

Data Requirements and Initiatives of State Substance Abuse Agencies

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- Key SAMHSA Initiatives
 - Behavioral Health Quality Framework
 - Common Client Level Data Collection
 - Behavioral Health Barometer
 - SAPT Block Grant reporting: TEDS
- Key NASADAD initiatives/products
 - Program Management Work Group (PMWG)
 - Recent report: 11 State case studies on use of data to improve services

Key Initiatives

- Membership association of State agencies responsible for receipt and management of federal Substance Abuse Prevention and Treatment (SAPT) Block Grant
- Created in 1972
- Supported by dues, as well as grants and contracts from SAMHSA to provide technical assistance to the State agencies

National Association of State Alcohol and Drug Abuse Directors

- Budgets total about \$5 billion per year
 - SAPT Block Grant \$1.8 billion/year
 - State funding \$2.2 billion/year, and Medicaid makes up about \$700 million
- Fund provider networks of about 8,000 treatment and 2,800 prevention providers
- 2.5 million individuals received SUD treatment and/or recovery supports
- 10 million individuals received personal SUD prevention, and a further 190 million population prevention contacts were delivered

Single State Authorities (SSAs)

- EHR/HIT systems need to address 40 CFR pt 2 as well as the TEDS data needs
- Confidentiality is mandated through 42 CFR pt. 2, and important to assure self-referrals
 - Stigma is still a massive problem in field
- Extensive reporting requirements for the SAPT Block Grant. All States operate Treatment Episode Data Set (TEDS) data collection and reporting systems

**Health Information Policy is
Critical to SSAs**

- Affordable Care Act (ACA) calls on development of National Quality Strategy
- SAMHSA uses NQS as model to develop National Behavioral Health Quality Framework (NBHQF) for prevention, treatment and recovery
- Initial framework released June 2011

Key SAMHSA Initiatives: National Behavioral Health Quality Framework

- Measures connected to the Framework released for comments in August 27, '13
http://store.samhsa.gov/draft/NQHBF_DRAFT82613.pdf
- Comments due September 17 – NASADAD letter found on NASADAD.org (include link to NASADAD letter)
- SAMHSA now assessing comments

Key SAMHSA Initiatives: National Behavioral Health Quality Framework

- Administrator Hyde sent SSAs and SMHAs August 14 letter on developing a uniform Client Level Data system
- Short-term goal: develop core set of client level data elements
- Long-term goal: robust collection system to evaluate program performance

Key SAMHSA Initiatives: Client Level Data Collection

- Provide national and State snapshots of the state of substance abuse and mental health systems
- Barometers based on set of indicators and utilizes multiple data sets

Key SAMHSA Initiatives: Behavioral Health Barometer

- Program Management Work Group (PMWG) membership includes State Directors, data leads
- Mission of group is to discuss data issues and serve as reactors/recommenders
- PMWG served as the key entity to work on National Outcome Measures (NOMs)

Key NASADAD Initiatives: PMWG

- NASADAD released 11 State case study
- Reviewed tools used by States to improve services
- States highlighted in document were members of PMWG: California, Georgia, Iowa, Michigan, Missouri, New York, North Carolina, Oklahoma, Pennsylvania, Tennessee, and Vermont
- Tools included report cards, etc

Key NASADAD Product: 11 State Case Study

- Seven of the eleven States have developed “dashboards” or “scorecards” to demonstrate service performance, outcome, and quality at the State, local/county, and provider levels.
- Some States make this information available to the general public, while others utilize this for internal management purposes.

Public Access Tools

- Prevention outcomes (e.g., use/abstinence, perception of risk)
- Treatment outcomes (e.g., use/abstinence, criminal justice involvement, employment/school/home, housing, healthy babies born, death rates, ER/hospital re-admission), medication-assisted treatment (MAT) data, and
- Penetration and access measures, initiation and engagement, encounter - level data, linkages within levels of care
- Cost savings (value of outcomes)

States Track a Variety of Dimensions

- States process data at several degrees of specificity. Measurement at the State, regional, county, local, provider, and client/encounter level is specified.
- Eight of eleven States noted the ability to collect encounter data, making it possible to examine client outcomes.
- Some States said their information system's ability to Measure data by subpopulation, such as race/ethnicity, gender, age, substance dependence, level of care, funding mechanism (e.g., Medicaid), etc.

State Levels of Analysis