions over time represent the flow of clients into the specialty treatment system. This flow, coupled with discharges, maintains the NDATUS daily caseload of clients. Furthermore, CDS admissions can be summed to provide data for an entire year, rather than just one day. A year is a better period to measure the number and demographic mix of clients who have been able to receive treatment more or less when they need it. It also more accurately reflects the relative contribution of shorter term (and often more intense) 24-hour treatment programs which accumulate treatment episodes more rapidly over time than longer term, outpatient programs. Finally, a year is also particularly relevant for policy analysis because it corresponds to a budget cycle.

In addition to spawning other national studies, NDATAUS together with these other data sources outlines the national context for States to assess their own specialty treatment systems. Indeed, comparisons of State data in this report reveal wide variation in key variables such as the number of clients in treatment per 100,000 population, and the proportion of clients in 24-hour detoxification versus 24-hour rehabilitation versus outpatient rehabilitation. Some variation may be due to reporting practices, but large differences indicate opportunities for further study. They may also suggest certain States as models for improving specialty services in the rest of the nation.

A National Baseline to Evaluate Future Change

Specialty substance abuse treatment is part of larger health care and social services systems that are under fiscal pressure to make structural changes. It is also part of the criminal justice system that will receive new funds and responsibilities under the 1994 Federal Anti-Crime Act. To permit before and after comparisons, a goal for future analysis is to use the family of national and State services studies to develop a mid-1990s baseline for specialty substance abuse treatment services.

APPENDIX 1: DESCRIPTION OF THE SURVEY

I. Sample Universe

The States, SAMHSA, and other Federal agencies identify the NDATUS universe. Survey documentation broadly defines a specialty treatment provider as having:

- a formal structured arrangement for drug abuse and/or alcoholism treatment or recovery, using drug abuse and/or alcoholism-specified personnel;
- a designated portion of the facility (or resources) set aside for treatment services; and,
- an allocated budget for such treatment services.²

In practice, specialty service providers are identified mainly via administrative records related to public funding, licensing, or other regulatory functions performed by State and Federal agencies. Fifty-six States and other jurisdictions collaborate with SAMHSA in defining the universe and in conducting the survey. Federal agencies participate by providing lists of providers. These include the Bureau of Prisons (BOP), Department of Veterans Administration (VA), Department of Defense (DOD), the Indian Health Service (IHS), and the Food and Drug Administration (FDA). Some providers self-identify and report voluntarily, often to be included in the National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs [SAMHSA 1993b].

The complete list or universe of specialty treatment providers is called the National Facility Register (NFR).³ It is maintained and continuously updated by SAMHSA as an automated data base. Prior to the 1992 survey, the NFR identified 12,331 specialty treatment providers. Non-treatment providers (i.e. providers who offer prevention and other treatment related services) are also included in the NFR

²In prior NDATUS surveys, the reporting entity was called a treatment "unit". The change in terminology was made in order to emphasize the reality that reporting entities are not always "units" in the sense of a small operating facility. Rather, they can be aggregations of providers across entire counties or regions of States.

³The name of this file, which identifies treatment (and non-treatment) providers was recently changed. It was formerly called the Substance Abuse Facility Information System (SAFIS). This change was made to highlight efforts to improve this inventory of specialty treatment providers. Improvements include: 1) identification of every location where specialty treatment is delivered, including many privately funded facilities that have been omitted in the past; 2) vertically and horizontally linking facilities that operate under the same business organization or public agency; 3) expanding the data on each facility record to include variables that can be used to efficiently draw representative samples (e.g. facility size).

universe and they also report to NDATUS. Prior to the 1992 survey, the NFR identified 2,412 non-treatment providers.

II. Data Collection and Processing methodology

The NDATUS survey collects one-day census data on specialty provider and client characteristics. Since the 1980 survey, the reference date has been at the end of September, with the exception of 1987 when it was at the end of October. One-day census (or point prevalence) measures of services utilization are used, instead of annual measures, in order to minimize the burden of accounting and reporting client data.

Prior to the survey, the NFR is updated by sending lists of providers (treatment and non-treatment) to the States, to other reporting jurisdictions, and to Federal agencies for confirmation, correction, deletions, and additions. These updated NFR records are updated a second time, by providers themselves, when they are pre-printed on page one of each form that is mailed to providers. The 1992 NDATUS form was a 5-page paper form. Non-treatment providers completed (or verified) only the first page.

Survey forms were mailed to the States on September 15, for subsequent distribution to providers. Three out of four States made all contacts with providers in order to encourage completion of forms. The SAMHSA contractor sent postcards to providers in several of the remaining States that had low response rates.

Completed forms were returned to State agencies for initial editing before forwarding to the SAMHSA contractor. The latter edited each form, keyed the data into an automated record, and then conducted a final automated edit. A limited number of follow-up telephone contacts were made to clarify ambiguities and inconsistencies or to complete missing items. Missing or unknown client level data on each record were replaced with valid responses using ratio imputation procedures, based upon data reported by the same provider or similar providers [see Appendix 3, Section III].

A label file, with identification data for treatment and non-treatment providers plus main program characteristics, was used to publish the annual National Directory [SAMHSA 1993b] and then made available to the public. In addition to general use as a referral guide, this directory is used by the Center for Substance Abuse Treatment's National Hotline.

To make unbiased national estimates of provider and client level data, key data were estimated from a representative sample of NDATUS non-responders. Each provider in the sample was mailed another copy of the NDATUS survey and data were collected via follow-up telephone calls.

APPENDIX 2: NDATUS GLOSSARY

Specialty Treatment Provider

A specialty treatment provider has:

- 1) a formal structured arrangement for drug abuse and/or alcoholism treatment or recovery, using drug abuse and/or alcoholism-specified personnel;
- 2) a designated portion of the facility (or resources) set aside for treatment services; and,
- 3) an allocated budget for such treatment services.

Active Clients

An active client is an individual who:

- 1) has been admitted to treatment and for whom a treatment plan has been developed; and,
- 2) has been seen on a scheduled appointment basis at least once from September 1, 1992 through October 1, 1992, or was an inpatient client on October 1, 1992; and,
- 3) has not been discharged from treatment as of October 1, 1992.

Institutional Setting⁴

1. **Community Mental Health Center (CMHC)**-- A facility that includes five types of services that are provided in a comprehensive manner to provide a community service: outpatient care, inpatient care, partial hospitalization, emergency care, and consultation and education.
2. **Free-standing Outpatient Facility**--A service facility that is not physically located in a hospital, correctional facility, or mental health center. These are facilities that one would enter only to receive services for drug abuse or alcoholism. Examples are most storefront clinics.

⁴ In the NDATUS instrument, this variable is called "provider site location".

3. **General Hospital (incl. VA Hospital)**--Nonspecialized acute-care hospitals where the average length of stay for a patient is less than 30 days. A VA hospital is a hospital that operates under the auspices of the Department of Veterans Affairs.
4. **Alcoholism Hospital**--An institution that provides (1) 24-hour services for the diagnosis and treatment of alcoholic patients through an organized medical or professional staff and (2) permanent facilities that include inpatient beds and medical and nursing services. Clients residing in this type of hospital setting should be receiving services primarily for alcoholism and/or other drugs of abuse.
5. **Mental/Psychiatric Hospital**--A medical facility that offers short-term intensive inpatient treatment and prolonged inpatient treatment to persons suffering from a variety of mental or psychiatric disorders, including alcohol- and drug-related disorders. Such facilities can be public or private.
6. **Other Specialized Hospital**--Hospitals that emphasize the diagnosis and treatment of particular disorders (e.g., psychiatric, children, epilepsy, maternity, orthopedics).
7. **Correctional Facility**--Adult or juvenile correctional institutions, reentry and diversion facilities, jails, or prisons.
8. **Halfway House/Recovery Home**--A community-based, peer-group oriented, residential facility that provides food, shelter, and supportive services (including vocational, recreational, social services) in a supportive nondrug-use, nondrinking environment for the ambulatory and mentally competent recovering substance abuser who may be reentering the work force. It also provides or arranges for provision of appropriate treatment services.
9. **Free-standing Residential Facility**--A live-in setting where nonmedical rehabilitative drug abuse and/or alcoholism services are available to residents in locations such as foster homes, group homes, or boarding houses.
10. **Community-based Facility**--A non-treatment environment where providers may not hold their sessions in a traditional treatment setting. Examples of community-based facilities are schools, churches, county health departments, emergency shelters, and shopping centers.

Ownership

1. **Private For-Profit**--Includes ownership by an individual, partnership, or corporation, not by government.

2. **Private Nonprofit**--Includes church-related, nonprofit corporation, or other nonprofit organization from which no stockholder, manager, or trustee can legally take profit, and which often is wholly or partially exempt from federal and some state and local taxes due to the nature of their socially and legislatively approved activities.
3. **State/Local Government**--Includes State, county, city, and city/county governments, hospital district, and other substate governments.
4. **Federal Government**--Includes the U.S. Public Health Service, Armed Forces, Department of Veterans Affairs, Federal Prison system, Indian Health Service, or any other Federal agency.
5. **Tribal Government**--Includes independent governmental units established by the Indian Reorganization Act of 1934 to provide for the political, legal, economic, and social welfare needs of a recognized tribe.

Types of Treatment

DETOXIFICATION (24-HOUR CARE):

1. **Hospital Inpatient**--Twenty-four hour/day medical acute care services for detoxification for persons with severe or medical complications associated with withdrawal.
2. **Free-standing Residential**--Twenty-four hour/day services in a non-hospital setting that provide for safe withdrawal and transition to ongoing treatment.

REHABILITATION/RESIDENTIAL (24-HOUR CARE):

3. **Hospital Inpatient (Not Detox.)**--Twenty-four hour/day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency.
4. **Short-Term (30 Days or Less)**--Residential non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency.
5. **Long-Term (Over 30 Days)**--Residential non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency (may include transitional living arrangements such as halfway houses).

Outpatient (LESS THAN 24-HOUR CARE):

6. **Outpatient**--Treatment/recovery/aftercare or rehabilitation services provided where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and supportive services. This also is known as nonresidential services in the alcoholism field.
7. **Intensive Outpatient**--Services provided to a client that last two or more hours per day for three or more days per week. Daycare is included in this category.
8. **Detoxification**--Outpatient treatment services rendered in less than 24 hours that provide for safe withdrawal in an outpatient setting (pharmacological or nonpharmacological).

APPENDIX 3: LIMITATIONS OF THE DATA

I. Identification of the target universe of specialty substance abuse treatment providers

The States identify most providers in the NFR, and differences among States affect the uniformity and completeness of the national listing. Differences include:

- 1) **Funding, licensing, and other regulatory practices.** For example, a few States license all specialty providers, including those that receive only private funds, but most do not.
- 2) **"Level" of an NDATUS reporting unit.** Reporting units may be agencies or programs that manage multiple facilities at different locations, establishments (sometimes called clinics) where treatment is delivered, or multiple treatment units operating at the same location. Consequently, comparisons in terms of the number of reporting units over time or among States are difficult to interpret.

II. Survey Non-Response

In 1992, 12,331 forms were mailed to previously identified treatment providers. An additional 357 treatment providers reported to NDATUS; 111 had been listed in the NFR as non-treatment providers and 246 had never been listed. One thousand and twenty (1,020) forms were returned with information that the provider had gone out of the treatment business. With these survey results, the NFR universe of active treatment providers was adjusted downward to 11,668. Active providers completed 9,307 NDATUS forms in 1992, and they reported 787,152 one-day census clients.

In order to make unbiased national estimates, a probability sample of 401 non-respondents was surveyed that represented all 2,361 non-respondents. When information about provider size was available from previous NDATUS surveys, the probability of being selected for the sample was made proportional to size. NDATUS forms were completed by telephone. Two hundred and sixty-one (65%) completed at least part of the form; 87 (22%) were no longer in business.

Key characteristics of all non-responding providers and their clients were estimated by assigning analysis weights, to each sample responder, equal to the inverse of the probability of each being selected for the sample. Based upon these results, non-respondents had an estimated one-day census of 157,728 clients, and active providers that did not respond to NDATUS were estimated at 2,009. With these non-response results, the NDATUS response rate was adjusted to 82% and responders accounted for 83% of total NDATUS clients. Furthermore, a broad comparison between responder and non-responder data revealed no major differences in utilization patterns.

The non-response sample was selected to develop estimates at the national level. To estimate numbers of non-respondents and clients at the State and jurisdictional level [see Appendix 7, Tables 2 and 3], certain assumptions were made and the data imputed. These imputations were controlled so that sums over all jurisdictions equalled the weighted national estimates of various parameters.

The crude estimate of the number of non-responding providers (2,364) was computed by simply subtracting the number of respondents from the number of providers who were mailed the NDATUS survey. However, respondents included both those providers continuing to offer treatment and those that indicated they were no longer providing treatment. Thus the crude estimate was adjusted downward, under the assumption that a proportion of the non-respondents similar to that among the respondents was also no longer providing treatment. This number was calculated for each State and jurisdiction, and summed over all to 2,120 providers. This number was slightly more than the 2,009 non-respondents derived from the weighted national estimate. To rectify this discrepancy, the State and jurisdictional estimates were adjusted down to total 2,009, while maintaining the same proportion of total for each jurisdiction.

