

DASIS STATE DATA ADVISORY GROUP MEETING

June 20-21, 2000

Portland, Maine

Summary **Page 2**

Agenda **Page 9**

Participant list **Page 11**

Summary
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This meeting is the seventh in a series of regional meetings. Representatives from Maine, New Hampshire, Massachusetts, Connecticut, and Rhode Island attended along with staff from the SAMHSA Office of Applied Studies, Mathematica for Policy Research, and Synectics for Management Decisions.

Opening and Overview

Dr. Donald Goldstone of the Office of Applied Studies (OAS) gave the opening remarks. He emphasized the importance of these face-to-face meetings between OAS staff and the State people who produce the data. The one-and-a-half-day meetings provide a forum for OAS staff to inform the States about current activities and to give States an opportunity to share with OAS and each other their solutions to common problems in data collection and management of information.

The OAS is continually examining its data programs, looking for ways to improve the quality of the data collected in order to increase their use by State and national policymakers and researchers. Dr. Goldstone stressed the importance OAS attaches to State feedback on its programs and his interest in sharing the data with the States.

This meeting, like the others, combined presentations and demonstrations with considerable discussion by participants. Discussed at the meeting were plans for the 2000 N-SSATS (formerly called UFDS), highlighting changes in the questionnaire; the ISATS (formerly the NMFI), a master list of all facilities, and the need for State support to keep the ISATS current; and issues related to submissions to the TEDS system. Three demonstrations were given: one on the Substance Abuse Facility Locator System, a second on the ISATS On-Line updating system, and a third on the Substance Abuse and Mental Health Data Archive (SAMHDA), a system for producing tables on line. Toni Gustus of Massachusetts gave a presentation about the Massachusetts system. Dr. Goldstone discussed the National Household Survey on Drug Abuse (NHSDA) and recent significant findings from the survey.

Demonstration of National Directory Facility Locator

Synectics has developed a system that displays the National Directory on the Web, allows users to query the directory for substance abuse providers, and shows provider locations on a map. The Locator has its own Web site address: <http://findtreatment.samhsa.gov>. It became operational in November 1999. Since then the locator has had at least 1000 hits a month and lots of e-mail. It's used by family members, substance abuse programs, individuals seeking treatment, and by professionals who do referrals.

Users can do a simple search or an "advance search," depending on treatment facility characteristics. In the simple or quick search, the system identifies the substance abuse providers closest to a starting point (street address, city, or zip code), displaying them on a map and generating a list with all the current directory information. The search area is a radius of 99 miles from the starting point. Users can also use

advance search, which allows users to specify several of the directory variables as an aid in focusing the search. An example of an advance search is: give me all the providers in and around Portland Maine that are in a residential setting, have a treatment program for dually diagnosed clients, and take private insurance.

An additional feature allows users to generate a list of facilities for a geo-political area using search capabilities similar to the advance search. The list contains all the treatment facilities meeting the criteria for an area. The area of the search can be one or more zip codes, cities, States, or the entire United States.

The listings include only state-approved facilities, and the information is based on the facilities' answers to the N-SSATS survey. States raised a concern: in a small number of cases, although the facility is approved, some of the program information is not perceived by the State as meeting its criteria. OAS agreed to place a disclaimer in the directory to indicate that the listing does not represent an endorsement by the State. OAS emphasized again that it relies on the States to help in deciding who should be listed in the directory.

Plans for the 2000 N-SSATS

Geraldine Mooney of Mathematica for Policy Research (MPR) discussed the changes being made to the questionnaire for the upcoming survey. Because of the difficulty facilities had in answering some types of questions and the questionable quality of the responses, some major data items are being deleted from the upcoming survey; namely, facility setting, revenue, and counts of clients by sex, race, and age. Some items that were tested in the 1999 telephone survey are being added to the mail survey: intake telephone number, Web site address, and questions on the availability of a sliding fee scale and other payment assistance.

