Data Requirements and Initiatives of State Substance Abuse Agencies

Rick Harwood, Deputy Executive Director/Director of Research and Program Applications

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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
• 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
- 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
• 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](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
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: Behavioral Health Barometer

- 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
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).
• 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.
States Track a Variety of Dimensions

- 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 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.