The number of clients served by non-respondents in each State and jurisdiction was then imputed using a series of four estimates for each jurisdiction. These estimates used the number of non-responding but active providers from the calculation above, as well as data derived from responding providers. The latter included the average number of clients per provider; the average number of clients per provider according to funding source (any public funding vs. private funding only vs. funding source unknown); and ratios of clients according to substance abuse problem.

The first estimate of the number of clients by State and jurisdiction was computed using the average number of clients per provider. The sum of these clients over all jurisdictions was 165,760, compared to 157,728 from the weighted national estimate.

The second estimate allocated the non-respondents into three groups according to funding source (any public funding, private funding only, and unknown source). The total numbers for each of these groups was derived from the weighted national estimates, and the providers allocated according to the jurisdiction's proportion of all non-respondents. The total number of clients was computed using the average number of clients per provider for each funding source, and summing over all funding sources. The sum of these clients over all jurisdictions was 126,429.

The first and second estimates fell on either side of the weighted national estimate. Thus the third estimate was computed by adjusting the second estimate upward for each jurisdiction. The adjustment factor was equal to the difference between the high and low estimates for each jurisdiction times the ratio of the difference between the national estimate and the low estimate, and the difference

between the high and low estimates. Using this procedure, the sum of clients across all States and jurisdictions equalled the weighted national estimate.

The final estimate distributed the number of clients in non-responding providers within each jurisdiction according to substance abuse problem (alcohol only, drug only, both). This distribution was based on proportions of these problems according to funding source from the national non-response survey, and summed over funding source. In the final estimate, the sums of clients by State and jurisdiction are equivalent to the weighted national estimates from the non-response survey at the level of funding source and substance abuse problem, as well as aggregates of these.

Prior to 1992, reported survey response rates were based upon the number of potential providers identified at the beginning of the survey and responders included providers that actively refused to submit data. Furthermore, responders and non-responders were not compared based upon a representative sample of non-responders. However, actual response rates and experience with survey administration over the years suggest that response patterns were similar over the period 1980-1992. This conclusion is reinforced by the apparent stability of key ratio indicators that were reported over this period [see forthcoming Main Findings].

III. Item non-response

Item response rates for basic provider characteristics such as ownership, type of facility, and type of treatment exceeded 98% for treatment providers. However, 356 responders (4%) in the main survey and 120 responders (46%) in the non-response sample reported only treatment capacity, not clients. In both the main survey and the non-response sample, missing clients were imputed, by treatment type, as a ratio of reported capacity. These ratios were based upon ratios reported by similar providers, where similarity was defined by source of funds.

IV. One-day census (point-prevalence) estimators for annual provider and client characteristics

One-day census or point prevalence data describe treatment programs, services, and clients on a given day. No significance should be attributed to the particular day except that it is may be characteristic of daily operations during the year. Plausibility is reinforced by the monthly pattern of treatment admissions, reported to CDS for 1992. These admissions occur in a relatively stable pattern throughout the year.

V. Data quality assurance and validation

Provider reporting is facilitated by State agency staff, with training and assistance from a SAMHSA contractor. Experience with survey administration indicates considerable variation among State agencies in funding, staff resources, and policy priorities related to survey implementation. State policies also appear to

affect the quality of clinical records maintained by providers. In most States, NDATUS data are collected outside of normal program administration, and thus provider reported data are generally not subject to routine verification and review by program analysts.

VI. Changes in the NDATUS instrument over time

Comparisons are made in this report among NDATUS results from 1980, 1982, 1987, 1989, 1990, 1991, and 1992 because the instruments for these years asked about both drug and alcohol clients and because they asked the same questions about client demographics. Only one comparison was made to the 1984 NDATUS because that survey was reduced to a one-page form.

Comparisons by type of client problem could not be made prior to 1991. Before 1990, clients' substance of abuse was identified only in terms of whether their treatment was funded using alcohol or drug funds (1980 and 1982), or whether they had either a drug abuse problem or an alcohol problem but not both (1987 and 1989). In other words, none of these earlier surveys could have identified clients that abused both alcohol and drugs, and the earlier instrument would have also misclassified drug clients that happened to be treated in facilities funded with alcohol funds, and vice versa. The 1990 survey was the first NDATUS to attempt to identify all three client groups, but a misunderstanding with the States resulted in most clients being classified as having both alcohol and drug problems.

VII. Definition of terms

Outpatient Clients. The practical definition of outpatient clients may be problematic. It is defined as clients who have been admitted but not discharged from treatment, and that have been seen for a scheduled appointment during the past month. In practice, it may be difficult for providers to identify all such clients without an unreasonable effort.

Treatment Capacity. Treatment capacity is difficult to define for outpatient services and for specialty hospital units. Outpatient services have ambiguous limits due to the flexibility of staff caseloads and the general purpose nature of counseling rooms. Inpatient hospital services also have flexible limits to the extent that beds can be reallocated on short notice among patients with different diagnoses.

Detoxification. Unlike rehabilitation, detoxification does not attempt to change behavior. Rather, its purpose is to stabilize physiological systems, often but not always under medical supervision. While detoxification is often the first step toward entering rehabilitation, including both detox and rehab clients in estimates of total clients in "treatment" may be misleading.

APPENDIX 4: OTHER SOURCES OF NATIONAL TREATMENT DATA

I. THE DRUG SERVICES RESEARCH SURVEY, 1990

The 1990 Drug Services Research Survey (DSRS) was designed to obtain information on drug abuse treatment providers and client characteristics to supplement information from the 1989 National Drug and Alcoholism Treatment Unit Survey (NDATUS). The survey consisted of two major components, a facility-based survey of 1,183 providers and a person-based survey of approximately 2,200 clients discharged from treatment.

In the first component, a nationally representative sample of 1,183 drug treatment programs in the current NDATUS universe was selected for telephone interview. Information sought included treatment modalities offered and clients served in each modality, services provided to special populations (e.g., IV drug users, pregnant females, etc.), and waiting list information.

In the second component, a subsample of 120 programs was selected for site visit to verify information collected in the telephone survey and to abstract patient-level information on characteristics of and services provided to a sample of 2,222 clients discharged during the prior year. This on-site data collection was designed to provide, for the first time in the last 10 years, representative client-level data. Client-level items which were abstracted include demographic characteristics, prior treatment history, drug use history, treatment characteristics including length of time in treatment and charges for treatment, and discharge status.

II. THE DRUG ABUSE TREATMENT SYSTEM SURVEY, 1988 AND 1990

The Drug Abuse Treatment System Survey (DATSS) was a national sample survey of outpatient substance abuse treatment units, conducted in 1988 and 1990 by the Survey Research Center of the Institute of Social Research at the University of Michigan, and funded by the National Institute on Drug Abuse. In 1988, a sample of 670 units was drawn and 575 units participated. In 1990, units that participated in 1988 were contacted again in order to track changes over time. A new iteration is currently in the field.

Information sought included funding, licensing and accreditation, client evaluation and monitoring, collaboration and competition with other treatment organizations, recent programmatic changes, referral sources, staff, types of services delivered, treatment goals, and efforts to enhance quality of treatment.

APPENDIX 5: NDATUS HISTORY

In 1976, the National Institute on Drug Abuse (NIDA) began a census of publicly funded treatment facilities that specialize in abuse of drugs. In 1979, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) joined NIDA in sponsoring NDATUS, and the scope expanded to include specialty treatment for alcohol abuse. The establishment of the Federal Block Grant in 1981 was associated with reduced interest in the NDATUS survey.

Interest increased again with the passage of the Comprehensive Alcohol Abuse, Drug Abuse, and Mental Health Amendments of 1988 [P.L. 100-690, Title II, Chapter 2, Section 2052].⁵ In 1992, as part of the reorganization of the Alcohol, Drug, and Mental Health Administration, NDATUS was shifted to SAMHSA. However, the scope of the 1992 survey did not change except for the addition of a representative, sample survey of census non-responders.

The impetus for making comparisons among NDATUS surveys in this report is the growing concern about rapidly rising health care and welfare costs, and the associated policy debate about national health care and welfare reforms. In this new policy environment, cost containment is essential; and it is defined largely in terms of slowing down growth rates in services utilization and in terms of using case management to tradeoff treatment needs and costs.

Longitudinal NDATUS data help to understand these growth rates and tradeoffs. For example, tracking the age profile of clients in treatment reveals substance abuse characteristics and utilization by age cohorts. When combined with current population-based incidence and prevalence data, age tracking helps to predict future requirements for substance abuse treatment. It also helps to predict health care and welfare costs, since age and substance abuse are correlated with health care and welfare needs, and to make tradeoffs between spending more now for substance abuse treatment in order to reduce future health care and welfare costs.

NDATUS Reports

In collaboration with the States, SAMHSA is redesigning NDATUS reports. This Advance Report replaces the "Highlights", a document published by the National Institute On Drug Abuse (NIDA) for the 1987, 1989, 1990, and 1991 surveys. Instead of summarizing all NDATUS data in the "Highlights" and again in a Main Findings reports, this NDATUS Advance Report presents information based upon three criteria. First, we focus on NDATUS questions that elicited the highest

⁵As partial implementation of the Act, the States were to report all treatment units receiving public funds, as a requirement for receiving funds from the Federal Substance Abuse and Prevention Block Grant.

response rates. Second, we focus on data which are the most reliably reported, based upon our experience with survey administration. Third, we limit attention to the subset of NDATUS data for which the NDATUS survey has an advantage compared to the reporting of client records by the Client Data System.

A Main Findings report is forthcoming. Unlike previous editions, it will contain both NDATUS and CDS data, and it will report NDATUS and CDS data from both 1992 and 1993. Because this report has a much broader purview compared to previous NDATUS-only reports, fewer cross-tabulations among NDATUS variables may be reported. However, it will present basic tabulations of all NDATUS and CDS data plus key NDATUS-to-NDATUS and NDATUS-to-CDS cross tabulations. In addition, a public-use NDATUS data file will be made available, soon after the publication of this Advance Report, making it possible for anyone to tailor analysis as needed.

APPENDIX 6: REFERENCES

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APPENDIX 7: DETAILED TABLES

**Table 1. 1992 NDATUS Response and Non-Response Summary,
All Providers and Privately Funded Providers, by Jurisdiction**

	Private Funding Only			All Providers			Non-Responding Providers	
	Providers	Clients	Clients per Provider	Providers	Clients	Clients per Provider	Number	Percent
Adjusted Total ¹	2,210	169,278	76.6	11,316	944,880	83.5	-	-
Total	1,650	129,699	78.6	9,307	787,152	84.6	2,009	17.8
Bureau of Prisons	-	-	-	37	2,878	77.8	1	2.6
Department of Defense	-	-	-	59	3,184	54.0	33	35.9
Veterans' Administration	-	-	-	128	20,946	163.6	45	26.0
Tribal Govt./Indian Health Svce.	-	-	-	108	3,965	36.7	105	49.3
Alabama	4	71	17.8	47	4,321	91.9	23	32.9
Alaska	9	265	29.4	34	1,485	43.7	12	26.1
American Samoa	-	-	-	1	5	5.0	-	-
Arizona	7	365	52.1	89	5,838	65.6	49	35.5
Arkansas	5	63	12.6	48	2,825	58.9	-	-
California	301	64,207	213.3	1,186	146,415	123.5	112	8.6
Colorado	68	5,846	86.0	131	17,587	134.3	24	15.5
Connecticut	17	421	24.8	161	9,188	57.1	28	14.8
Delaware	13	1,160	89.2	44	3,239	73.6	-	-
District of Columbia	3	134	44.7	43	4,580	106.5	8	15.7
Federated States of Micronesia	-	-	-	4	462	115.5	-	-
Florida	172	6,390	37.2	560	30,431	54.3	58	9.4
Georgia	10	364	36.4	75	7,620	101.6	34	31.2
Guam	-	-	-	1	96	96.0	-	-
Hawaii	2	17	8.5	48	1,243	25.9	8	14.3
Idaho	9	387	43.0	25	1,783	71.3	1	3.8
Illinois	62	3,075	49.6	295	23,721	80.4	102	25.7
Indiana	28	1,059	37.8	132	14,453	109.5	6	4.3
Iowa	6	99	16.5	65	4,113	63.3	5	7.1
Kansas	31	877	28.3	120	6,144	51.2	65	35.1
Kentucky	35	779	22.3	196	9,506	48.5	23	10.5
Louisiana	23	884	38.4	109	10,743	98.6	10	8.4
Maine	9	140	15.6	56	1,409	25.2	128	69.6
Maryland	88	5,463	62.1	281	23,219	82.6	25	8.2
Massachusetts	27	1,774	65.7	251	20,828	83.0	26	9.4
Michigan	129	3,793	29.4	583	43,132	74.0	12	2.0
Minnesota	35	581	16.6	225	5,274	23.4	25	10.0
Mississippi	8	323	40.4	63	3,635	57.7	-	-
Missouri	10	762	76.2	97	7,627	78.6	35	26.5
Montana	1	16	16.0	29	1,745	60.2	-	-
Nebraska	7	375	53.6	112	5,461	48.8	1	0.9
Nevada	6	202	33.7	50	2,181	43.6	-	-
New Hampshire	5	151	30.2	40	1,430	35.8	8	16.7
New Jersey	61	2,804	46.0	260	23,128	89.0	93	26.3
New Mexico	9	1,206	134.0	50	5,449	109.0	21	29.6
New York	76	5,877	77.3	1,001	96,252	96.2	173	14.7
North Carolina	7	241	34.4	82	12,796	156.0	35	29.9
North Dakota	17	195	11.5	41	1,398	34.1	1	2.4
Ohio	17	808	47.5	337	26,835	79.6	82	19.6
Oklahoma	12	260	21.7	92	4,915	53.4	3	3.2
Oregon	29	1,336	46.1	157	15,976	101.8	2	1.3
Pennsylvania	33	1,296	39.3	291	20,582	70.7	244	45.6
Puerto Rico	1	79	79.0	81	12,824	158.3	87	51.8
Rhode Island	7	715	102.1	74	6,155	83.2	3	3.9
South Carolina	6	232	38.7	64	11,341	177.2	-	-
South Dakota	4	18	4.5	43	1,257	29.2	-	-
Tennessee	11	739	67.2	74	6,292	85.0	13	14.9
Texas	114	4,432	38.9	459	30,028	65.4	106	18.8
Trust Territories	-	-	-	1	11	11.0	-	-
Utah	16	596	37.3	59	5,977	101.3	1	1.7
Vermont	-	-	-	17	1,110	65.3	-	-
Virgin Islands	-	-	-	3	191	63.7	-	-
Virginia	18	578	32.1	88	12,318	140.0	28	24.1
Washington	52	7,082	136.2	182	19,453	106.9	100	35.5
West Virginia	1	8	8.0	40	3,734	93.4	-	-
Wisconsin	27	1,088	40.3	238	14,878	62.5	4	1.7
Wyoming	2	66	33.0	40	1,540	38.5	1	2.4

