Name: Substance Use Treatment Facility Access

Short Description: Spatial accessibility of substance use treatment facilities, weighted by the range of facility offerings available.

Data Source(s):

- Name: Substance Abuse and Mental Health Services Administration (SAMHSA), Behavioral Health Treatment Services Locator
- Link to Source: https://findtreatment.samhsa.gov/locator.html

Year(s): 2021 (as of May 18)

Source Geographic Level: Latitude/Longitude

Stratification: Not applicable to facilities

Selection Rationale: Access to substance use treatment is necessary to meet substance use needs in a community. Use of healthcare facilities is greatly affected by the relative distance a patient must travel to get to a treatment center.[1] This is especially true for patients who rely on public transportation and patients in rural and remote areas. Additionally, substance use treatment occurs almost exclusively in specialty clinics outside of traditional healthcare spaces.[2] The brick-and-mortar landscape of mental health treatment facilities is an important factor impacting the accessibility of treatment in an area.

Strengths and Limitations:

- **Strengths**:
    - [*Importance*] A lack of treatment facilities in a community signals limited capability to meet substance use needs. Travel distance to a treatment facility is an important indicator of access to and use of treatment, particularly for populations that are underserved. Distance from a substance use treatment facility greatly impacts the length of a patient's stay and their likelihood of completing treatment. It is essential to understand the relative distance people in a certain community must travel to access substance use treatment.[3]

[1] Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). *Traveling Towards Disease: Transportation Barriers to Health Care Access. Journal of Community Health, 38*(5), 976–993. https://doi.org/10.1007/s10900-013-9681-1

[2] U.S. Department of Health and Human Services, Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. https://www.ncbi.nlm.nih.gov/books/NBK424848/

[3] Pullen, E., & Oser, C. (2014). Barriers to substance abuse treatment in rural and urban communities: counselor perspectives. *Substance Use & Misuse*, *49*(7), 891–901. https://doi.org/10.3109/10826084.2014.891615

    - [*Relevance and Usability*] SAMHSA provides coordinate data (longitude and latitude) for the location of all facilities, allowing for accurate measurement of spatial accessibility.
    - [*Relevance and Usability*] Spatial accessibility and the range of facility offerings available directly affects an individual's ability to receive treatment. These data may help inform decisions about availability and accessibility of treatment centers and resources.
    - [*Equity*] These data from SAMHSA include detailed information about services offered at facilities—including non-English language options, specialty support groups (for LGBTQ or formerly incarcerated individuals, for example), and payment assistance options. The presence or absence of these services at a facility speaks to its relative accessibility, especially to those for whom English is not their first language, paying for services is a challenge, or stigma is a significant barrier to treatment-seeking. The importance of culturally centered care for addressing racial disparities has been well-documented.[4]
    - [*Feasibility*] SAMHSA updates the facility locator with new facilities monthly and updates information about existing facilities annually. These data are pulled from the yearly National Survey of Substance Abuse Treatment Services. Smaller facility changes (name, address, phone number, available services) are updated weekly. The data are publicly accessible and can be obtained directly from the SAMHSA facility locator website.[5]
- **Limitations**:
    - [*Relevance and Usability*] This dataset does not provide information on the number of providers or the relative capacity at each facility.
    - [*Equity*] Treatment organizations that do not receive SAMHSA funding, or those that use non-traditional methods of care, may not be included in this dataset.

Calculation:

The substance use treatment facilities access measure uses the two-step floating catchment area method (2SFCA) to determine spatial accessibility and incorporates facility weights based on four dimensions of quality (described below).

The 2SFCA is a method initially developed by researchers to measure spatial accessibility to primary care physicians. It calculates ratios of behavioral health facilities to residents within a service area centered at a facility's location (step 1) and subsequently sums the ratios for

[4] Holden, K., McGregor, B., Thandi, P., Fresh, E., Sheats, K., Belton, A., Mattox, G., & Satcher, D. (2014). Toward culturally centered integrative care for addressing mental health disparities among ethnic minorities. *Psychological Services*, *11*(4), 357–368. https://doi.org/10.1037/a0038122

[5] Substance Abuse and Mental Health Services Administration. (2019). *Behavioral Health Treatment Services Locator*. U.S. Department of Health and Human Services. https://findtreatment.samhsa.gov/locator.html

residents located in areas where different provider services overlap (step 2). The larger the summed proportion is, the better facility accessibility, given a geographic location.[6]

Facility weights are determined by examining facility attributes along four dimensions of quality: Access, Continuum of Treatment, Continuum of Care, and Special Groups of Focus.

- Access is evaluated by examining the types of payment accepted and language services offered.
- Continuum of Treatment is evaluated by examining the range of treatment services offered, including testing, treatment, transition from care, and recovery services and support.
- Continuum of Care is evaluated by examining the range of additional services offered, including housing, employment, education, peer support services, social skills, financial support and education, and crisis services.
- Special Groups of Focus is evaluated by examining provision of services to specific populations based on condition, age, or other defining features.

[6] Luo, W., & Wang, F. (2003). *Spatial Accessibility to Primary Care and Physician Shortage Area Designation: A Case Study in Illinois with GIS Approaches*. Geographic Information Systems and Health Applications. https://www.igi-global.com/chapter/spatial-accessibility-primary-care-physician/18846