Treatment Episode Data Set (TEDS)

SUPPORTING STATEMENT

A. JUSTIFICATION

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) requests approval to collect client-level substance abuse treatment data submitted by States in the Treatment Episode Data Set (TEDS.) TEDS is one of four components of the Drug and Alcohol Services Information System (DASIS) (now the Behavioral Health Services Information System (BHSIS)) and was previously cleared as part of the DASIS data collection (OMB No. 0930-0106), which expires December 31, 2012. With this submission, SAMHSA is requesting a new separate three-year clearance for the TEDS portion of the DASIS/BHSIS activities.

The BHSIS data collections, including TEDS, are conducted under the authority of Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4) to meet the specific mandates for annual information about public and private substance abuse treatment providers and the clients they serve.

Most of the BHSIS collections involve facility-level data systems, including the Inventory of Behavioral Health Services (I-BHS), which is an inventory of substance abuse and mental health treatment facilities, the National Survey of Substance Abuse Treatment Services (N-SSATS), and the National Mental Health Services Survey (NMHSS, OMB No. 0930-0119). The N-SSATS and NMHSS are census surveys of treatment facilities. In contrast, TEDS is a client-level data system that collects admission and discharge records from State substance abuse agencies. Therefore, SAMHSA is requesting OMB approval for the TEDS client-level data collection separately from the BHSIS facility-related activities.

The current TEDS evolved from the Client Oriented Data Acquisition Process (CODAP), originally approved by OMB in 1975 (OMB No. 0930-0004), which was in operation from 1975 through 1981. When the Alcohol, Drug Abuse, and Mental Health Services Block Grant Program was implemented in 1981, CODAP was discontinued. It was reestablished in the late 1980s as the Client Data System (CDS), which was renamed TEDS in 1995. TEDS is designed as a two-part, linkable system of admission and discharge records. The existing admissions portion of TEDS consists of a core of 19 demographic and substance abuse treatment variables and 17 supplemental items, and is based on information routinely collected by States from the facilities they fund. Under a contractual arrangement with SAMHSA that provides each State with an average of $75,000 per year (the exact amount is determined by a formula that takes into account the population of each State), the States convert their client-level data to the TEDS format and send the data to SAMHSA. (Data elements that cannot be crosswalked into the TEDS response categories include an “other” coding option to allow for differences in State variables.) The existing admission and discharge data elements are listed in Attachment A1, including several

data elements used to calculate performance measures for the Substance Abuse Prevention and Treatment (SAPT) Block Grant.

TEDS includes admissions to all drug abuse and alcoholism treatment facilities in the United States, the District of Columbia, and Puerto Rico that receive public funds through the State substance abuse agencies or are monitored for administrative purposes through those agencies. Because TEDS is a compilation of data from the State administrative systems, the scope of facilities included in TEDS is affected by differences in State licensure and accreditation practices and disbursement of public funds. For example, some State substance abuse agencies regulate private facilities and individual practitioners, while others do not. In some States, hospital-based substance abuse treatment facilities are not licensed through the State substance abuse agency. In general, facilities reporting TEDS data receive State alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of alcohol and/or drug treatment services. Thus TEDS does not include all admissions to substance abuse treatment but comprises a significant proportion of admissions. Most States are able to report all admissions to all eligible facilities, although some report only admissions financed by public funds. States may report data from facilities that do not receive public funds, but generally do not because of the difficulty in obtaining data from these facilities. TEDS generally does not include data on facilities operated by Federal agencies, including the Bureau of Prisons, the Department of Defense, and the Veterans Administration. However, some facilities operated by the Indian Health Service are included.

Since TEDS is a secondary data system compiled from data collected by States for their own purposes, there are a number of reporting differences among States. The State definitions of reporting eligibility and State data system reporting characteristics for the current TEDS data elements are shown in the table included in Attachment A2.

SAMHSA is requesting a three-year approval to continue collection of the existing TEDS admissions and discharge data elements described in Attachment A1.

2. Purpose and Use of Information

Major products and uses of the TEDS data are highlighted below:

TEDS provides client-level data on drug use patterns among admissions to treatment, including primary drug of abuse, age at first use, mode of administration, and frequency of use, which are useful in tracking changing patterns of drug use and treatment need. The inclusion of client discharge data in TEDS has allowed the analysis of treatment length of stay and treatment completion, potentially important factors in treatment outcome studies.

Treatment performance measurement. The data elements in TEDS allow SAMHSA to analyze change in several outcomes measures. Change in status or behavior in aggregate, as measured by the NOMS, can be used to assess the State's progress in documenting the outcomes of substance abuse treatment interventions. The availability of consistent, State-level, cross-year data allows SAMHSA to assess the impact of programs and changes over time, and permits States to assess

their progress in improving quality as well as develop benchmarks for planning purposes. This information can, in turn, be used by State Project Officers to identify States where improvements are being made and States where assistance may be needed to show improvements in client outcomes between admission and discharge. Technical assistance resources can then be targeted to those areas where improvements are needed, and States who have used effective intervention strategies can be tapped to share their processes and expertise with other States.