Preliminary Results from the 1999 Survey

The 1999 UFDS was conducted by telephone, and concentrated on collecting the information needed for the National Directory. Data on client counts were not collected in 1999. The response rate for the survey was very good, with an overall response rate of 93 percent. Several new items were tested in the 1999 Survey and their results are listed below:

Setting – This question has been asked for several years with questionable results. Therefore, the question this year was changed to ask about the primary focus of the facility. Sixty-eight percent of the State-approved facilities surveyed gave substance abuse as the main focus, but mental health was the primary focus for over 13 percent. In non-State-approved facilities, a higher percentage focused on mental health.

Intensive outpatient – Each year facilities are asked if they provide intensive outpatient, which is defined in our surveys as a minimum of 6 hours a week. The definition varies in the field; for example, the American Society of Addiction Medicine (ASAM) advocates a minimum of 9 hours a week. In 1999 facilities were asked for their definition of intensive outpatient. A considerable proportion did not meet even the less stringent definition of 6 hours, so the distinction between outpatient and intensive outpatient doesn't seem realistic.

Subsidized care – Twenty-three percent of the facilities don't provide any subsidized care. This question was added because people who use the directory often want to know this information. Some concern was expressed as to whether or not this information can be collected reliably.

Sliding fee scale – The results of this question are similar to the ones for subsidized care. However, meeting participants had a general feeling that the answers to this question are probably more accurate than the answers about subsidized care.

Updating the ISATS

The ISATS is a listing of all substance abuse providers in the country. Keeping this listing current and accurate is important. Information from the N-SSATS combined with the latest information on approved facilities from each State provides the data needed to produce the National Directory and the Facility Locator. The information from the States on State approval is critical to the validity of these listings.

In order to lessen the burden on States, OAS and Synectics are advocating the use of the ISATS On-Line system to update the ISATS. In addition, Synectics is now sending out lists to the States to review on a flow basis, thereby spreading out the State burden over the year, because many States reported that reviewing comprehensive lists once a year was a very labor-intensive job. Rapid turnaround of these lists is important in maintaining the integrity of the facility locator and our file.

Demonstration of ISATS On-Line

Many States use this system as a convenient way both to enter new providers in the ISATS and to change the status of existing facilities. The system displays a form for users to enter the required information for a new facility. To update information, the user can enter a State ID, which causes the current information to be displayed; the user can then enter the changes in the appropriate fields.

The on-line form has been revised based on comments received from States at a previous regional meeting. The required information is now given first, followed by the optional information. A few items were removed.

Qualified State people can register and get a password to use the system.

Analysis of National TEDS Data

Leigh Henderson of Synectics gave a slide presentation demonstrating the strength of TEDS data aggregated to the national level. The slides featured trend maps for 1992-1998 for heroin, amphetamines, cocaine, and marijuana admissions. Also featured were density plots of age and duration of use for first-time admissions to treatment for various primary substances. The presentation included estimates of TEDS coverage of the treatment universe, the proportional distribution of admissions for various substances, and an 'epidemic' plot showing year of first use for different substances.

Submitting TEDS Data

TEDS data are being used more and more at the national level and as a result the coverage and quality of TEDS data are receiving more attention. TEDS data coverage is a major issue. For example, in the New England States, coverage is related to licensing and funded clients and sites, but coverage varies.

Connecticut does not get reporting from VA, privates, and hospitals. Maine covers methadone clients, Medicaid, and all clients at funded programs. Massachusetts has reporting on all clients at funded providers, but makes no effort to collect from non-funded providers.

Another problem with TEDS data is the timeliness of reporting. The OAS goal is to have a complete file available for publishing and analysis twelve months after the end of the calendar year, but each year several States do not meet that deadline. States were urged to keep their reporting current.

Several of the New England States collect discharge data and have or are experimenting with a unique client ID.

Update on National Household Survey on Drug Abuse (NHSDA)

Dr. Goldstone showed slides that described the NHSDA and highlighted some of the findings from the 1998 survey and some trend data. NHSDA covers use of drugs, alcohol, and tobacco. The survey universe is the civilian population 12 years and older; however, it excludes people in prison and the homeless, both populations with serious substance abuse problems. The survey is in the field continuously.

In 1998, the national sample was 18,000, with expanded samples in California and Arizona. California and Arizona passed laws legalizing marijuana, although Arizona later rescinded its law. The expanded sample in California will be used to monitor the effect of the new law.

