

Data Sources Related to Behavioral Health and Substance Abuse

Prepared by SHADAC for the State Innovation Models (SIM) program under contract with NORC at the University of Chicago. SIM is funded by the Center for Medicare and Medicaid Innovation (CMMI).

Introduction

Many SIM states are focusing on improving delivery of health care for people with behavioral health conditions. As a result, the technical assistance team has received requests from several states for help understanding existing data sources on this topic.

This memo provides an overview of federal data resources that include key indicators on behavioral health and substance abuse, to help states get a better sense of the sources of data that are currently available on this topic. We include a high level description of each data source and a list of potential measures of interest. This content is followed by a summary table outlining the target population for each data resource, the frequency of data collection, level of geography and ease of access/use. Most of the data sources highlighted in the memo can produce annual estimates at a state or sub state level. Four of the five data sources contain person-level data (data on individuals or admissions) and one provides facility-level information. All of these data are available for public use (in most cases with state identifiers) and are fairly easy to access and use.

Federal Data Resources that Focus on Behavioral Health, Mental Health, and Substance Abuse

The CDC's **Behavioral Risk Factor Surveillance System (BRFSS)** is an ongoing data collection program with the objective of collecting state-specific data on health-related practices and risk behaviors associated with chronic diseases, injuries, and preventable infectious diseases. Some of the mental and behavioral health topics covered in BRFSS include:

- Anxiety and depression;
- Mental illness and stigma;
- Mental health treatment;
- Mental illness-related disability;
- Health-related quality of life;
- Social support;
- Smoking;
- Alcohol use;
- Physical activity; and
- Sexual and intimate partner violence.

National Survey on Drug Use and Health (NSDUH) is the primary source of statistical information on the use of illegal drugs, alcohol, and tobacco by the civilian, non-institutionalized population of the United States aged 12 years or older. State estimates are provided for the following 25 measures of substance use and mental disorders:

- Past month use of illicit drugs;
- Past year use of marijuana;
- Past month use of marijuana;
- Perception of great risk of smoking marijuana once a month;

- Average annual rate of first use of marijuana;
- Past month use of illicit drugs other than marijuana;
- Past year use of cocaine;
- Past year nonmedical use of pain relievers;
- Past month use of alcohol;
- Past month binge alcohol use;
- Perception of great risk of having five or more drinks of an alcoholic beverage once or twice a week;
- Past month use of tobacco products;
- Past month use of cigarettes;
- Perception of great risk of smoking one or more packs of cigarettes per day;
- Past year alcohol dependence or abuse;
- Past year alcohol dependence;
- Past year illicit drug dependence or abuse;
- Past year illicit drug dependence;
- Past year dependence or abuse of illicit drugs or alcohol;
- Needing but not receiving treatment for illicit drug use in the past year;
- Needing but not receiving treatment for alcohol use in the past year;
- Serious mental illness in the past year;
- Any mental illness in the past year;
- Serious thoughts of suicide in the past year; and
- Past year major depressive episode (i.e., depression).

National Survey of Substance Abuse Treatment Services (N-SSATS) is a point-prevalence survey that provides data on substance abuse treatment facilities (both public and private) and their clients throughout the 50 States, District of Columbia, and other U.S. jurisdictions. The N-SSATS contains information on facility ownership, services offered, primary treatment focus, methadone/buprenorphine dispensing, number of clients (total and under age 18), number receiving methadone and buprenorphine, and number of beds. The geographic data included in N-SSATS are Federal Information Processing Standards (FIPS) state and county codes, metropolitan statistical area (MSA), core-based statistical area (CBSA), Census region, and Census division. 2011 N-SSATS topics included, but were not limited to, the following:

- Facility identification information;
- Facility operating entity;
- Facility focus of activity;
- Type of care provided (outpatient treatment services, residential/non-hospital treatment services, hospital/inpatient treatment services);
- Clinical/therapeutic approaches;
- Special programs or groups provided for specific client types;
- Services offered (assessment and pre-treatment services, counseling, pharmacotherapies, testing, transitional services, ancillary services);

- Provision of services in sign language and/or in languages other than English;
- Detoxification from alcohol, benzodiazepines, opiates, cocaine, methamphetamines, or other drugs, and routine use of medication during detoxification;
- Client outreach (outreach to persons in the community who may need treatment, provision of a facility website);
- Licensure, certification, or accreditation agencies or organizations;
- Standard operating procedures;
- Payment options accepted, including use of a sliding fee scale and/or treatment at no charge;
- Facility's receipt of government funding;
- Facility's smoking policy;
- Operation of an Opioid Treatment Program (OTP) certified by SAMHSA and offering maintenance and/or detoxification with opioid drugs such as methadone;
- Clients in treatment on March 31, 2011 (total, clients under age 18, clients receiving methadone, clients receiving buprenorphine);
- Percentage of clients in treatment on March 31, 2011, for abuse of both alcohol and drugs, alcohol abuse only, and drug abuse only;
- Percentage of clients in treatment on March 31, 2011, with diagnosed co-occurring substance abuse and mental disorders; and
- Number of beds designated for residential (non-hospital) and hospital inpatient substance abuse treatment on March 31, 2011.