Relief of burden on States - To the extent that the States submit the applicable data, TEDS provides the data to pre-fill the SAPT Block Grant application performance measurement forms (Tables 16-22) previously completed by States. Attachment A3 provides the SAPT Block Grant application Tables 16 – 22.

The TEDS annual report and public use data files are used by States to compare their experience with the rest of the country. The annual report and public use file are used by policy makers and researchers for analysis of drug use patterns and other trends in the treatment system. TEDS public use files are available for analysis on the interactive SAMHDA website (http://www.icpsr.umich.edu/SAMHDA).

Users of BHSIS data include Congress, Federal agencies, and offices such as the Office of National Drug Control Policy (ONDCP), SAMHSA's Center for Substance Abuse Treatment (CSAT) Block Grant administrators; State legislatures and agencies, local communities, organizations (e.g., the National Association of State Alcohol and Drug Abuse Directors (NASADAD)), and researchers.

Planned Changes:

No changes are planned for the TEDS data collection.

3. Use of Information Technology

All TEDS data are submitted electronically. An on-line submission system allows the States to run automated edit checks prior to final submission. TEDS processing results and data quality feedback reports are returned to the States electronically. It is anticipated that further enhancements will be made to decrease burden to the States by making data submission requirements more flexible and enhancing error reporting/correction capabilities.

Increased use of IT Technology is being made to enhance quality control and improve feedback to the States.

4. Efforts to Identify Duplication

Consultation with States and other Federal agencies involved in the development of TEDS confirms that no other Federal agency or private organization collects client admission or discharge data on a national level.

5. Involvement of Small Entities

The TEDS component of the BHSIS imposes no extra burden on small businesses. States, for their own administrative purposes, require reporting of client treatment information from treatment facilities. States extract the TEDS data from these existing State data systems and forward them to SAMHSA.

6. Consequences if Information Collected Less Frequently

Legislation requires that information provided by BHSIS be collected each year. If collection of TEDS data were discontinued or conducted less frequently, valuable up-to-date information on treatment utilization and client characteristics would not be available on a timely basis for the range of BHSIS users.

7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

The data systems fully comply with the guidelines in 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

A Federal Register Notice published on July 6, 2012 (Volume 77, page 40077) solicited comments on TEDS.

SAMHSA also consults outside the agency through periodic meetings with State substance abuse data representatives and other organizations. Over the past three years, SAMHSA has held a series of regional meetings with State substance abuse agency representatives to seek their advice on a number of data-related issues. TEDS-related information sought included the states' ability to report unique state-wide client identifiers in TEDS, which would make it possible to study client treatment episodes and readmissions over time, and information on the integration of client-level data as states move toward more integrated behavioral-health administrative and data structures. Two meetings of interest were 1) the March 2011 meeting with States in DHHS Regions 4 and 6, which asked the States for advice on enhancing the utility of TEDS data to States; and 2) the May 2012 meeting with a variety of State and organizational stakeholders on the integration of client-level data in their States and on the future direction of TEDS. (The participants at the March 2011 and the May 2012 meetings are listed in Attachments A4 and A5, respectively.)

Also, in the day-to-day operations of the contract, the DASIS contractor is in frequent communication with the States, receiving considerable feedback on the details of the State data systems and how potential changes in TEDS would impact their systems. SAMHSA makes efforts to accommodate State suggestions, taking into account the multiple State data systems that must crosswalk their data elements into TEDS.

In addition, the Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE) has reviewed this OMB request.

9. Payment to Respondents

State substance abuse agencies receive monetary support through on-going BHSIS State agreements.

10. Assurance of Confidentiality

Client-level data: Client-level data are submitted to TEDS by the States. The responsibility for assigning facility and client identifiers resides with the individual States. Client identifiers consist of unique numbers within facilities, and, increasingly, unique numbers within State behavioral health data systems. Records received into TEDS are stored in secured computer facilities, where computer data access is limited through the use of key words known only to authorized personnel. In preparing TEDS public use files, a contractor conducts a disclosure analysis of the data. Client and facility identifiers are removed, certain variables are recoded, and cells are collapsed or otherwise masked as needed to ensure that individuals cannot be identified.

[Note: The privacy of individually identifiable information contained in patient records at specialized substance abuse facilities receiving any form of Federal assistance is protected by 42 CFR Part 2 (OMB No. 0930-0092). The term "Federal assistance" is broadly defined to include Federal tax exempt status, Medicare certification, and Federal financial assistance in any form, ensuring applicability to virtually all State-supported facilities reporting TEDS data to their State agency. The regulations stipulate the conditions under which records may be disclosed for research purposes and the security procedures that must be followed to protect the records.]