¹Includes data imputed for 2,009 non-responding providers based on a representative sample survey of non-responding providers. Totals for individual jurisdictions do not include these data, and sum to less than the adjusted total.

Note: Data for the individual jurisdictions exclude treatment providers operated under contract to Federal agencies or tribal governments. Tribal Govt./Indian

Table 2.

1992 One-Day Census of Clients in Treatment, by Substance Abuse Problem and Jurisdiction¹

	Alcoholism Clients		Drug Abuse Clients		Clients With Both Problems		Total Clients	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	348,677	36.9	237,004	25.1	359,198	38.0	944,880	100.0
Bureau of Prisons	393	13.2	700	23.5	1,891	63.4	2,984	100.0
Department of Defense	3,700	74.3	584	11.7	698	14.0	4,982	100.0
Veterans' Administration	9,804	34.7	5,878	20.8	12,576	44.5	28,257	100.0
Tribal Govt./IHS	3,684	47.1	637	8.1	3,498	44.7	7,819	100.0
Alabama	1,746	28.2	1,723	27.9	2,711	43.9	6,180	100.0
Alaska	675	33.8	274	13.8	1,046	52.4	1,995	100.0
American Samoa	5	100.0	-	-	-	-	5	100.0
Arizona	3,065	34.6	3,563	40.3	2,224	25.1	8,852	100.0
Arkansas	912	32.3	933	33.0	980	34.7	2,825	100.0
California	95,463	59.7	37,434	23.4	27,040	16.9	159,938	100.0
Colorado	10,153	49.2	3,289	16.0	7,175	34.8	20,616	100.0
Connecticut	2,465	22.9	3,458	32.2	4,832	44.9	10,755	100.0
Delaware	1,420	43.8	571	17.6	1,248	38.5	3,239	100.0
District of Columbia	1,245	23.1	2,426	45.0	1,716	31.8	5,386	100.0
Fed. of Micronesia	161	34.8	143	31.0	158	34.2	462	100.0
Florida	9,804	29.2	9,086	27.1	14,642	43.7	33,532	100.0
Georgia	3,395	31.3	2,697	24.9	4,752	43.8	10,844	100.0
Guam	61	63.5	9	9.4	26	27.1	96	100.0
Hawaii	263	18.3	374	26.1	799	55.6	1,436	100.0
Idaho	724	39.3	200	10.8	917	49.8	1,841	100.0
Illinois	10,228	32.3	7,950	25.1	13,461	42.5	31,640	100.0
Indiana	7,405	49.0	1,966	13.0	5,726	37.9	15,097	100.0
Iowa	1,833	41.3	340	7.7	2,260	51.0	4,433	100.0
Kansas	4,012	42.9	1,817	19.4	3,523	37.7	9,351	100.0
Kentucky	5,439	51.3	1,653	15.6	3,508	33.1	10,600	100.0
Louisiana	2,508	21.6	2,551	22.0	6,550	56.4	11,609	100.0
Maine	1,826	40.3	756	16.7	1,948	43.0	4,530	100.0
Maryland	8,455	33.6	7,696	30.6	9,031	35.9	25,182	100.0
Massachusetts	2,974	13.0	3,339	14.6	16,619	72.5	22,932	100.0
Michigan	17,291	39.3	11,022	25.1	15,658	35.6	43,971	100.0
Minnesota	1,628	27.9	709	12.1	3,498	59.9	5,835	100.0
Mississippi	1,252	34.4	822	22.6	1,561	42.9	3,635	100.0
Missouri	3,355	32.8	2,169	21.2	4,719	46.1	10,243	100.0
Montana	696	39.9	157	9.0	892	51.1	1,745	100.0
Nebraska	2,765	50.2	462	8.4	2,277	41.4	5,503	100.0
Nevada	448	20.5	864	39.6	869	39.8	2,181	100.0
New Hampshire	582	33.9	231	13.4	906	52.7	1,718	100.0
New Jersey	6,632	21.2	11,301	36.2	13,309	42.6	31,243	100.0
New Mexico	3,927	51.7	1,870	24.6	1,806	23.8	7,602	100.0
New York	18,060	16.1	48,997	43.8	44,880	40.1	111,937	100.0
North Carolina	7,702	43.6	2,811	15.9	7,150	40.5	17,663	100.0
North Dakota	760	53.2	77	5.4	592	41.4	1,429	100.0
Ohio	11,261	34.2	5,484	16.7	16,146	49.1	32,891	100.0
Oklahoma	1,218	24.1	953	18.9	2,883	57.0	5,055	100.0
Oregon	7,086	43.9	2,831	17.5	6,225	38.6	16,142	100.0
Pennsylvania	11,753	31.7	9,495	25.6	15,828	42.7	37,077	100.0
Puerto Rico	11,469	46.0	7,656	30.7	5,833	23.4	24,957	100.0
Rhode Island	2,247	35.0	1,904	29.7	2,267	35.3	6,418	100.0
South Carolina	6,362	56.1	1,542	13.6	3,437	30.3	11,341	100.0
South Dakota	749	59.6	83	6.6	425	33.8	1,257	100.0
Tennessee	2,692	36.5	2,089	28.3	2,599	35.2	7,380	100.0
Texas	5,938	16.2	9,517	26.0	21,102	57.7	36,557	100.0
Trust Territories	5	45.5	-	-	6	54.5	11	100.0
Utah	2,076	34.2	1,050	17.3	2,937	48.4	6,063	100.0
Vermont	650	58.6	71	6.4	389	35.0	1,110	100.0
Virgin Islands	41	21.5	70	36.6	80	41.9	191	100.0
Virginia	5,953	37.9	3,407	21.7	6,359	40.5	15,719	100.0
Washington	9,654	32.0	4,704	15.6	15,782	52.4	30,141	100.0
West Virginia	2,741	73.4	456	12.2	537	14.4	3,734	100.0
Wisconsin	7,018	46.3	1,980	13.1	6,145	40.6	15,143	100.0
Wyoming	852	54.2	174	11.1	545	34.7	1,571	100.0

¹Includes data imputed for 2,009 non-responding providers based on a representative sample survey of non-responding providers. Totals for individual jurisdictions include these data.

Note: Data for the individual jurisdictions exclude treatment providers operated under contract to Federal agencies or tribal governments.

Tribal Govt./Indian Health Service totals include all providers operated by tribal governments, the Indian Health Services and units under contract to the Indian Health Services.

Table 3. 1992 One-Day Census of Clients in Treatment per 100,000 Population, by Substance Abuse Problem and State¹

	U.S. Population Age 12 & Over (Thousands)	Clients Per 100,000 Population			
		Alcoholism Clients	Drug Abuse Clients	Clients With Both Problems	Total Clients
Total	212,655	158.3	107.6	165.9	431.9
Northeast	44,030	115.6	185.4	237.9	539.0
Rhode Island	869	269.8	221.9	262.7	754.4
New York	15,546	125.7	320.4	297.5	743.6
New Jersey	6,708	105.0	172.7	203.6	481.4
Massachusetts	5,177	62.8	65.9	333.9	462.7
Maine	1,065	182.5	73.4	193.9	449.9
Connecticut	2,826	96.2	128.8	176.3	401.3
Pennsylvania	10,402	123.1	97.9	162.6	383.6
Vermont	489	134.0	15.5	80.8	230.3
New Hampshire	948	62.3	24.5	97.3	184.1
South	75,018	97.1	70.4	125.5	293.0
District of Columbia	509	257.5	480.6	345.3	1,083.4
Maryland	4,178	207.2	185.4	219.2	611.9
Delaware	589	248.9	99.7	213.8	562.3
South Carolina	3,074	214.3	53.9	117.0	385.2
Kentucky	3,238	179.4	52.4	119.2	351.0
Louisiana	3,602	74.2	80.0	183.1	337.3
North Carolina	5,901	134.5	49.3	124.3	308.1
Virginia	5,475	118.1	65.1	122.3	305.5
Florida	11,674	88.0	79.1	131.1	298.2
Texas	14,749	46.8	66.6	146.1	259.5
West Virginia	1,590	173.0	28.7	41.6	243.3
Oklahoma	2,740	55.5	38.5	116.4	210.4
Georgia	5,728	62.6	49.7	88.5	200.7
Alabama	3,369	55.1	52.3	84.2	191.6
Tennessee	4,335	64.9	50.1	62.5	177.4
Mississippi	2,210	60.1	37.6	72.9	170.6
Arkansas	2,057	44.3	55.5	47.6	147.5
Midwest	51,781	137.9	68.9	153.8	360.6
Michigan	8,019	218.7	139.8	197.4	555.9
Kansas	2,142	200.7	88.6	176.8	466.1
Nebraska	1,362	216.1	35.1	180.2	431.5
Ohio	9,442	121.9	58.9	194.8	375.6
Wisconsin	4,268	169.2	48.2	148.7	366.0
Illinois	9,899	111.2	86.9	140.9	339.0
Indiana	4,858	161.6	46.8	125.0	333.3
North Dakota	542	145.7	16.0	113.1	274.8
South Dakota	599	151.5	34.1	83.6	269.1
Missouri	4,438	79.9	50.4	126.3	256.6
Iowa	2,414	77.1	14.3	97.4	188.8
Minnesota	3,798	50.2	19.6	98.7	168.6
West	41,826	338.2	140.5	177.6	656.3
Washington	4,361	264.2	119.2	397.2	780.7
Colorado	2,947	365.3	116.3	255.3	737.0
Oregon	2,552	287.9	112.5	266.2	666.6
California	25,774	376.0	148.2	112.6	636.7
New Mexico	1,316	322.5	152.3	157.7	632.5
Alaska	455	224.1	78.5	271.6	574.1
Wyoming	393	218.6	45.9	194.2	458.7
Utah	1,459	155.7	75.7	208.5	440.0
Arizona	3,220	118.2	115.1	83.0	316.3
Montana	702	115.7	27.0	131.6	274.3
Idaho	895	113.6	25.0	115.7	254.4
Nevada	1,125	50.3	80.5	87.2	218.0
Hawaii	988	34.2	40.3	88.5	163.0

¹Based on Table 2; includes data imputed for 2,009 non-responding providers based on a representative sample survey of non-responding providers. Clients in providers operated by or under contract to Federal agencies or tribal governments are included in the State in which the provider is located.