Some highlighted findings are:

The use of illicit drugs has been stable since 1991.

In 1998 13.6 million persons reported using an illicit in the past month: 60 percent of those surveyed used marijuana, 21 percent used marijuana and another drug, and 19 percent used some other drug.

Use by age, 1979-98. Use among 12- to 17-year-olds bottomed out in 1992, then rose a bit, and has been more or less stable the last 4 years. Use among 18- to 25-year-olds showed a slight increasing trend: the increase is real, reflecting an increase in use. This may be a cohort effect: we saw an increase in 1992-95 among 12- to 17-year-olds, and that group is now older, moving forward in the age span categories.

Marijuana use by race for 12-17, 1985-98. Between 1985 and 1993, rates of use by whites while dropping exceeded black and Hispanics. Since then usage by race has been approximately equal and the percent of use is increasing.

Marijuana use by grades 12-17, 1998. Marijuana use is associated with getting Cs and Ds, although this is not a causal association in cross-sectional data.

Underage alcohol use by age group 12-20, 1994-98. Levels of use have not changed at all (flat lines) despite publicity and effort.

Stealing by alcohol use 12-17, 1994-96. There is a relationship between heavy alcohol use and the rate of stealing.

Past month cigarette use, 1998. Cigarette use among 12- to 17-year-olds was 18 percent, the lowest rates ever measured.

Trends in cigarette use by age. 12-17 is flat, 18-25 is beginning to go up, and 26 and over is down.

Inhalant use 12-17, 1994-98. One of the few bright spots: there is a drop between 1997 and 1998 in past month, past year use.

Youth substance dependence. Alcohol 389,000, illicit drugs 464,000, and alcohol and drug 525,000, for a total 1.4 million aged 12-17. Dependence is measured using a series of 7 characteristics that are the physiological DSM-IV criteria; these include withdrawal, can't stop using, using more, and drug use changes one's life—that is, there is a clinical basis for reaching the conclusion of dependence. In 1998, if a person responded positively to 5 of 7 questions, he/she was classed as dependent.

The NHSDA also measures incidence; that is, the rate of new users (persons who have never tried a drug before). Some results are:

Marijuana incidence rates, 1965-97. Incidence among 12- to 17-year-olds showed a drop in 1996-97. We also saw a drop among 18- to 25-year-olds. The important thing is to remember that of all those who try the drug, only a small proportion continue to use it, but if the number of new users goes up, the number of continuing users will also go up.

Cocaine incidence rates, 1965-97. Rates have been up among 12- to 17- and 18- to 25-year-olds since about 1990. The rate for 12- to 17-year-olds was level in 1996-97, but increased for 18- to 25-year-olds in that period. There are a greater number of regular users.

Several changes have recently been made to the sample, the mode, and the content of the NHSDA.

Sampling design. The 1999 sampling design included 7,200 segments, 230,000 screened households, and 70,000 completed interviews (25,000 aged 12-17, and 22,500 each ages 18-25 and 26 and over). There was also provision for State estimates. The segments were based on the 1990 Census. The screening rate was driven by the rarest subgroup in the sample, in this case kids aged 12-17.

The eight largest States, with 50 percent of the population, were sampled directly (3,700 respondents each). There were 900 interviews each in smaller States. For large States (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas), OAS made direct estimates. For the smaller States, a composite estimator was used combining direct survey estimators and regression-derived indirect estimators. These model estimators were evaluated by comparing direct estimates with modeled estimates for the large States.

Mode. The 1999 mode of collection was computer-assisted personal interview and audio computer-assisted self-interview. An automated survey helps to standardize the questionnaire and aids in guiding respondents and interviewers through the skip patterns in the questionnaire. These methods have been tested in some 2,000 cases. Results indicate an increased reporting substance use over the paper version. Twenty thousand paper and pencil interviews were conducted (in 1999 only) for comparison.

Since the survey has built in edits, and data transmission occurs daily, more timely data will be available.

