

9%

increase in utilization of residential and inpatient beds for SUD treatment between 2013 and 2015.

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## Examining Substance Use Disorder Treatment Demand And Provider Capacity In A Changing Health Care System

According to the Substance Abuse and Mental Health Services Administration (SAMHSA 2014), in 2013 an estimated 22.7 million U.S. residents met the symptomatic criteria indicating that they had a substance use disorder (SUD), but only 11 percent of them (2.5 million) received any treatment at a specialty facility. This suggests that a substantial number of people could benefit from treatment services but are not receiving such services. A key question for policymakers is whether underuse of treatment is related to lack of capacity in the treatment system.

Federal policies implemented in the past decade, including the Affordable Care Act (ACA) and the Mental Health Parity and Addiction Equity Act, have promoted insurance coverage for SUD treatment. By providing funding for treatment services, these policies were intended to increase the proportion of people with SUDs who seek and receive evidence-based treatments. At the same time, dramatic increases in drug-related deaths attributable to the opioid epidemic have drawn increased attention to the underuse of treatment among individuals with SUDs.

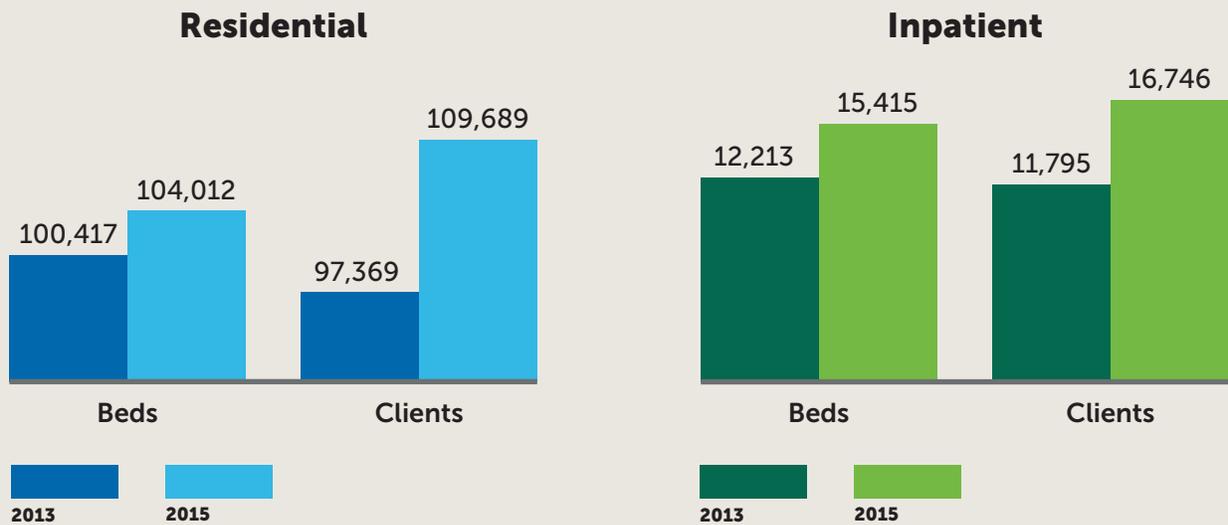
To investigate these issues, the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation contracted with Mathematica Policy Research to assess current demand for SUD treatment and the state of provider capacity in the SUD treatment field.

### KEY FINDINGS

- **Residential and inpatient hospital capacity for SUD treatment is insufficient in many states.** Increases in clients receiving treatment exceeded increases in designated beds for residential and inpatient hospital SUD treatment between 2013 and 2015.

Nationally, the utilization rate for residential beds increased from 97 to 106 percent, and the rate for inpatient hospital beds increased from 97 to 109 percent (Figure 1).<sup>1</sup> In 18 states, residential bed utilization rates across all facilities were over 100 percent in 2015; the same number of states had inpatient bed utilization rates of over 100 percent.

