Uploaded to the VFC Website

May 2015

This Document has been provided to you courtesy of Veterans-For-Change!

Feel free to pass to any veteran who might be able to use this information!

For thousands more files like this and hundreds of links to useful information, and hundreds of "Frequently Asked Questions, please go to:

Veterans-For-Change

If Veterans don't help Veterans, who will?

Note: VFC is not liable for source information in this document, it is merely provided as a courtesy to our members & subscribers.

Research & Policy Brief

February 2008

Distribution of Substance Abuse Treatment Facilities Across the Rural – Urban Continuum

Overview

Though historically substance abuse prevalence has been lower in rural areas compared to urban, recent work suggests growing substance abuse among various rural populations, particularly among rural youth. Considering these rural use trends together with the documented scarcity of rural health resources, this study examines the distribution of substance abuse treatment services across the continuum of rural and urban counties, identifying the type and intensity of services provided.

We examined the 2004 National Survey of Substance Abuse Treatment Services for variables of interest, including primary focus of treatment services, core services, intensity of services, opioid treatment programs, and accepted forms of payment. We linked the Survey to the 2003 Rural-Urban Continuum Codes to compare these variables with degree of rurality, identifying treatment facility location based on metropolitan (metro) status, population size, and adjacency to a metro area. We also examined facility location by metro and non-metro status.

Overall Distribution of Substance Abuse Treatment Facilities

Of the total 13,267 substance abuse treatment facilities across the U.S. in 2004, the vast majority – 91.1% – are located in either a metro county or a non-metro county adjacent to a metro county. Though few treatment facilities are located in rural non-adjacent areas, comparing facilities to population reveals a greater supply of treatment facilities in rural areas, with 5.8 inpatient and outpatient facilities per 100,000 population in non-metro and 4.5 facilities in metro areas (see figure). However, limited service availability remains apparent for rural residents. Fewer inpatient and residential beds are located in non-metro areas (27.9 beds per 100,000 population) compared to metro areas (42.8 beds per 100,000 population).

Many urban and rural substance abuse facilities focus primarily on substance abuse treatment. However, as population size decreases among rural counties, a greater proportion of facilities offer a combined focus on mental health and substance abuse treatment.

Services Offered

Nearly all facilities across the rural-urban categories provide core substance abuse services: intake, assessment, referral, and substance abuse treatment. Few facilities overall provide detoxification and transitional housing and, as the location of the facility becomes more rural, a decreasing percentage of facilities provide these specialized services.

Fast Facts

- Access to substance abuse treatment is limited in rural areas by fewer treatment beds.
- Less populated rural areas contain a small proportion of facilities offering a range of core services and varying levels of outpatient and intensive services.
- Opioid treatment programs are nearly absent in rural areas.

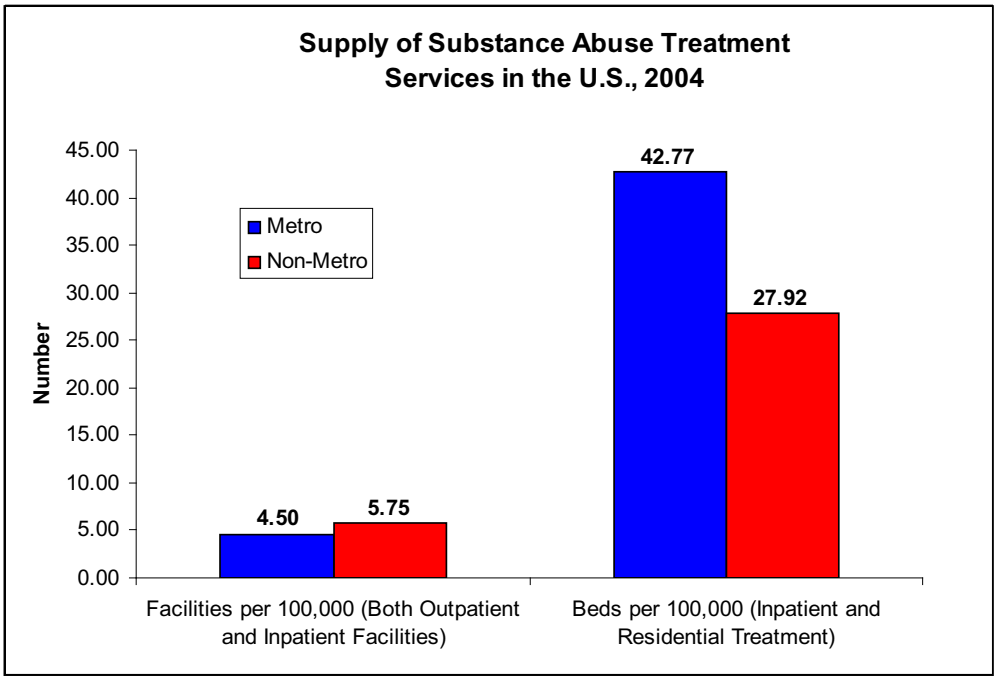
Authors

Jennifer Lenardson, MHS
Research Analyst

John A. Gale, MS
Research Associate

This brief is based on a longer study by the authors.

For additional information about this study, contact Jennifer Lenardson at (207) 228-8399 or jlenardson@usm.maine.edu.



Examining services by level of intensity reveals a difference between urban and rural areas in the proportion of facilities providing outpatient and residential services. A greater proportion of facilities in non-metro counties provide regular outpatient care compared to metro counties. However, among more intensive services -- such as detoxification, day treatment, and methadone treatment -- the proportion of rural facilities providing these services declines among large, medium, and small non-adjacent rural areas. Additionally, as shown in the figure, rural areas contain far fewer inpatient and residential beds than urban areas.

The number of facilities offering opioid treatment programs (OTPs) further illustrates the trend toward few intensive services in rural areas. OTPs use methadone and other medications to treat heroin and other addictions. Nearly all OTPs are located in metro areas. Of the total 1,063 facilities offering OTPs, 3.1% (n=33) are located in a non-metro, adjacent county and only 1.9% (n=11) facilities are located in a non-adjacent county.

Forms of Payment Accepted

Across rural and urban counties, there is no major difference in the proportion of facilities offering free treatment or that accept cash or self-payment. A greater proportion of facilities in the smallest rural categories offer a sliding fee scale – 78.7% of facilities in small, non-adjacent counties compared to 63.5% of metro facilities. Compared to metro facilities, more non-metro facilities accept a variety of payment sources including Medicare, Medicaid, and private health insurance as well as state health plans and military coverage.

Conclusions

Substance abuse treatment overall and intensive services in particular is limited in rural areas, especially among counties not adjacent to urban areas. This situation is particularly striking for opioid treatment programs, which are nearly absent in rural areas. This study suggests that policymakers concerned with access to the full range of substance abuse treatment should focus on the availability of outpatient intensive services and OTPs in rural areas not adjacent to urban areas. The lack of these services in these areas may require patients to travel to receive appropriate services. Alternative delivery models that build on existing rural health providers should be considered in expanding substance abuse treatment options. The greater proportion of rural-based facilities accepting public payers and providing discounted care may indicate greater challenges to financing treatment in rural areas. It may also indicate that rural providers understand and account for the coverage gaps left by high rates of uninsurance and underinsurance.

[1] Intensive services refers to treatment that requires a significant amount of patient attendance or patient residence at the site of treatment.

Maine Rural Health Research Center
http://muskie.usm.maine.edu/ihp/ruralhealth

Supported by the federal Office of Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services, CA#U1CRH03716

RHRC
Rural Health Research & Policy Centers
Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org