



Original article

## Substance Use Disorder Treatment Services for Women in the Veterans Health Administration

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### ABSTRACT

**Purpose:** The present study used national Veterans Health Administration (VHA) facility-level data to examine the extent of women's specialty substance use disorder (SUD) treatment programming in the VHA. In addition, the study compared facilities with women's specialty SUD programming with facilities without to determine whether having this programming was associated with serving other special patient populations, treatment staffing, and breadth of service provision.

**Methods:** The study used data from the VHA Program Evaluation and Resource Center's Drug and Alcohol Program Survey, conducted in 2015 (100% response rate among VHA specialty SUD treatment programs). Program responses were calculated at the facility-level ( $n = 140$  VHA facilities).

**Main Findings:** The majority of VHA facilities (85%) provided women veterans with SUD-specific individual psychotherapy. However, only 30% of facilities provided SUD-specific groups for women only, and only 14% provided SUD-posttraumatic stress disorder groups for women only in specialty SUD treatment. VHA facilities with greater numbers of specialty SUD treatment staff members, a greater breadth of staff roles, and a broader scope of treatment services, activities, and practices were more likely to provide women-only groups.

**Conclusions:** Because the number of women veterans in specialty SUD treatment are likely to continue to grow, these data serve as a benchmark against which future administrations of the Drug and Alcohol Program Survey will document the extent to which VHA services are responsive to their needs.

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The number of women U.S. military veterans is growing rapidly. Specifically, since 2000, the number of women veterans using the Veterans Health Administration (VHA) for health care has more than doubled to more than 337,000 women in fiscal 2011 (Department of Veterans Affairs [VA], 2012). Of women veterans who served in Operations Enduring Freedom, Iraqi Freedom, or New Dawn, 56.2% have received VHA health care (VA, 2012). With the increase in women seeking care it is imperative that the VHA provide equitable, high-quality care to women veterans. Evidence of positive shifts in this direction is reflected in an increasing trend in gender equality on most Health Effectiveness Data and Information Set performance measures in the VHA (Whitehead, Czarnogorski, Wright, Hayes, & Haskell, 2014).

Many women veterans are in need of substance use disorder (SUD) treatment. In analyses of data from the National Survey of Women Veterans, the prevalence of alcohol misuse was 27% among VHA users (Hoggatt, Williams, Der-Martirosian, Yano, & Washington, 2015). In addition, a systematic review on substance use among women veterans found rates of up to 37% for alcohol misuse, 25% for binge drinking, and 16% for SUD (Hoggatt, Jamison, et al., 2015). Unhealthy substance use was associated with higher rates of trauma (e.g., military sexual trauma), psychiatric and medical conditions, and suicide and mortality (Hoggatt, Jamison, et al., 2015), suggesting that this patient subgroup may have especially complex treatment needs. Indeed, recent research in the civilian sector has found that SUD treatment programs that address the special needs of women are more effective than those that do not (Evans, Libo, Pierce, & Hser, 2013; Niv & Hser, 2007). In addition to having better outcomes, women in SUD programs that offer services tailored to their unique needs report fewer barriers to care and have higher retention rates (Campbell & Alexander, 2005; Grella, 2008; Hser, Evans, Huang, & Messina, 2011). In the VHA in particular, treatment at a facility providing women's services was associated with increased treatment involvement among women veterans (Oliva et al., 2012).

Although the number of women seeking care from the VHA for substance use and other mental health conditions has increased, little is known about the capacity of VHA to meet the needs of women veterans with unhealthy substance use. Heslin, Gable, and Dobalian (2015) used data from the 2012 National Survey of Substance Abuse Treatment Services (an annual census by the Substance Abuse and Mental Health Services Administration of U.S. facilities providing substance use treatment) and found that 19.1% ( $n = 41$ ) of 214 VHA respondent sites (medical center clinics, and community-based outpatient clinics operated by a medical center) "offered a special program or group exclusively for women." Heslin et al. (2015) also examined whether other site characteristics were associated with SUD treatment sites having programs or groups exclusively for women. In the full sample of VHA and non-VHA sites, those that offered SUD treatment programming or groups for women also offered programs for other special populations (e.g., adolescents, criminal justice clients), had larger caseloads, and generally provided more services. These findings suggest that increased economies of scale (i.e., greater operational efficiencies and cost advantages obtained due to larger site size, because fixed costs are spread out over more patients; Gaynor, Seider, & Vogt, 2005) make it easier to implement programs and groups for women. Consistently across VHA and community settings, studies have found that larger SUD treatment programs with more staff members and programs offering a greater breadth of comprehensive

services were more likely to provide services for special patient populations (Abraham, Knudsen, & Roman, 2011; Aletraris & Roman, 2015; Knudsen, 2016).

Given the growing number of women veterans using VHA services, and findings that services geared toward women's specific needs are more accessible and efficacious than those that are not (Evans, et al., 2013; Niv & Hser, 2007), it is important to monitor the extent to which women's specialty SUD services are available within the VHA. The present study used national VHA facility-level data to examine the extent of women's specialty SUD treatment programming in the VHA. In addition, we compared facilities with women's specialty SUD programming with facilities without to determine whether the availability of such programming was associated with serving other special patient populations, staffing, and breadth of service provision. Information about women's programming and factors associated with its provision should assist planners to make the VHA more responsive to the SUD treatment needs of women veterans.

## Methods

### *Procedure and Sample*

The VHA Program Evaluation and Resource Center conducts the Drug and Alcohol Program Survey (DAPS) under the Office of Mental Health Operations in the VA Central Office every 2 years. This study used data from the most recent DAPS, conducted in 2015. The DAPS was distributed on the VA intranet by the VHA's Deputy Under Secretary for Health for Operations and Management to each of the 21 directors of a Veterans Integrated Service Network (VISN), which is a geographic region. The VISN Mental Health Lead and VISN SUD Representatives then assisted with the identification of the appropriate SUD treatment leadership to complete the DAPS for each separate specialty treatment program. Instructions were that a specialty treatment program was defined as 1) specifically designed to provide treatment for patients with SUD, 2) employed at least 2 full-time equivalent clinicians, 3) offered services other than detoxification alone, and 4) could be distinguished from other programs based on unique staffing, patients, clinical services, and/or policies. The DAPS response rate was 100% ( $n = 231$  specialty SUD programs).

### *Survey Content*

The DAPS had 31 items that covered general program and patient information, type of treatment services available, and program staffing. In the DAPS administered in 2015, new items were added for the first time to the sections on patient information and treatment services to assess women's characteristics, services offered, and how they are delivered. We report results of those new items here. The specific content of the individual items from the DAPS used in this study is provided in Tables 1 and 2.

### *Analysis Plan*

Program responses were calculated at the facility level ( $n = 140$  VHA facilities). The VHA provides care at 1,233 health care sites, including VA medical centers and outpatient clinics of varying size and complexity. Medical centers provide a wide range of services including traditional hospital and additional specialty services. Outpatient clinics are each associated with a parent VA medical center and provide the most common outpatient services,

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