Table 4A.
One-Day Census of Clients in Treatment, by Sex,
All Providers and Privately Funded Providers, 1980-1992

Year and Provider Funding Source	Number				Percent ¹		
	Men	Women	Unknown	Total	Men	Women	Total
1980							
All Providers	358,021	120,490	-	478,511	74.8	25.2	100.0
Private Funding Only	18,531	4,947	-	23,478	78.9	21.1	100.0
1982							
All Providers	337,245	113,407	-	450,652	74.8	25.2	100.0
Private Funding Only	27,815	7,483	-	35,298	78.8	21.2	100.0
1987							
All Providers	430,132	164,495	19,076	613,703	72.3	27.7	100.0
Private Funding Only	57,481	17,709	2,299	77,489	76.4	23.6	100.0
1989							
All Providers	494,095	207,510	33,350	734,955	70.4	29.6	100.0
Private Funding Only	71,362	23,152	3,144	97,658	75.5	24.5	100.0
1990							
All Providers	535,836	206,861	25,132	767,829	72.1	27.9	100.0
Private Funding Only	89,908	24,808	4,813	119,529	78.4	21.6	100.0
1991							
All Providers	562,388	213,681	35,750	811,819	72.5	27.5	100.0
Private Funding Only	100,900	27,009	4,359	132,268	78.9	21.1	100.0
1992²							
All Providers	671,438	273,442	-	944,880	71.1	28.9	100.0
Private Funding Only	132,822	36,455	-	169,278	78.5	21.5	100.0

¹ Percents are calculated with persons of unknown sex excluded.

² Includes data imputed for 2,009 non-responding providers based on a representative sample survey of non-responding providers.

Table 4B.
One-Day Census of Clients in Treatment, by Age-Group, 1980-1992

Age-Group	Number							Percent ¹						
	1980	1982	1987	1989	1990	1991	1992 ²	1980	1982	1987	1989	1990	1991	1992
20 Years & Under	74,451	63,115	98,052	114,818	86,326	82,242	95,773	15.7	14.1	16.9	16.9	12.1	11.1	10.1
Under 12 Years	-	-	-	-	-	-	4,214	-	-	-	-	-	-	0.4
12 to 17 Years	-	-	-	-	-	-	47,009	-	-	-	-	-	-	5.0
Under 18 Years	-	-	59,790	69,412	45,585	43,698	51,223	-	-	10.3	10.2	6.4	5.9	5.4
18 to 20 Years	-	-	38,262	45,406	40,741	38,544	44,550	-	-	6.6	6.7	5.7	5.2	4.7
18 Years & Under	41,613	33,602	-	-	-	-	-	8.8	7.5	-	-	-	-	-
19 to 20 Years	32,838	29,513	-	-	-	-	-	6.9	6.6	-	-	-	-	-
21 to 44 Years	292,331	289,935	400,731	474,210	527,815	553,067	710,877	61.7	64.6	69.1	69.9	74.1	74.9	75.2
21 to 24 Years	-	-	78,382	87,926	92,318	95,718	111,386	-	-	13.5	13.0	13.0	13.0	11.8
25 to 34 Years	-	-	188,472	225,352	249,742	260,184	332,329	-	-	32.5	33.2	35.0	35.2	35.2
35 to 44 Years	-	-	133,877	160,932	185,755	197,165	267,161	-	-	23.1	23.7	26.1	26.7	28.3
45 to 64 Years	99,580	89,274	74,827	82,191	91,401	95,598	129,275	21.0	19.9	12.9	12.1	12.8	12.9	13.7
45 to 54 Years	-	-	53,235	59,856	67,493	71,315	98,691	-	-	9.2	8.8	9.5	9.7	10.4
55 to 64 Years	-	-	21,592	22,335	23,908	24,283	30,584	-	-	3.7	3.3	3.4	3.3	3.2
45 to 59 Years	84,694	74,817	-	-	-	-	-	17.9	16.7	-	-	-	-	-
60 to 64 Years	14,886	14,457	-	-	-	-	-	3.1	3.2	-	-	-	-	-
65 Years & Over	7,194	6,734	6,569	7,134	7,214	7,464	8,954	1.5	1.5	1.1	1.1	1.0	1.0	0.9
Unknown	-	-	33,206	56,602	55,073	73,448	-	-	-	-	-	-	-	-
Total	473,556	449,058	613,385	734,955	767,829	811,819	944,880	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹ Percents are calculated with persons of unknown age excluded.

² Includes data imputed for 2,009 non-responding providers based on a representative sample survey of non-responding providers.

Note: Client age groups reflect differences in data collection.

Table 4C.
One-Day Census of Clients in Treatment, by Race/Ethnicity, All Providers and Privately Funded Providers, 1980-1992

Year and Provider Funding Source	Number								Percent ¹						
	White (Non- Hisp.)	Black (Non- Hisp.)	Hisp.	Asian/ Pacific Islander	Amer. Indian/ Alaskan Native	Other	Unknown	Total	White (Non- Hisp.)	Black (Non- Hisp.)	Hisp.	Asian/ Pacific Islander	Amer. Indian/ Alaskan Native	Other	Total
1980															
All Providers	300,300	98,574	64,115	2,006	13,798	-	-	478,793	62.7	20.6	13.4	0.4	2.9	-	100.0
Private Funding Only	15,786	2,451	4,973	206	186	-	-	23,602	66.9	10.4	21.1	0.9	0.8	-	100.0
1982															
All Providers	291,579	93,319	55,811	1,712	12,099	-	-	454,520	64.2	20.5	12.3	0.4	2.7	-	100.0
Private Funding Only	26,021	3,207	5,429	351	418	-	-	35,426	73.5	9.1	15.3	1.0	1.2	-	100.0
1987															
All Providers	374,179	110,602	70,930	3,122	9,793	1,964	32,929	603,519	65.6	19.4	12.4	0.5	1.7	0.3	100.0
Private Funding Only	50,696	9,622	11,616	706	539	318	3,945	77,442	69.0	13.1	15.8	1.0	0.7	0.4	100.0
1989															
All Providers	424,513	139,702	93,759	4,021	13,877	2,787	56,296	734,955	62.6	20.6	13.8	0.6	2.0	0.4	100.0
Private Funding Only	61,917	12,127	15,585	811	845	539	5,834	97,658	67.4	13.2	17.0	0.9	0.9	0.6	100.0
1990															
All Providers	443,012	148,027	103,074	5,367	14,114	2,962	51,273	767,829	61.8	20.7	14.4	0.7	2.0	0.4	100.0
Private Funding Only	72,881	11,661	24,427	1,900	759	517	7,384	119,529	65.0	10.4	21.8	1.7	0.7	0.5	100.0
1991															
All Providers	452,171	156,014	103,984	6,451	13,465	3,664	76,070	811,819	61.5	21.2	14.1	0.9	1.8	0.5	100.0
Private Funding Only	78,687	13,659	27,171	2,335	1,326	912	8,178	132,268	63.4	11.0	21.9	1.9	1.1	0.7	100.0
1992²															
All Providers	565,202	203,885	138,400	7,232	12,384	17,777	-	944,880	59.8	21.6	14.6	0.8	1.3	1.9	100.0
Private Funding Only	108,952	17,681	37,170	2,321	1,093	2,061	-	169,278	64.4	10.4	22.0	1.4	0.6	1.2	100.0

¹ Percents are calculated with persons of unknown race/ethnicity excluded.

² Includes data imputed for 2,009 non-responding providers based on a representative sample survey of non-responding providers.

Table 5. Specialty Treatment Providers and One-Day Census of Clients, by Institutional Setting, 1980-1992

Institutional Setting	1980	1982	1984	1987	1989	1990	1991	1992 ¹
Free Standing/Outpatient:								
Providers Reporting								
Percent of Total	29.6	24.6	31.9	37.9	39.2	37.9	40.7	43.5
Number Reported	1,892	1,403	2,619	2,574	3,020	3,273	3,634	4,923
Clients Reported								
Percent of Total	40.4	37.2	43.5	49.9	51.2	49.9	52.5	53.6
Number Reported	197,255	172,562	291,441	306,406	376,575	383,182	426,562	506,774
Percent in Inpatient Care	1.9	2.4	2.1	0.3	0.7	1.7	1.5	0.8
Community Mental Health Center:								
Providers Reporting								
Percent of Total	19.5	19.4	20.1	13.6	12.6	14.2	14.4	12.7
Number Reported	1,248	1,111	1,650	927	972	1,225	1,287	1,440
Clients Reported								
Percent of Total	19.5	21.0	20.8	14.5	15.0	17.0	16.5	15.6
Number Reported	95,086	97,201	139,411	89,182	110,386	130,387	133,670	146,941
Percent in Inpatient Care	3.2	3.5	4.4	3.6	4.3	2.2	2.4	2.5
General Hospital (incl. VA Hosp):								
Providers Reporting								
Percent of Total	8.9	10.4	12.0	12.2	11.9	10.7	10.3	10.4
Number Reported	571	593	990	832	919	925	922	1,181
Clients Reported								
Percent of Total	10.1	11.5	12.5	10.3	8.9	8.1	7.7	9.7
Number Reported	49,529	53,389	83,950	63,039	65,729	61,902	62,338	91,720
Percent in Inpatient Care	21.2	19.1	20.4	24.6	24.7	19.7	17.4	15.4
Other Specialized Hospital:								
Providers Reporting								
Percent of Total	4.2	4.9	5.5	5.6	5.6	4.5	4.1	4.8
Number Reported	268	281	451	379	434	390	370	547
Clients Reported								
Percent of Total	3.9	3.7	3.5	4.4	3.4	2.4	2.0	2.8
Number Reported	18,907	17,260	23,207	26,852	25,011	18,753	15,891	26,878
Percent in Inpatient Care	41.1	47.0	56.7	52.4	55.2	58.0	49.1	48.0
Halfway House/Recovery House:								
Providers Reporting								
Percent of Total	12.3	10.4	11.4	10.6	9.7	9.1	8.7	8.8
Number Reported	788	592	933	722	745	785	775	994
Clients Reported								
Percent of Total	3.7	3.1	4.0	2.8	2.5	2.3	1.9	2.4
Number Reported	17,891	14,434	27,142	17,049	18,306	17,358	15,830	23,125
Percent in Inpatient Care	86.8	83.5	73.2	83.4	85.9	88.0	89.9	88.6
Other Residential Facility:								
Providers Reporting								
Percent of Total	11.6	11.5	8.6	12.6	13.6	12.7	13.0	13.1
Number Reported	744	659	707	854	1,045	1,098	1,162	1,480
Clients Reported								
Percent of Total	6.4	5.6	4.2	7.4	7.0	6.3	6.4	6.8
Number Reported	31,112	26,063	28,183	45,320	51,089	48,672	51,575	64,369
Percent in Inpatient Care	74.3	86.6	91.9	67.7	69.8	65.4	71.1	68.5
Correctional Facility:								
Providers Reporting								
Percent of Total	2.6	2.1	1.9	1.2	1.5	2.3	2.5	2.8
Number Reported	166	122	154	79	114	197	219	312
Clients Reported								
Percent of Total	2.5	2.2	2.0	1.5	1.9	3.4	4.8	3.2
Number Reported	12,143	9,983	13,303	9,434	14,196	26,082	39,270	30,658
Percent in Inpatient Care	*	*	64.9	39.5	54.8	26.8	25.1	35.4
Other & Unknown:								
Providers Reporting								
Percent of Total	11.3	16.7	8.7	6.3	5.8	8.5	6.3	3.9
Number Reported	723	952	714	430	448	737	559	439
Clients Reported								
Percent of Total	13.7	15.6	9.5	9.3	10.0	10.6	8.2	5.8
Number Reported	66,929	72,520	63,642	56,841	73,663	81,493	66,683	54,413
Percent in Inpatient Care	5.7	10.3	12.8	11.3	10.8	9.0	14.9	21.8

* Cannot be calculated because of data collection methods.

¹1992 includes data imputed for 2,009 non-responding providers based on a representative sample survey of non-responding providers.

Note: Excludes providers that did not report clients.