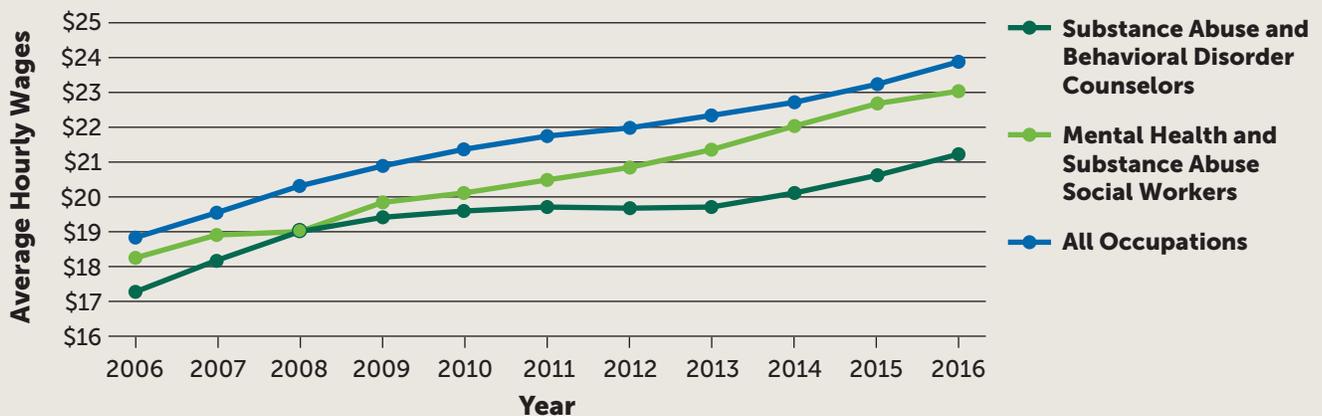
## Number of clients in and beds designated for SUD treatment in residential and inpatient settings



Source: National Survey of Substance Abuse Treatment Services (N-SSATS) Reports 2013 and 2015 Tables 4.6 and 4.7.

Figure 1

## Trends in wage gaps for SUD treatment staff, 2006–2016



Source: Bureau of Labor Statistics, Occupational Employment Statistics, 2006–2016 SDUH 2004–2014

Figure 2

- The availability of evidence-based pharmacotherapy has increased, but challenges to further expansion remain.** Pharmacotherapy has been demonstrated to be clinically effective and cost-effective for treating alcohol and opioid disorders (Baser et al. 2011; Mann et al. 2015). Although strong evidence suggests that using pharmacotherapy in managing SUDs provides substantial cost savings, the approach has not been widely adopted. The proportion of facilities

offering pharmacotherapy has expanded in recent years, yet only 43 percent of facilities offered any pharmacotherapies in 2016. To offer pharmacotherapy, facilities must have prescribers on staff. There has been concern that a lack of prescribers prevents some facilities from offering pharmacotherapy. However, we found that the levels of prescriber hours per outpatient client were similar among facilities that did and did not offer these services.

## ABOUT THIS STUDY

We conducted a descriptive analysis of the treatment system and its workforce using data from the 2013 to 2016 National Survey of Substance Abuse Treatment Services (N-SSATS). National workforce data were collected for the first time in 20 years in the 2016 N-SSATS. We also analyzed data on wages based on information from the BLS Occupational Employment Statistics survey. To put the quantitative findings in context, we reviewed the literature from 2005 through November 2014 on SUD workforce capacity and barriers to SUD treatment.

- **Low wages for SUD treatment providers present challenges for expanding the workforce.** Although most counselors and social workers providing SUD treatment hold postgraduate degrees, data on the substance abuse and behavioral disorder counselors and mental health and substance abuse social workers occupational categories from the Bureau of Labor Statistics (BLS) show that average hourly wages for these occupations are substantially below the average wage across all occupations (Figure 2). Moreover, the difference between the average wage for all occupations and that for substance abuse and behavioral disorder counselors has widened from \$1.56 per hour in 2006 to \$2.63 per hour in 2016. Likewise, although occupations such as marriage and family therapists and registered nurses require about the same or fewer years of education, in 2016 mean hourly wages for substance abuse and behavioral disorder counselors were \$5 and \$13 lower, respectively, than they were for those occupations.

## DISCUSSION

Although treatment capacity increased between 2013 and 2015, the increase was insufficient to keep up with demand for services. As the number of people with opioid-related disorders continues to expand, the need for additional treatment capacity is likely to continue. Pharmacotherapy is an important component of SUD treatment, particularly for opioid disorders. Increasing the numbers of prescribers and facilities offering pharmacotherapy will be important to addressing the surging demand for opioid disorder treatment.

Currently, facility administrators attribute the high turnover and difficulty in hiring qualified SUD treatment staff to low compensation (Hyde 2013; Ryan et al. 2012; Bukach et al. 2017). Efforts to increase the supply of qualified candidates for SUD treatment positions include increasing the output of training programs. However, without parallel increases in funding levels and reimbursement for services, increases in training program output are likely to result in reduced wage levels and lower retention rates as SUD treatment professionals recognize the potential to increase their earnings by shifting to other occupations. Retaining SUD treatment staff requires providing service reimbursement and salaries competitive with alternative employment opportunities available to these professionals.

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<sup>1</sup>Utilization rate is calculated by dividing the number of clients in care by the total number of designated beds. The utilization rate will exceed 100 percent when clients are placed in beds not specifically designated for substance use treatment.

