**Name**: Substance Use Treatment Facility Access

**Short Description**: Spatial accessibility of substance use treatment facilities.

**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, Zipcode

**Stratification**: Not applicable to facilities

**Selection Rationale:** Access to substance use treatment is necessary to meet substance 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]](#footnote-2) 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]](#footnote-3) 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*] 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]](#footnote-4)
  + [*Relevance and Usability*] SAMHSA provide longitudinal and latitudinal data for all facilities, allowing for accurate measurement of how relatively accessible substance use treatment is in a community. These data make it possible to best direct resources to enhance a community’s overall behavioral health.
  + [*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 speak to its relative accessibility, especially 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]](#footnote-5)
  + [*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 Mental Health Services Survey (N-MHSS). 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]](#footnote-6)
* **Limitations**:
  + [*Scientific Soundness*] Facilities may not submit information to SAMHSA accurately or in a timely manner, which will affect the sensitivity of the data. Because the data is pulled at the aggregate level, facilities will not be categorized by the type of substance use treatment they provide or whether they are in fact accepting new patients. Additionally, this dataset also does not provide information on the number of providers at each facility, which would aid in evaluating the capacity of facilities.
  + [*Equity*] Pulled data does not have information about availability for treatment at the listed facilities, which greatly influences access to care. Additionally, smaller scale community-based treatment organizations may not be included in this dataset.
  + [*Relevance and Usability*] Some research shows that it is not the distance from a treatment facility that most significantly affects access to treatment, but a person’s own perception of treatment need. With substance use in particular, many do not access treatment because they do not believe they need it – even if facilities are close and accessible.[[6]](#footnote-7) This measure does not capture this aspect of the treatment gap.

**Default Weight**:5% (*see Weighting Documentation for details on how default weights were assigned*)

**Calculation**:

The mental health treatment facilities access measure uses the two-step floating catchment area method (2SFCA) to determine spatial accessibility and incorporates facility weights based on quality attributes.

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 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[[7]](#footnote-8).

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.

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> [↑](#footnote-ref-2)
2. Substance Abuse and Mental Health Services Administration (US, & Office of the Surgeon General (US. (2016, November). *HEALTH CARE SYSTEMS AND SUBSTANCE USE DISORDERS*. Nih.gov; US Department of Health and Human Services. https://www.ncbi.nlm.nih.gov/books/NBK424848/ [↑](#footnote-ref-3)
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 [↑](#footnote-ref-4)
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> [↑](#footnote-ref-5)
5. SAMHSA. (2019). *Map - SAMHSA Behavioral Health Treatment Services Locator*. Samhsa.gov. https://findtreatment.samhsa.gov/locator.html [↑](#footnote-ref-6)
6. SAMHSA. (2015). *America’s Need for and Receipt of Substance Use Treatment in 2015*. Samhsa.gov. https://www.samhsa.gov/data/sites/default/files/report\_2716/ShortReport-2716.html [↑](#footnote-ref-7)
7. Luo, W., & Wang, F. (2003). Spatial accessibility to primary care and physician shortage area designation: a case study in Illinois with GIS approaches. In Geographic information systems and health applications (pp. 261-279). IGI Global. [↑](#footnote-ref-8)