Table 6A. 1992 One-Day Census of Clients in Treatment, by Treatment Type and Jurisdiction, All Providers

	Detoxification (24-Hour Care)		Rehabilitation (24-Hour Care)			Outpatient		Total Clients
	Hospital	Free-Standing	Hospital	Short-Term	Long-Term	Methadone	Drug-Free	
Adjusted Total¹	8,256	6,656	16,582	19,077	71,368	116,456	706,485	944,880
Total	5,268	5,921	9,558	16,334	57,705	105,087	587,279	787,152
Bureau of Prisons	-	-	-	-	1,433	-	1,445	2,878
Dept. of Defense	10	-	74	50	204	-	2,846	3,184
Veterans' Admin.	454	1	1,856	946	458	2,389	14,842	20,946
Tribal Govt./IHS	-	20	15	236	413	-	3,281	3,965
Alabama	20	20	36	452	580	327	2,886	4,321
Alaska	11	29	34	58	148	50	1,155	1,485
American Samoa	-	-	-	-	-	-	5	5
Arizona	17	49	-	247	491	1,792	3,242	5,838
Arkansas	43	6	84	383	255	-	2,054	2,825
California	244	585	779	841	11,237	18,015	114,714	146,415
Colorado	14	311	72	233	672	1,360	14,925	17,587
Connecticut	79	109	14	291	860	2,331	5,504	9,188
Delaware	12	34	12	60	227	168	2,726	3,239
District of Columbia	83	-	15	59	385	1,378	2,660	4,580
Fed. of Micronesia	4	5	-	-	-	-	453	462
Florida	146	388	305	482	4,492	2,685	21,933	30,431
Georgia	185	176	254	306	557	574	5,568	7,620
Guam	-	42	-	-	-	-	54	96
Hawaii	-	11	11	-	232	198	791	1,243
Idaho	13	41	61	81	36	4	1,547	1,783
Illinois	28	170	67	510	1,298	4,342	17,306	23,721
Indiana	103	-	379	294	590	-	13,087	14,453
Iowa	21	19	149	151	546	36	3,191	4,113
Kansas	13	37	55	256	291	228	5,264	6,144
Kentucky	15	23	130	153	292	188	8,705	9,506
Louisiana	92	93	235	235	696	673	8,719	10,743
Maine	9	9	-	8	114	-	1,269	1,409
Maryland	67	29	58	607	774	4,329	17,355	23,219
Massachusetts	327	434	138	391	1,463	3,763	14,312	20,828
Michigan	137	85	188	588	1,833	5,255	35,046	43,132
Minnesota	-	-	188	524	981	596	2,985	5,274
Mississippi	81	134	194	219	700	-	2,307	3,635
Missouri	67	114	95	567	415	644	5,725	7,627
Montana	9	66	23	86	34	-	1,527	1,745
Nebraska	6	57	91	92	324	177	4,714	5,461
Nevada	34	45	21	125	324	552	1,080	2,181
New Hampshire	20	17	180	42	147	-	1,024	1,430
New Jersey	288	39	259	460	1,518	6,305	14,259	23,128
New Mexico	27	25	59	139	157	934	4,108	5,449
New York	692	555	7	1,819	7,770	31,013	54,396	96,252
North Carolina	93	147	93	426	413	537	11,087	12,796
North Dakota	28	30	79	30	92	-	1,139	1,398
Ohio	90	86	250	210	1,898	1,175	23,126	26,835
Oklahoma	50	50	176	330	660	229	3,420	4,915
Oregon	15	88	12	159	882	979	13,841	15,976
Pennsylvania	516	133	383	719	2,045	2,750	14,036	20,582
Puerto Rico	-	181	-	6	851	935	10,851	12,824
Rhode Island	27	58	36	5	264	1,033	4,732	6,155
South Carolina	169	422	737	205	171	46	9,591	11,341
South Dakota	2	35	49	38	147	-	986	1,257
Tennessee	21	91	80	436	461	535	4,668	6,292
Texas	517	138	807	798	3,218	4,335	20,215	30,028
Trust Territories	-	-	2	-	-	-	9	11
Utah	78	77	103	27	685	291	4,716	5,977
Vermont	39	4	19	49	39	-	960	1,110
Virgin Islands	-	-	-	-	44	20	127	191
Virginia	77	164	84	215	766	499	10,513	12,318
Washington	19	356	189	376	935	1,103	16,475	19,453
West Virginia	25	34	22	142	152	-	3,359	3,734
Wisconsin	124	45	268	137	990	309	13,005	14,878
Wyoming	7	4	31	35	45	5	1,413	1,540

¹Includes data imputed for 2,009 non-responding providers based on a representative sample survey of non-responding providers. Totals for individual jurisdictions do not include these data, and sum to less than the adjusted total.

Note: Data for the individual jurisdictions exclude treatment providers operated under contract to Federal agencies or tribal governments. Tribal Govt./Indian Health Service totals include all providers operated by tribal governments, the Indian Health Services and units under contract to the Indian Health Services.

Table 6B. 1992 One-Day Census of Clients in Treatment, by Treatment Type and Jurisdiction, All Providers (Percent)

	Detoxification (24-Hour Care)		Rehabilitation (24-Hour Care)			Outpatient		Total Clients
	Hospital	Free-Standing	Hospital	Short-Term	Long-Term	Methodone	Drug-Free	
Adjusted Total ¹	0.9	0.7	1.8	2.0	7.6	12.3	74.8	100.0
Total	0.7	0.8	1.2	2.1	7.3	13.4	74.6	100.0
Bureau of Prisons	-	-	-	-	49.8	-	50.2	100.0
Dept. of Defense	0.3	-	2.3	1.6	6.4	-	89.4	100.0
Veterans' Admin.	2.2	0.0	8.9	4.5	2.2	11.4	70.9	100.0
Tribal Govt./IHS	-	0.5	0.4	6.0	10.4	-	82.7	100.0
Alabama	0.5	0.5	0.8	10.5	13.4	7.6	66.8	100.0
Alaska	0.7	2.0	2.3	3.9	10.0	3.4	77.8	100.0
American Samoa	-	-	-	-	-	-	100.0	100.0
Arizona	0.3	0.8	-	4.2	8.4	30.7	55.5	100.0
Arkansas	1.5	0.2	3.0	13.6	9.0	-	72.7	100.0
California	0.2	0.4	0.5	0.6	7.7	12.3	78.3	100.0
Colorado	0.1	1.8	0.4	1.3	3.8	7.7	84.9	100.0
Connecticut	0.9	1.2	0.2	3.2	9.4	25.4	59.9	100.0
Delaware	0.4	1.0	0.4	1.9	7.0	5.2	84.2	100.0
District of Columbia	1.8	-	0.3	1.3	8.4	30.1	58.1	100.0
Fed. of Micronesia	0.9	1.1	-	-	-	-	98.1	100.0
Florida	0.5	1.3	1.0	1.6	14.8	8.8	72.1	100.0
Georgia	2.4	2.3	3.3	4.0	7.3	7.5	73.1	100.0
Guam	-	43.8	-	-	-	-	56.3	100.0
Hawaii	-	0.9	0.9	-	18.7	15.5	63.6	100.0
Idaho	0.7	2.3	3.4	4.5	2.0	0.2	86.8	100.0
Illinois	0.1	0.7	0.3	2.1	5.5	18.3	73.0	100.0
Indiana	0.7	-	2.6	2.0	4.1	-	90.5	100.0
Iowa	0.5	0.5	3.6	3.7	13.3	0.9	77.6	100.0
Kansas	0.2	0.6	0.9	4.2	4.7	3.7	85.7	100.0
Kentucky	0.2	0.2	1.4	1.6	3.1	2.0	91.6	100.0
Louisiana	0.9	0.9	2.2	2.2	6.5	6.3	81.2	100.0
Maine	0.6	0.6	-	0.6	8.1	-	90.1	100.0
Maryland	0.3	0.1	0.2	2.6	3.3	18.6	74.7	100.0
Massachusetts	1.6	2.1	0.7	1.9	7.0	18.1	68.7	100.0
Michigan	0.3	0.2	0.4	1.4	4.2	12.2	81.3	100.0
Minnesota	-	-	3.6	9.9	18.6	11.3	56.6	100.0
Mississippi	2.2	3.7	5.3	6.0	19.3	-	63.5	100.0
Missouri	0.9	1.5	1.2	7.4	5.4	8.4	75.1	100.0
Montana	0.5	3.8	1.3	4.9	1.9	-	87.5	100.0
Nebraska	0.1	1.0	1.7	1.7	5.9	3.2	86.3	100.0
Nevada	1.6	2.1	1.0	5.7	14.9	25.3	49.5	100.0
New Hampshire	1.4	1.2	12.6	2.9	10.3	-	71.6	100.0
New Jersey	1.2	0.2	1.1	2.0	6.6	27.3	61.7	100.0
New Mexico	0.5	0.5	1.1	2.6	2.9	17.1	75.4	100.0
New York	0.7	0.6	0.0	1.9	8.1	32.2	56.5	100.0
North Carolina	0.7	1.1	0.7	3.3	3.2	4.2	86.6	100.0
North Dakota	2.0	2.1	5.7	2.1	6.6	-	81.5	100.0
Ohio	0.3	0.3	0.9	0.8	7.1	4.4	86.2	100.0
Oklahoma	1.0	1.0	3.6	6.7	13.4	4.2	69.6	100.0
Oregon	0.1	0.6	0.1	1.0	5.5	6.1	86.6	100.0
Pennsylvania	2.5	0.6	1.9	3.5	9.9	4.4	68.2	100.0
Puerto Rico	-	1.4	-	0.0	6.6	7.3	84.6	100.0
Rhode Island	0.4	0.9	0.6	0.1	4.3	16.8	76.9	100.0
South Carolina	1.5	3.7	6.5	1.8	1.5	0.4	84.6	100.0
South Dakota	0.2	2.8	3.9	3.0	11.7	-	78.4	100.0
Tennessee	0.3	1.4	1.3	6.9	7.3	8.5	74.2	100.0
Texas	1.7	0.5	2.7	2.7	10.7	14.4	67.3	100.0
Trust Territories	-	-	18.2	-	-	-	81.8	100.0
Utah	1.3	1.3	1.7	0.5	11.5	4.9	78.9	100.0
Vermont	3.5	0.4	1.7	4.4	3.5	-	86.5	100.0
Virgin Islands	-	-	-	-	23.0	10.5	66.5	100.0
Virginia	0.6	1.3	0.7	1.7	6.2	4.1	85.3	100.0
Washington	0.1	1.8	1.0	1.9	4.8	5.7	84.7	100.0
West Virginia	0.7	0.9	0.6	3.8	4.1	-	90.0	100.0
Wisconsin	0.8	0.3	1.8	0.9	6.7	2.1	87.4	100.0
Wyoming	0.5	0.3	2.0	2.3	2.9	0.3	91.8	100.0

¹Includes data imputed for 2,009 non-responding providers based on a representative sample survey of non-responding providers. Totals for individual jurisdictions do not include these data, and sum to less than the adjusted total.

Note: Data for the individual jurisdictions exclude treatment providers operated under contract to Federal agencies or tribal governments. Tribal Govt./Indian Health Service totals include all providers operated by tribal governments, the Indian Health Services and units under contract to the Indian Health Services.

**Table 7A. 1992 One-Day Census of Clients in Treatment, by Treatment Type and Jurisdiction,
Privately Funded Providers**

	Detoxification (24-Hour Care)		Rehabilitation (24-Hour Care)			Outpatient		Total Clients
	Hospital	Free-Standing	Hospital	Short-Term	Long-Term	Methodone	Drug-Free	
Adjusted Total ¹	2,177	1,142	4,639	3,780	3,508	16,860	137,072	169,278
Total	940	663	1,947	2,240	3,412	13,017	107,480	129,699
Bureau of Prisons	-	-	-	-	-	-	-	-
Dept. of Defense	-	-	-	-	-	-	-	-
Veterans' Admin.	-	-	-	-	-	-	-	-
Tribal Govt./IHS	-	-	-	-	-	-	-	-
Alabama	1	11	10	17	24	-	8	71
Alaska	10	-	25	-	-	-	230	265
American Samoa	-	-	-	-	-	-	-	-
Arizona	-	4	-	35	55	232	39	365
Arkansas	20	-	10	19	-	-	14	63
California	68	53	345	352	499	1,700	61,190	64,207
Colorado	13	5	15	66	100	225	5,422	5,846
Connecticut	-	21	-	16	-	-	384	421
Delaware	-	10	11	29	71	-	1,039	1,160
District of Columbia	-	-	-	-	-	-	134	134
Fed. of Micronesia	-	-	-	-	-	-	-	-
Florida	53	53	174	207	302	1,978	3,623	6,390
Georgia	18	-	70	6	167	-	103	364
Guam	-	-	-	-	-	-	-	-
Hawaii	-	-	-	-	-	-	17	17
Idaho	9	-	41	10	-	-	327	387
Illinois	6	-	-	9	25	1,017	2,018	3,075
Indiana	19	-	71	13	14	-	942	1,059
Iowa	1	-	27	7	-	-	64	99
Kansas	-	-	-	-	-	-	877	877
Kentucky	5	-	-	-	58	-	716	779
Louisiana	30	-	102	42	104	399	207	884
Maine	-	-	-	-	-	-	140	140
Maryland	-	5	-	98	-	524	4,836	5,463
Massachusetts	88	77	89	44	9	1,040	427	1,774
Michigan	-	5	31	101	35	-	3,621	3,793
Minnesota	-	-	-	22	60	-	499	581
Mississippi	29	120	44	-	73	-	57	323
Missouri	5	-	26	-	14	70	647	762
Montana	-	-	-	4	5	-	7	16
Nebraska	-	-	19	14	-	-	342	375
Nevada	34	-	14	-	-	58	96	202
New Hampshire	4	-	57	-	-	-	90	151
New Jersey	29	12	32	37	45	573	2,076	2,804
New Mexico	11	-	40	-	-	577	578	1,206
New York	30	167	7	336	185	950	4,202	5,877
North Carolina	20	-	63	54	20	-	84	241
North Dakota	-	-	-	-	-	-	195	195
Ohio	15	12	65	9	36	-	671	808
Oklahoma	5	2	16	22	98	-	117	260
Oregon	9	-	12	60	44	401	810	1,336
Pennsylvania	44	26	74	191	-	-	961	1,296
Puerto Rico	-	22	-	-	-	-	57	79
Rhode Island	-	-	-	-	-	-	715	715
South Carolina	19	-	46	4	-	-	163	232
South Dakota	-	-	-	-	-	-	18	18
Tennessee	13	10	10	114	11	484	97	739
Texas	239	18	251	131	661	2,130	1,002	4,432
Trust Territories	-	-	-	-	-	-	-	-
Utah	60	-	55	-	190	-	291	596
Vermont	-	-	-	-	-	-	-	-
Virgin Islands	-	-	-	-	-	-	-	-
Virginia	25	14	30	39	43	-	427	578
Washington	2	16	32	115	371	350	6,196	7,082
West Virginia	-	-	-	8	-	-	-	8
Wisconsin	4	-	18	9	93	309	655	1,088
Wyoming	2	-	15	-	-	-	49	66

¹Includes data imputed for 561 non-responding providers based on a representative sample survey of non-responding providers. Totals for individual jurisdictions do not include these data, and sum to less than the adjusted total.