Treatment Episode Data Set (TEDS) is an administrative data system that provides information on the number and characteristics of persons admitted to public and private substance abuse treatment programs that report to individual state administrative data systems. In addition to other variables, TEDS provides data on:

- Service setting;
- Number of prior treatments;
- Primary source of referral;
- Employment status;
- Whether methadone was prescribed in treatment;
- Presence of psychiatric problems;
- Living arrangements;
- Health insurance;
- Substance(s) abused;
- Route of administration;
- Age at first use;
- Pregnancy and veteran status;
- Number of days waiting to enter treatment; and
- Demographic variables.

Drug Abuse Warning Network (DAWN) is a nationally representative public health surveillance system that monitors trends in drug misuse and abuse, identifies the emergence of new substances and drug combinations, assesses health hazards associated with drug abuse, and estimates the impact of drug misuse and abuse on the Nation's health care system. A DAWN case is any ED visit involving recent drug use that is implicated in the ED visit. DAWN captures both ED visits that are directly caused by drugs and those in which drugs are a contributing factor but not the direct cause of the ED visit. Annually, DAWN produces estimates of drug-related visits to hospital EDs for the nation as a whole and for 11 metropolitan areas (Boston, Chicago, Denver, Detroit, Miami - Dade Division, Miami - Fort Lauderdale Division, Minneapolis, New York City, Phoenix, San Francisco, and Seattle). Some of the information that DAWN collects includes:

- Facility identification;
- Date of visit;
- Time of visit;
- Demographics of patient (i.e., age, ZIP code, sex, race/ethnicity);
- Diagnosis;
- Case description;
- Substances involved;
- Alcohol involved;
- Type of case (e.g., suicide attempt, seeking detox, adverse reaction, etc.); and
- Disposition (e.g., treated and released, admitted to hospital, etc.).

Summary - Federal Data Resources that Focus on Behavioral Health, Mental Health, and Substance Abuse

	Target population/ primary focus	Key Information Provided	Frequency and Survey Period	Data availability and timeliness	Levels of geography in public use data	Supports state estimates?	Costs of acquiring/ using data
<u>BRFSS</u>	Civilian non-institutionalized population age 18 and older	Population health, risk factors, health behaviors, and mental health	Annually since 1984; most states collect data year-round	<u>Public use file for 2013 released in 2014</u>	National and state	Yes	Low
<u>NSDUH</u>	Civilian non-institutionalized population age 12 and older	Prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse; Mental illness, depression	Annually since 1990; conducted year-round	<u>Public use files released annually; some data restricted</u>	National only, but public reports provide estimates for all 50 states and in 33 metropolitan areas	Direct estimates for eight largest states; small area estimation techniques used to publish estimates for all states	Low
<u>TEDS</u>	Admissions to substance abuse treatment facilities	Demographic and substance abuse characteristics of admissions to treatment for abuse of alcohol and/or drugs	Facilities report to states; states are encouraged to report monthly; public data sets are annual, beginning in 1992	<u>2012 public use data released in 2014</u>	National, census region, state, and some substate	Yes, for reporting facilities; however, scope is incomplete	Low
<u>DAWN</u>	Drug-related admissions to emergency departments	Trends in drug use, misuse, and abuse, new substances and drug combinations, and health hazards (including death) associated with drug use	Annual public data sets since 2004; continuous surveillance system	<u>2011 public use data released in 2013</u>	National and 11 metropolitan areas	No	Moderate, due to large file size

N-SSATS	Facilities and providers treating substance abuse disorders	Location, characteristics, and use of alcohol and drug abuse treatment facilities and services	Annually since 1995 (except 2001 and 2012); client counts are at a point in time (3/31/11). Survey conducted between March and October	<u>2012 public use data released in 2013</u>	National, regional, state, and substate	Yes	Low
----------------	---	--	--	--	---	-----	-----

SOURCES:

Centers for Disease Control and Prevention (CDC). Overview: Behavioral Risk Factor Surveillance System (BRFSS), 2012. July 15, 2013. Available at http://www.cdc.gov/brfss/annual_data/2012/pdf/Overview_2012.pdf.

Substance Abuse and Mental Health Services Administration (SAMHSA). National Survey on Drug Use and Health (NSDUH), 2011. *Substance Abuse and Mental Health Data Archive*. June 20, 2013. Available at <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/34481>.

Substance Abuse and Mental Health Services Administration (SAMHSA). National Survey of Substance Abuse Treatment Services (N-SSATS), 2011. *Substance Abuse and Mental Health Data Archive*. January 29, 2013. Available at <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/34539>.

Substance Abuse and Mental Health Services Administration (SAMHSA). Treatment Episode Data Set – Admissions (TEDS-A), 2010. *Substance Abuse and Mental Health Data Archive*. July 17, 2012. Available at <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/33261>.

Substance Abuse and Mental Health Services Administration (SAMHSA). Drug Abuse Warning Network (DAWN), 2011. *Substance Abuse and Mental Health Data Archive*. August, 9, 2013. Available at <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/33261>