Content. The 2000 survey was expanded to include the addition of question modules: the Diagnostic Interview Schedule for children, and the use of mental health services by adults and children. The mental health instrument has never been used this widely or this way; it's in the field now. For services, we are collecting where, when, costs, and insurance coverage.

In 2001, questions will be included on the market for drugs: what, where, and what interferes with getting drugs.

On-Line Substance Abuse and Mental Health Data Archive (SAMHDA)

The SAMHDA goal is to provide researchers, academics, policymakers, service providers, and others with ready access to substance abuse and mental health data. Data and documentation can be downloaded from the Internet (<http://www.icpsr.umich.edu/SAMHDA/index.html>). Data sets are in SAS and SPSS format, and documentation is in PDF format.

The system uses a Data Analysis System (DAS) developed by the University of California at Berkeley. DAS was developed specifically for use on the Internet. It computes frequencies, cross tabulations, means, and correlations, and permits construction of subsets. Customized data sets and codebooks can be downloaded. The documentation includes a title page, cookbook notes, weighting information, bibliographic citation and data disclaimer, and description of imputations, data anomalies, and data problems.

Among the data sets available are TEDS, the National Household Survey on Drug Abuse, and data from the Drug Abuse Warning Network (DAWN).

The demonstration focused on the TEDS data. The system allows the user to generate a query and build a table to answer the query on line. In order to protect confidentiality, the TEDS data undergoes a disclosure analysis and the public use file is a one in four sample of the original file.

Presentation by Toni Gustus of Massachusetts

Massachusetts introduced a new management information system in May of 1999. The system was three years in development and moved the data system from a mainframe environment to a client/server environment. The system processes all the admission and discharge data and invoices for their unit rate contracts. The system provides a profile of all corporations funded and/or licensed by the Bureau and their associated programs, sites, and contracts.

The initial months of operation uncovered the expected number of software bugs and operational problems; however, by late summer the system was fully operational. Gustus showed several slides that described the size of the Massachusetts program, the input and output from the system, and some recent use of the data, including some outcome data.

Closing Remarks

Dr. Goldstone ended the meeting by thanking the participants for their participation and urging them to feel free to contact OAS staff with any suggestions or problems they may have. He reiterated that the feedback OAS receives proves very useful and hoped that the State representatives find the exchange equally beneficial. Goldstone reiterated the importance of the partnership with the States and how important they are to the proper operation of the DASIS system.

AGENDA
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June 20 –21, 2000
Holiday Inn By the Bay
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Tuesday

- 8:30 a.m. Continental Breakfast
- 9:00 a.m. Welcome and Introduction *Donald Goldstone, OAS*
- 9:15 a.m. Demonstration of Substance Abuse Treatment Facility Locator *Deborah Trunzo, OAS*
- 9:45 a.m. National Survey of Substance Abuse Treatment Services (formerly UFDS)...*Geri Mooney, MPR*
- Update on 1999 survey
 - Results and discussion of new questions in 1999
 - Plans for 2000
- 10:30 a.m. BREAK
- 10:45 a.m. Inventory of Substance Abuse Treatment Services (formerly NMFI).....*Peter Hurley, Synectics*
- Demonstration of ISATS On-Line
 - The ISATS and State licensing/approval practices
 - Keeping the ISATS up to date
- 12:00 p.m. LUNCH
- 1:00 p.m. TEDS presentation*Leigh Henderson, Synectics*
- 1:30 p.m. TEDS submissions – processes and problems..... *Donald Goldstone, OAS*
- Admissions data set
 - Discharge data set
 - Unique identifier
- 2:45 p.m. BREAK
- 3:00 p.m. National Household Survey on Drug Abuse (NHDSA) *Donald Goldstone, OAS*
- 4:15 p.m. Adjourn

Wednesday

- 8:30 a.m. Continental breakfast
- 9:00 a.m. Demonstration of the SAMHDA on-line data analysis system.....*Charlene Lewis, OAS*
- 9:45 a.m. State presentation.....*Toni Gustus, Massachusetts*
- 10:30 a.m. BREAK

10:45 a.m. Open discussion
11:30 a.m. Wrap up *Donald Goldstone, OAS*
12:00 noon Adjourn

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