Table 7B. 1992 One-Day Census of Clients in Treatment, by Treatment Type and Jurisdiction, Privately Funded Providers (Percent)

	Detoxification (24-Hour Care)		Rehabilitation (24-Hour Care)			Outpatient		Total Clients
	Hospital	Free-Standing	Hospital	Short-Term	Long-Term	Methodone	Drug-Free	
Adjusted Total ¹	1.3	0.7	2.7	2.2	2.1	10.0	81.0	100.0
Total	0.7	0.5	1.5	1.7	2.6	10.0	82.9	100.0
Bureau of Prisons	-	-	-	-	-	-	-	-
Dept. of Defense	-	-	-	-	-	-	-	-
Veterans' Admin.	-	-	-	-	-	-	-	-
Tribal Govt./IHS	-	-	-	-	-	-	-	-
Alabama	1.4	15.5	14.1	23.9	33.8	-	11.3	100.0
Alaska	3.8	-	9.4	-	-	-	86.8	100.0
American Samoa	-	-	-	-	-	-	-	-
Arizona	-	1.1	-	9.6	15.1	63.6	10.7	100.0
Arkansas	31.7	-	15.9	30.2	-	-	22.2	100.0
California	0.1	0.1	0.5	0.5	0.8	2.6	95.3	100.0
Colorado	0.2	0.1	0.3	1.1	1.7	3.8	92.7	100.0
Connecticut	-	5.0	-	3.8	-	-	91.2	100.0
Delaware	-	0.9	0.9	2.5	6.1	-	89.6	100.0
District of Columbia	-	-	-	-	-	-	100.0	100.0
Fed. of Micronesia	-	-	-	-	-	-	-	-
Florida	0.8	0.8	2.7	3.2	4.7	31.0	56.7	100.0
Georgia	4.9	-	19.2	1.6	45.9	-	28.3	100.0
Guam	-	-	-	-	-	-	-	-
Hawaii	-	-	-	-	-	-	100.0	100.0
Idaho	2.3	-	10.6	2.6	-	-	84.5	100.0
Illinois	0.2	-	-	0.3	0.8	33.1	65.6	100.0
Indiana	1.8	-	6.7	1.2	1.3	-	89.0	100.0
Iowa	1.0	-	27.3	7.1	-	-	64.6	100.0
Kansas	-	-	-	-	-	-	100.0	100.0
Kentucky	0.6	-	-	-	7.4	-	91.9	100.0
Louisiana	3.4	-	11.5	4.8	11.8	45.1	23.4	100.0
Maine	-	-	-	-	-	-	100.0	100.0
Maryland	-	0.1	-	1.8	-	9.6	88.5	100.0
Massachusetts	5.0	4.3	5.0	2.5	0.5	58.6	24.1	100.0
Michigan	-	0.1	0.8	2.7	0.9	-	95.5	100.0
Minnesota	-	-	-	3.8	10.3	-	85.9	100.0
Mississippi	9.0	37.2	13.6	-	22.6	-	17.6	100.0
Missouri	0.7	-	3.4	-	1.8	9.2	84.9	100.0
Montana	-	-	-	25.0	31.3	-	43.8	100.0
Nebraska	-	-	5.1	3.7	-	-	91.2	100.0
Nevada	16.8	-	6.9	-	-	28.7	47.5	100.0
New Hampshire	2.6	-	37.7	-	-	-	59.6	100.0
New Jersey	1.0	0.4	1.1	1.3	1.6	20.4	74.0	100.0
New Mexico	0.9	-	3.3	-	-	47.8	47.9	100.0
New York	0.5	2.8	0.1	5.7	3.1	16.2	71.5	100.0
North Carolina	8.3	-	26.1	22.4	8.3	-	34.9	100.0
North Dakota	-	-	-	-	-	-	100.0	100.0
Ohio	1.9	1.5	8.0	1.1	4.5	-	83.0	100.0
Oklahoma	1.9	0.8	6.2	8.5	37.7	-	45.0	100.0
Oregon	0.7	-	0.9	4.5	3.3	30.0	60.6	100.0
Pennsylvania	3.4	2.0	5.7	14.7	-	-	74.2	100.0
Puerto Rico	-	27.8	-	-	-	-	72.2	100.0
Rhode Island	-	-	-	-	-	-	100.0	100.0
South Carolina	8.2	-	19.8	1.7	-	-	70.3	100.0
South Dakota	-	-	-	-	-	-	100.0	100.0
Tennessee	1.8	1.4	1.4	15.4	1.5	65.5	13.1	100.0
Texas	5.4	0.4	5.7	3.0	14.9	48.1	22.6	100.0
Trust Territories	-	-	-	-	-	-	-	-
Utah	10.1	-	9.2	-	31.9	-	48.8	100.0
Vermont	-	-	-	-	-	-	-	-
Virgin Islands	-	-	-	-	-	-	-	-
Virginia	4.3	2.4	5.2	6.7	7.4	-	73.9	100.0
Washington	0.0	0.2	0.5	1.6	5.2	4.9	87.5	100.0
West Virginia	-	-	-	100.0	-	-	-	100.0
Wisconsin	0.4	-	1.7	0.8	8.5	28.4	60.2	100.0
Wyoming	3.0	-	22.7	-	-	-	74.2	100.0

¹Includes data imputed for 561 non-responding providers based on a representative sample survey of non-responding providers. Totals for individual jurisdictions do not include these data, and sum to less than the adjusted total.

Table 8.
One-Day Census of Clients in Treatment, by Service Category,
All Providers and Privately Funded Providers, 1980-1992

Year	All Service Categories		Outpatient		Rehabilitation (24-Hour Care)		Detoxification (24-Hour Care)	
	All Providers	Private Funding Only	All Providers	Private Funding Only	All Providers	Private Funding Only	All Providers	Private Funding Only
1980								
Number of Clients	488,852	26,067	410,960	20,960	64,827	3,926	13,065	1,181
Percent	100.0	100.0	84.1	80.4	13.3	15.1	2.7	4.5
1982								
Number of Clients	463,412	36,590	387,809	29,830	62,014	5,640	13,589	1,120
Percent	100.0	100.0	83.7	81.5	13.4	15.4	2.9	3.1
1987								
Number of Clients	614,123	77,792	525,188	65,751	73,747	10,341	15,188	1,700
Percent	100.0	100.0	85.5	84.5	12.0	13.3	2.5	2.2
1989								
Number of Clients	734,955	97,658	630,352	86,313	88,287	9,868	16,316	1,477
Percent	100.0	100.0	85.8	88.4	12.0	10.1	2.2	1.5
1990								
Number of Clients	767,829	119,529	673,835	111,518	81,779	7,060	12,215	951
Percent	100.0	100.0	87.8	93.3	10.7	5.9	1.6	0.8
1991								
Number of Clients	811,819	132,268	712,669	124,614	87,678	6,462	11,472	1,192
Percent	100.0	100.0	87.8	94.2	10.8	4.9	1.4	0.9
1992¹								
Number of Clients	944,880	169,278	822,941	154,032	107,026	11,927	14,912	3,318
Percent	100.0	100.0	87.1	91.0	11.3	7.0	1.6	2.0

¹ Includes data imputed for 2,009 non-responding providers based on a representative sample survey of non-responding

Table 9.
1992 One-Day Census of Clients in Treatment, by Substance Abuse Problem and Treatment Type

Service Category and Treatment Type	Client Substance Abuse Problem			All Clients in Treatment			Client Diagnoses	
	Drug Only	Alcohol Only	Both	Drug-Free	Methadone	Total	All Clients With a Drug Problem	All Clients With an Alcohol Problem
Detoxification (24-Hour Care)	2,585	5,107	7,219	14,575	337	14,912	9,805	12,327
Hospital Inpatient	1,444	2,377	4,435	8,009	247	8,256	5,879	6,812
Free-Standing Residential	1,142	2,730	2,785	6,566	90	6,656	3,926	5,514
Rehabilitation (24-Hour Care)	20,989	21,554	64,483	106,311	715	107,026	85,473	86,037
Hospital Inpatient (Non-Detox.)	1,675	4,266	10,641	16,417	165	16,582	12,316	14,907
Short-Term (30 Days or Less)	2,671	5,580	10,825	19,024	53	19,077	13,496	16,406
Long-Term (Over 30 Days)	16,644	11,708	43,017	70,871	497	71,368	59,661	54,725
Outpatient	213,429	322,016	287,495	706,485	116,456	822,941	500,925	609,512
Outpatient Rehabilitation	196,239	303,998	252,368	642,224	110,381	752,605	448,607	556,366
Intensive Outpatient Rehabilitation	10,932	17,319	33,983	61,204	1,030	62,234	44,915	51,302
Detoxification	6,258	700	1,144	3,057	5,045	8,102	7,402	1,844
Total:								
All Types of Care	237,004	348,677	359,198	827,372	117,508	944,880	596,202	707,876

Note: Includes data imputed for 2,009 non-responding providers based on a representative sample survey of non-responding providers. Totals are subject to rounding.

Table 10. 1992 Capacity Utilization by Service Category and Jurisdiction, All Providers

	All Providers ¹			Outpatient			Rehabilitation (24-Hour Care)			Detoxification (24-Hour Care)		
	Clients	Capacity	Utilization Rate	Clients	Capacity	Utilization Rate	Clients	Capacity	Utilization Rate	Clients	Capacity	Utilization Rate
Adjusted Total ¹	944,880	1,197,647	78.9	822,941	1,031,194	79.8	107,026	140,178	76.4	14,912	26,275	56.8
Total	787,152	985,018	79.9	692,366	857,909	80.7	83,597	108,787	76.8	11,189	18,322	61.1
Bureau of Prisons	2,878	3,947	72.9	1,445	1,758	82.2	1,433	2,189	65.5	-	-	-
Dept. of Defense	3,184	4,930	64.6	2,846	4,449	64.0	328	471	69.6	10	10	100.0
Veterans' Admin.	20,946	25,025	83.7	17,231	20,670	83.4	3,260	3,720	87.6	455	635	71.6
Tribal Govt./IHS	3,965	5,708	69.5	3,281	4,762	68.9	664	892	74.5	20	54	37.0
Alabama	4,321	5,100	84.7	3,213	3,797	84.6	1,068	1,229	86.9	40	74	53.8
Alaska	1,485	2,005	74.1	1,205	1,629	74.0	240	316	75.9	40	60	66.4
American Samoa	5	10	50.0	5	10	50.0	-	-	-	-	-	-
Arizona	5,838	7,458	78.3	5,034	6,438	78.2	738	882	83.6	66	138	47.9
Arkansas	2,825	3,976	71.1	2,054	2,843	72.3	722	1,051	68.7	49	83	59.4
California	146,415	177,131	82.7	132,729	158,700	83.6	12,857	17,161	74.9	829	1,270	65.3
Colorado	17,587	22,879	76.9	16,285	21,179	76.9	977	1,264	77.3	325	436	74.6
Connecticut	9,188	10,239	89.7	7,835	8,657	90.5	1,165	1,352	86.1	188	229	81.9
Delaware	3,239	3,738	86.7	2,894	3,313	87.4	299	370	80.8	46	55	83.6
District of Columbia	4,580	5,477	83.6	4,038	4,715	85.6	459	618	74.2	83	144	57.6
Fed. of Micronesia	462	560	82.5	453	550	82.4	-	-	-	9	10	90.0
Florida	30,431	41,939	72.6	24,618	33,812	72.8	5,279	7,248	72.8	534	879	60.8
Georgia	7,620	9,786	77.9	6,142	7,642	80.4	1,117	1,610	69.4	361	534	67.6
Guam	96	240	40.0	54	160	33.8	-	-	-	42	80	52.5
Hawaii	1,243	1,830	67.9	989	1,493	66.2	243	322	75.5	11	15	73.3
Idaho	1,783	2,573	69.3	1,551	2,138	72.6	178	350	50.9	54	86	63.1
Illinois	23,721	28,301	83.8	21,648	25,669	84.3	1,875	2,329	80.5	198	303	65.3
Indiana	14,453	17,524	82.5	13,087	15,480	84.5	1,263	1,823	69.3	103	220	46.7
Iowa	4,113	5,188	79.3	3,227	3,985	81.0	846	1,127	75.1	40	76	52.4
Kansas	6,144	7,386	83.2	5,492	6,545	83.9	602	767	78.5	50	74	67.6
Kentucky	9,506	12,022	79.1	8,893	11,219	79.3	575	704	81.6	38	99	38.3
Louisiana	10,743	12,055	89.1	9,392	10,325	91.0	1,166	1,482	78.7	185	248	74.6
Maine	1,409	1,791	78.7	1,269	1,554	81.7	122	181	67.4	18	56	31.9
Maryland	23,219	30,392	76.4	21,684	28,270	76.7	1,439	1,955	73.6	96	167	57.4
Massachusetts	20,828	26,352	79.0	18,075	22,912	78.9	1,992	2,413	82.5	761	1,027	74.1
Michigan	43,132	60,946	70.8	40,301	57,284	70.4	2,609	3,267	79.9	222	395	56.3
Minnesota	5,274	8,324	63.4	3,581	5,593	64.0	1,693	2,731	62.0	-	-	-
Mississippi	3,635	4,666	77.9	2,307	3,078	74.9	1,113	1,328	83.8	215	260	82.7
Missouri	7,627	10,710	71.2	6,369	8,988	70.9	1,077	1,407	76.6	181	316	57.4
Montana	1,745	2,290	76.2	1,527	1,884	81.0	143	287	49.9	75	119	63.0
Nebraska	5,461	7,157	76.3	4,891	6,281	77.9	507	786	64.5	63	90	70.2
Nevada	2,181	3,044	71.7	1,632	2,364	69.0	470	564	83.3	79	115	68.5
New Hampshire	1,430	1,902	75.2	1,024	1,332	76.9	369	523	70.5	37	47	78.7
New Jersey	23,128	27,686	83.5	20,564	24,509	83.9	2,237	2,693	83.1	327	483	67.6
New Mexico	5,449	6,665	81.8	5,042	6,057	83.2	355	503	70.6	52	105	49.5
New York	96,252	113,208	85.0	85,409	100,137	85.3	9,596	10,191	94.2	1,247	2,881	43.3
North Carolina	12,796	14,844	86.2	11,624	13,345	87.1	932	1,142	81.6	240	357	67.2
North Dakota	1,398	2,610	53.6	1,139	2,154	52.9	201	363	55.3	58	93	62.3
Ohio	26,835	31,792	84.4	24,301	28,204	86.2	2,358	3,239	72.8	176	348	50.5
Oklahoma	4,915	7,408	66.4	3,649	5,520	66.1	1,166	1,735	67.2	100	153	65.2
Oregon	15,976	19,638	81.4	14,820	18,266	81.1	1,053	1,227	85.8	103	144	71.4
Pennsylvania	20,582	24,875	82.7	16,786	19,585	85.7	3,147	4,266	73.8	649	1,024	63.4
Puerto Rico	12,824	13,456	95.3	11,786	12,145	97.0	857	1,084	79.1	181	227	79.6
Rhode Island	6,155	8,436	73.0	5,765	7,914	72.8	305	398	76.6	85	124	68.5
South Carolina	11,341	13,453	84.3	9,637	10,824	89.0	1,113	1,538	72.4	591	1,091	54.2
South Dakota	1,257	2,274	55.3	986	1,835	53.7	234	355	65.9	37	84	44.0
Tennessee	6,292	7,812	80.5	5,203	6,463	80.5	977	1,205	81.1	112	145	77.4
Texas	30,028	40,584	74.0	24,550	32,759	74.9	4,823	6,752	71.4	655	1,073	61.0
Trust Territories	11	22	50.0	9	16	58.0	2	6	30.9	-	-	-
Utah	5,977	6,575	90.9	5,007	5,146	97.3	815	1,181	69.0	155	248	62.5
Vermont	1,110	1,439	77.1	960	1,242	77.3	107	133	80.5	43	64	67.2
Virgin Islands	191	250	76.4	147	196	75.0	44	54	81.5	-	-	-
Virginia	12,318	16,050	76.7	11,012	14,351	76.7	1,065	1,312	81.2	241	386	62.4
Washington	19,453	25,654	75.8	17,578	23,338	75.3	1,500	1,947	77.0	375	369	101.5
West Virginia	3,734	4,236	88.1	3,359	3,661	91.8	316	494	64.0	59	81	72.9
Wisconsin	14,878	19,213	77.4	13,314	16,746	79.5	1,395	2,048	68.1	169	420	40.3
Wyoming	1,540	2,238	68.8	1,418	2,023	70.1	111	199	55.6	11	16	68.7

¹Includes data imputed for 2,009 non-responding providers based on a representative sample survey of non-responding providers. Totals for individual jurisdictions do not include these data, and sum to less than the adjusted total.

Note: Data for the individual jurisdictions exclude treatment providers operated under contract to Federal agencies or tribal governments. Tribal Govt./Indian Health Service totals include all providers operated by tribal governments, the Indian Health Services and units under contract to the Indian Health Services.

Table 11. 1992 Capacity Utilization by Service Category and Jurisdiction, Providers Who Use Only Private Funds

	All Providers ¹			Outpatient			Rehabilitation (24-Hour Care)			Detoxification (24-Hour Care)		
	Clients	Capacity	Utilization Rate	Clients	Capacity	Utilization Rate	Clients	Capacity	Utilization Rate	Clients	Capacity	Utilization Rate
Adjusted Total ¹	169,278	246,748	68.6	154,032	220,825	69.8	11,927	20,419	58.4	3,318	5,504	60.3
Total	129,699	186,678	69.5	120,497	170,841	70.5	7,599	12,991	58.5	1,603	2,846	56.3
Bureau of Prisons	-	-	-	-	-	-	-	-	-	-	-	-
Dept. of Defense	-	-	-	-	-	-	-	-	-	-	-	-
Veterans' Admin.	-	-	-	-	-	-	-	-	-	-	-	-
Tribal Govt./IHS	-	-	-	-	-	-	-	-	-	-	-	-
Alabama	71	181	39.2	8	18	44.4	51	133	38.3	12	30	40.0
Alaska	265	469	56.5	230	395	58.2	25	57	43.9	10	17	-
American Samoa	-	-	-	-	-	-	-	-	-	-	-	-
Arizona	365	550	66.4	271	408	66.4	90	138	65.4	4	4	99.5
Arkansas	63	120	52.5	14	40	34.6	29	63	45.9	20	16	121.8
California	64,207	77,012	83.4	62,890	75,048	83.8	1,196	1,702	70.3	121	262	46.2
Colorado	5,846	9,451	61.9	5,647	9,044	62.4	181	352	51.4	18	55	32.7
Connecticut	421	705	59.7	384	636	60.4	16	51	31.4	21	18	116.7
Delaware	1,160	1,469	79.0	1,039	1,328	78.2	111	131	84.7	10	10	100.0
District of Columbia	134	152	88.2	134	152	88.2	-	-	-	-	-	-
Fed. of Micronesia	-	-	-	-	-	-	-	-	-	-	-	-
Florida	6,390	11,720	54.5	5,601	10,144	55.2	683	1,334	51.2	106	242	43.8
Georgia	364	726	50.1	103	179	57.5	243	521	46.6	18	26	69.2
Guam	-	-	-	-	-	-	-	-	-	-	-	-
Hawaii	17	54	31.5	17	54	31.5	-	-	-	-	-	-
Idaho	387	664	58.3	327	540	60.6	51	110	46.5	9	14	62.7
Illinois	3,075	5,074	60.6	3,035	4,977	61.0	34	85	40.0	6	12	50.0
Indiana	1,059	2,003	52.9	942	1,792	52.6	98	165	59.4	19	46	41.3
Iowa	99	210	47.1	64	133	48.0	34	68	50.1	1	9	11.4
Kansas	877	1,199	73.1	877	1,199	73.1	-	-	-	-	-	-
Kentucky	779	1,226	63.5	716	1,155	62.0	58	58	99.2	5	12	41.3
Louisiana	884	1,439	61.4	606	1,016	59.6	248	371	66.8	30	52	57.7
Maine	140	163	85.9	140	163	85.9	-	-	-	-	-	-
Maryland	5,463	10,264	53.2	5,360	10,139	52.9	98	117	83.8	5	8	62.5
Massachusetts	1,774	2,604	68.1	1,467	2,023	72.5	142	282	50.3	165	299	55.1
Michigan	3,793	7,716	49.2	3,621	7,395	49.0	167	311	53.7	5	10	50.0
Minnesota	581	1,163	50.0	499	1,008	49.5	82	155	52.9	-	-	-
Mississippi	323	434	74.4	57	96	59.6	117	165	70.8	149	173	86.0
Missouri	762	1,075	70.9	717	998	71.8	40	66	60.2	5	10	49.6
Montana	16	54	29.6	7	30	23.3	9	24	37.5	-	-	-
Nebraska	375	605	62.0	342	545	62.8	33	60	55.0	-	-	-
Nevada	202	678	29.8	154	595	25.9	14	20	71.4	34	63	54.0
New Hampshire	151	281	53.7	90	182	49.5	57	93	61.3	4	6	66.7
New Jersey	2,804	4,806	58.3	2,649	4,601	57.6	114	154	74.0	41	51	80.0
New Mexico	1,206	1,868	64.6	1,155	1,786	64.7	40	64	62.5	11	18	61.1
New York	5,877	8,931	65.8	5,152	7,791	66.1	528	857	61.6	197	283	69.6
North Carolina	241	393	61.3	84	136	61.7	137	226	60.6	20	31	64.5
North Dakota	195	287	67.9	195	287	67.9	-	-	-	-	-	-
Ohio	808	1,303	62.0	671	965	69.5	110	282	39.0	27	56	48.2
Oklahoma	260	386	67.4	117	163	71.8	136	189	72.0	7	34	20.6
Oregon	1,336	1,963	68.1	1,211	1,762	68.7	116	191	60.8	9	10	89.6
Pennsylvania	1,296	2,292	56.5	961	1,577	60.9	265	541	49.0	70	174	40.2
Puerto Rico	79	79	100.0	57	50	114.0	-	-	-	22	29	75.9
Rhode Island	715	1,413	50.6	715	1,413	50.6	-	-	-	-	-	-
South Carolina	232	347	66.9	163	205	79.5	50	102	49.0	19	40	47.5
South Dakota	18	93	19.4	18	93	19.4	-	-	-	-	-	-
Tennessee	739	1,121	65.9	581	909	63.9	135	181	74.6	23	31	74.2
Texas	4,432	8,018	55.3	3,132	5,629	55.6	1,043	1,930	54.1	257	460	55.9
Trust Territories	-	-	-	-	-	-	-	-	-	-	-	-
Utah	596	1,088	54.8	291	509	57.2	245	466	52.6	60	113	52.9
Vermont	-	-	-	-	-	-	-	-	-	-	-	-
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-
Virginia	578	920	62.8	427	695	61.4	112	151	74.2	39	74	52.7
Washington	7,082	10,053	70.4	6,546	9,226	71.0	518	793	65.3	18	34	52.9
West Virginia	8	16	50.0	-	-	-	8	16	50.0	-	-	-
Wisconsin	1,088	1,773	61.4	964	1,573	61.3	120	192	62.5	4	8	50.0
Wyoming	66	67	98.5	49	39	125.6	15	24	-	2	4	50.0

¹Includes data imputed for 561 non-responding providers based on a representative sample survey of non-responding providers. Totals for individual jurisdictions do not include these data, and sum to less than the adjusted total.

Note: Data for the individual jurisdictions exclude treatment providers operated under contract to Federal agencies or tribal governments. Tribal Govt./Indian Health Service totals include all providers operated by tribal governments, the Indian Health Services and units under contract to the Indian Health Services.

Table 12. 1992 Capacity Utilization by Service Category and Jurisdiction, Publicly Funded Providers

	All Providers ¹			Outpatient			Rehabilitation (24-Hour Care)			Detoxification (24-Hour Care)		
	Clients	Capacity	Utilization Rate	Clients	Capacity	Utilization Rate	Clients	Capacity	Utilization Rate	Clients	Capacity	Utilization Rate
Adjusted Total ¹	637,010	768,939	82.8	557,250	667,103	83.5	71,809	88,768	80.9	7,952	13,068	60.9
Total	595,721	713,575	83.5	521,038	620,154	84.0	67,115	83,000	80.9	7,568	10,421	72.6
Bureau of Prisons	2,878	3,947	72.9	1,445	1,758	82.2	1,433	2,189	65.5	-	-	-
Dept. of Defense	3,184	4,930	64.6	2,846	4,449	64.0	328	471	69.6	10	10	100.0
Veterans' Admin.	20,946	25,025	83.7	17,231	20,670	83.4	3,260	3,720	87.6	455	635	71.6
Tribal Govt./IHS	3,965	5,708	69.5	3,281	4,762	68.9	664	892	74.5	20	54	37.0
Alabama	4,142	4,750	87.2	3,121	3,644	85.6	1,007	1,082	93.1	14	24	58.3
Alaska	1,220	1,536	79.4	975	1,234	79.0	215	259	83.0	30	43	69.4
American Samoa	5	10	50.0	5	10	50.0	-	-	-	-	-	-
Arizona	4,949	6,143	80.6	4,329	5,467	79.2	577	631	91.5	43	45	95.6
Arkansas	2,720	3,724	73.0	2,026	2,722	74.4	670	943	71.1	24	59	40.6
California	79,000	95,890	82.4	67,227	80,306	83.7	11,149	14,747	75.6	624	837	74.6
Colorado	10,746	12,298	87.4	9,685	11,076	87.4	755	845	89.4	306	377	81.1
Connecticut	7,068	7,449	94.9	5,967	6,166	96.8	956	1,114	85.8	145	169	85.8
Delaware	1,888	2,004	94.2	1,719	1,820	94.5	158	174	90.8	11	10	110.0
District of Columbia	4,301	5,115	84.1	3,781	4,392	86.1	444	596	74.4	76	127	59.8
Fed. of Micronesia	462	560	82.5	453	550	82.4	-	-	-	9	10	90.0
Florida	18,750	23,136	81.0	14,427	17,622	81.9	3,990	5,061	78.8	333	453	73.5
Georgia	6,722	8,266	81.3	5,802	7,124	81.4	597	711	84.0	323	432	74.8
Guam	96	240	40.0	54	160	33.8	-	-	-	42	80	52.5
Hawaii	1,138	1,645	69.2	895	1,324	67.6	232	306	75.8	11	15	73.3
Idaho	1,129	1,449	77.9	1,014	1,287	78.8	78	138	56.6	37	24	153.3
Illinois	19,588	21,854	89.6	17,633	19,526	90.3	1,774	2,060	86.1	181	268	67.5
Indiana	11,802	13,728	86.0	10,692	12,122	88.2	1,046	1,465	71.4	64	141	45.3
Iowa	3,640	4,456	81.7	2,818	3,373	83.6	788	1,023	77.1	34	61	56.1
Kansas	4,806	5,544	86.7	4,204	4,785	87.9	556	694	80.1	46	65	70.8
Kentucky	6,477	7,900	82.0	6,036	7,364	82.0	417	484	86.2	24	52	46.2
Louisiana	9,344	9,917	94.2	8,380	8,749	95.8	822	989	83.1	142	179	79.3
Maine	865	1,138	76.0	767	964	79.6	92	136	67.8	6	38	15.6
Maryland	16,754	18,703	89.6	15,407	16,811	91.6	1,271	1,759	72.3	76	133	57.1
Massachusetts	17,009	21,062	80.8	14,779	18,515	79.8	1,728	1,977	87.4	502	570	88.1
Michigan	35,609	47,649	74.7	33,083	44,515	74.3	2,367	2,852	83.0	159	282	56.3
Minnesota	3,848	5,817	66.2	2,423	3,594	67.4	1,425	2,223	64.1	-	-	-
Mississippi	2,944	3,817	77.1	2,002	2,716	73.7	883	1,024	86.2	59	77	77.0
Missouri	5,935	8,070	73.5	5,058	6,974	72.5	800	926	86.4	77	170	45.3
Montana	1,417	1,799	78.8	1,285	1,524	84.3	118	241	49.0	14	34	41.1
Nebraska	4,706	6,026	78.1	4,196	5,276	79.5	447	660	67.7	63	90	70.2
Nevada	1,880	2,266	83.0	1,478	1,769	83.6	364	453	80.4	38	44	85.6
New Hampshire	838	896	93.5	657	645	101.9	176	242	72.7	5	9	55.3
New Jersey	16,611	18,450	90.0	14,604	15,984	91.4	1,863	2,242	83.1	144	223	64.5
New Mexico	4,117	4,640	88.7	3,766	4,121	91.4	315	439	71.7	36	80	44.9
New York	82,264	92,468	89.0	73,327	83,254	88.1	8,109	8,232	98.5	828	982	84.3
North Carolina	11,769	13,597	86.6	10,822	12,473	86.8	764	883	86.5	183	241	75.8
North Dakota	1,145	2,241	51.1	899	1,815	49.5	190	339	56.0	56	87	64.3
Ohio	24,389	27,817	87.7	22,290	25,146	88.6	1,984	2,463	80.6	115	208	55.3
Oklahoma	3,295	4,642	71.0	2,437	3,425	71.2	796	1,153	69.0	62	64	96.8
Oregon	14,438	17,410	82.9	13,464	16,324	82.5	881	962	91.6	93	124	75.0
Pennsylvania	15,008	17,077	87.9	13,603	15,314	88.8	1,260	1,555	81.1	145	209	69.4
Puerto Rico	12,693	13,322	95.3	11,725	12,091	97.0	826	1,053	78.4	142	178	79.6
Rhode Island	4,764	6,204	76.8	4,380	5,691	77.0	305	398	76.6	79	115	68.7
South Carolina	10,020	11,312	88.6	9,150	10,310	88.7	420	425	98.8	450	577	78.0
South Dakota	1,132	2,017	56.1	883	1,622	54.5	212	311	68.1	37	84	44.0
Tennessee	4,850	5,614	86.4	4,057	4,708	86.2	716	808	88.6	77	98	78.4
Texas	21,255	26,992	78.7	17,732	22,540	78.7	3,199	3,975	80.5	324	477	67.9
Trust Territories	11	22	50.0	9	16	58.0	2	6	30.9	-	-	-
Utah	5,137	5,125	100.2	4,568	4,420	103.3	478	578	82.7	91	127	71.8
Vermont	1,072	1,397	76.7	960	1,242	77.3	95	119	79.8	17	36	47.2
Virgin Islands	191	250	76.4	147	196	75.0	44	54	81.5	-	-	-
Virginia	11,402	14,528	78.5	10,409	13,343	78.0	807	911	88.6	186	273	68.0
Washington	10,691	13,356	80.0	9,471	12,037	78.7	873	997	87.6	347	322	107.6
West Virginia	3,650	4,054	90.0	3,330	3,610	92.2	271	385	70.3	49	58	84.1
Wisconsin	11,586	14,426	80.3	10,459	12,737	82.1	1,027	1,457	70.5	100	232	43.0
Wyoming	1,460	2,147	68.0	1,365	1,974	69.2	91	168	54.0	4	5	79.8

¹Includes data imputed for 519 non-responding providers based on a representative sample survey of non-responding providers. Totals for individual jurisdictions do not include these data, and sum to less than the adjusted total.

Note: Data for the individual jurisdictions exclude treatment providers operated under contract to Federal agencies or tribal governments. Tribal Govt./Indian Health Service totals include all providers operated by tribal governments, the Indian Health Services and units under contract to the Indian Health Services.

Table 13. 1992 Capacity Utilization by Service Category and Jurisdiction, Providers Not Reporting Funding Source

	All Providers ¹			Outpatient			Rehabilitation (24-Hour Care)			Detoxification (24-Hour Care)		
	Clients	Capacity	Utilization Rate	Clients	Capacity	Utilization Rate	Clients	Capacity	Utilization Rate	Clients	Capacity	Utilization Rate
Adjusted Total¹	138,592	181,960	76.2	111,659	143,266	77.9	23,291	30,991	75.2	3,642	7,703	47.3
Total	61,732	84,765	72.8	50,831	66,913	76.0	8,883	12,795	69.4	2,018	5,056	39.9
Bureau of Prisons	-	-	-	-	-	-	-	-	-	-	-	-
Dept. of Defense	-	-	-	-	-	-	-	-	-	-	-	-
Veterans' Admin.	-	-	-	-	-	-	-	-	-	-	-	-
Tribal Govt./IHS	-	-	-	-	-	-	-	-	-	-	-	-
Alabama	108	169	63.9	84	134	62.5	10	14	70.2	14	20	68.8
Alaska	-	-	-	-	-	-	-	-	-	-	-	-
American Samoa	-	-	-	-	-	-	-	-	-	-	-	-
Arizona	524	765	68.5	434	562	77.2	71	114	62.3	19	89	21.4
Arkansas	42	132	31.8	14	80	17.5	23	45	51.1	5	7	71.4
California	3,208	4,229	75.9	2,612	3,347	78.0	512	712	71.9	84	171	49.2
Colorado	995	1,130	88.1	953	1,060	89.9	41	67	61.1	1	3	32.3
Connecticut	1,699	2,085	81.5	1,484	1,855	80.0	193	187	103.0	22	42	51.8
Delaware	191	265	72.1	136	165	82.4	30	65	46.2	25	35	71.4
District of Columbia	145	210	69.0	123	171	71.9	15	22	68.2	7	17	41.2
Fed. of Micronesia	-	-	-	-	-	-	-	-	-	-	-	-
Florida	5,291	7,083	74.7	4,590	6,046	75.9	606	853	71.0	95	184	51.6
Georgia	534	794	67.3	237	339	69.8	277	378	73.3	20	76	26.2
Guam	-	-	-	-	-	-	-	-	-	-	-	-
Hawaii	88	131	67.2	77	115	67.0	11	16	68.8	-	-	-
Idaho	267	460	58.0	210	311	67.6	49	102	48.0	8	47	17.0
Illinois	1,058	1,373	77.0	980	1,166	84.0	67	184	36.4	11	23	47.4
Indiana	1,592	1,793	88.8	1,453	1,566	92.8	119	194	61.4	20	33	60.4
Iowa	374	522	71.6	345	479	72.1	24	36	66.2	5	7	70.9
Kansas	461	643	71.7	411	561	73.2	46	73	63.0	4	9	44.4
Kentucky	2,250	2,896	77.7	2,141	2,699	79.3	100	162	61.7	9	35	25.7
Louisiana	515	699	73.7	406	560	72.5	96	122	78.7	13	17	76.5
Maine	404	490	82.4	362	427	84.8	30	45	66.4	12	18	66.4
Maryland	1,002	1,425	70.3	917	1,319	69.5	70	80	87.9	15	26	57.2
Massachusetts	2,045	2,686	76.1	1,829	2,375	77.0	122	154	79.1	94	157	59.8
Michigan	3,730	5,581	66.8	3,597	5,375	66.9	75	104	71.9	58	102	56.7
Minnesota	845	1,344	62.9	659	991	66.5	186	353	52.7	-	-	-
Mississippi	368	415	88.7	248	267	93.0	113	138	81.7	7	10	69.8
Missouri	930	1,565	59.4	594	1,016	58.5	237	414	57.3	99	136	73.1
Montana	312	437	71.4	235	330	71.2	16	22	72.7	61	85	71.8
Nebraska	380	526	72.2	353	460	76.7	27	66	40.9	-	-	-
Nevada	95	100	99.0	-	-	-	92	92	100.0	7	8	87.5
New Hampshire	441	725	60.8	277	505	54.9	136	188	72.4	28	32	87.5
New Jersey	3,713	4,430	83.8	3,311	3,924	84.4	260	297	87.5	142	209	67.9
New Mexico	126	157	80.3	121	150	80.7	-	-	-	5	7	71.4
New York	8,111	11,809	68.7	6,930	9,092	76.2	959	1,102	87.1	222	1,616	13.7
North Carolina	786	854	92.0	718	736	97.6	31	33	93.9	37	85	43.5
North Dakota	58	82	70.7	45	52	86.5	11	24	45.8	2	6	33.3
Ohio	1,638	2,672	61.3	1,340	2,093	64.0	264	494	53.4	34	84	40.4
Oklahoma	1,360	2,379	57.2	1,095	1,932	56.7	234	392	59.7	31	55	56.1
Oregon	202	265	76.2	145	180	80.4	56	74	75.3	1	10	9.8
Pennsylvania	4,278	5,506	77.7	2,222	2,694	82.5	1,622	2,171	74.7	434	641	67.7
Puerto Rico	52	55	94.5	4	4	100.0	31	31	100.0	17	20	85.0
Rhode Island	676	819	82.5	670	810	82.7	-	-	-	6	9	66.7
South Carolina	1,089	1,794	60.7	324	309	104.9	643	1,010	63.6	122	474	25.7
South Dakota	107	164	65.2	85	120	70.8	22	44	50.0	-	-	-
Tennessee	703	1,077	65.3	565	846	66.8	126	216	58.4	12	15	77.8
Texas	4,341	5,574	77.9	3,686	4,590	80.3	581	848	68.6	74	136	54.3
Trust Territories	-	-	-	-	-	-	-	-	-	-	-	-
Utah	244	362	67.4	148	217	68.2	92	137	67.2	4	8	50.0
Vermont	38	42	90.5	-	-	-	12	14	85.7	26	28	92.9
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-
Virginia	338	602	56.1	176	313	56.2	145	250	58.4	16	39	41.0
Washington	1,680	2,245	74.8	1,561	2,075	75.2	109	157	69.4	10	13	76.4
West Virginia	76	166	45.8	29	51	57.4	37	93	39.9	10	23	44.0
Wisconsin	2,204	3,014	73.1	1,891	2,436	77.6	248	399	62.2	65	179	36.3
Wyoming	14	24	58.3	4	10	40.0	5.0	7.0	71.4	5.0	7.0	71.4

¹Includes data imputed for 929 non-responding providers based on a representative sample survey of non-responding providers. Totals for individual jurisdictions do not include these data, and sum to less than the adjusted total.

Note: Data for the individual jurisdictions exclude treatment providers operated under contract to Federal agencies or tribal governments. Tribal Govt./Indian Health Service totals include all providers operated by tribal governments, the Indian Health Services and units under contract to the Indian Health Services.