TEDS data system: The contractor-maintained DASIS/BHSIS data systems, including TEDS, underwent Security and Authorization procedures conducted by SAMHSA's Office of Management, Technology and Operations/Division of Technology Management (OMTO/DTM) in July 2011. The SAMHSA IT Clearance Officer stated:

> "After a careful review of the document submitted by Synectics I found that the Submission of the *IT Security Plan Document:* [a] is reasonable, [b] responds to SAMHSA/CBHSQ's IT Requirements, [c] adequately meets all SAMHSA and Federal Security Plan Requirements of the Project [i.e. The plan accurately addresses the security requirements for an overall Low Level Rated System], and [d] it is acceptable to the Division of Technology Management (DTM)."

11. Questions of a Sensitive Nature

None of the BHSIS components involves asking questions directly of clients. Information on a client's substance abuse and mental health history, which is of a sensitive and personal nature, is collected in the normal course of admission to a treatment facility. Client-level information is

then sent to the State. Information about individual client admissions is periodically extracted from these State records and sent to SAMHSA for addition to the TEDS files.

12. Estimates of Annualized Hour Burden

The total estimated annual burden on the States for activities associated with TEDS is: 52 respondents, 421 responses, and 3,066 hours.

The estimated annual burden for the separate TEDS activities is as follows:

Type of Activity	Number of Respondents (States/Juris-dictions)	Responses per Respondent	Total Responses	Hours per Response	Total Burden Hours	Wage Rate	Total Hour Cost
TEDS Admission Data	52	4	208	6.25	1,300	$37	$48,100
TEDS Discharge Data	52	4	208	8.25	1,716	$37	$63,492
TEDS Crosswalks	5	1	5	10	50	$37	$1,850
State Total	52		421		3,066		$113,442

Basis for Burden Hour Estimates:

TEDS admission and discharge data: TEDS does not impose any burden on facilities because the information that facilities provide to States is sought by States for their own administrative purposes. The minimum data set merely serves to standardize items, categories, and definitions across States. The 52 States and jurisdictions are estimated to spend 6.25 hours each compiling and checking the admissions data and submitting it to SAMHSA an average of 4 times per year (on a schedule determined by each State.) Fifty States, the District of Columbia, and Puerto Rico are expected to submit TEDS admissions data, for a total burden of 1,300 hours. Similarly, the States are expected to spend an average of 8.25 hours each compiling and checking the discharge data and submitting it to SAMHSA an average of four times per year. Fifty States, the District of Columbia, and Puerto Rico are expected to submit discharge data, for a total burden of 1,716 hours per year.

TEDS Crosswalks: States provide a crosswalk, documenting State data definitions and their translations into the appropriate TEDS data items. Updates are submitted only when there is a change to report. An average of 5 States are expected to submit new crosswalks each year as they revise their data systems, for a total burden of 50 hours per year.

Basis for Hour Costs:

Based on information gained in discussions with the States and using adjustments for inflation, it is estimated that salaries for the State staff responsible for handling submission of TEDS admission and discharge data and maintenance of the crosswalks will average $37 per hour.

13. Estimates of Annualized Cost Burden to Respondents

There are no capital or start-up costs associated with TEDS, and maintenance and operational costs imposed by TEDS are minimal.

14. Estimates of Annualized Cost Burden to the Government

(a) BHSIS Contract: The annualized cost to the Government for the TEDS component of the BHSIS contract, excluding payments made to the States under the State agreements (see A14.b), is estimated to be $1.9 million, which includes:

- management of all aspects of TEDS, from working with States to develop crosswalks to receipt and checking of TEDS data, providing feedback to the States, and compilation of the data into a master file.

- management of the integrated computer systems that maintain the TEDS component of BHSIS including the TEDS data collection and editing process, and other data administrative functions, such as data security.

- preparation of annual data reports, analytic files, public use files, NOMS performance management files, and web-only data tables.

(b) State agreements: The costs for contracts with States for their preparation and submission of the TEDS data to SAMHSA are approximately $3.9 million annually. Each State receives $27,000 plus an additional amount based on the State population. This is expected to remain unchanged for the next three years.

(c) Monitoring: The cost for monitoring the TEDS component of the BHSIS contract and carrying out related work includes salaries and travel to meetings for 2 FTEs, for a total of approximately $304,000.

Total annualized cost to the government is $6.1 million.

15. Changes in Burden

This is a new data collection.

There are no changes in burden for the TEDS portion of the collection, other than the shift of the TEDS burden hours from the DASIS/BHSIS data collection request (OMB No. 0930-0106) to this separate TEDS request. Currently (as of the OMB approval dated December 1, 2009), there are 15,706 total burden hours in the OMB inventory for the full DASIS data collection, of which 3,066 hours are for TEDS. That 3,066 hours of burden previously approved under DASIS is now being requested separately under TEDS. Burden in the upcoming DASIS/BHSIS request for OMB approval will include a corresponding reduction in burden.

16. Time Schedule, Publication and Analysis Plans

a. Time Schedule

The annual cycle of activities is as follows:

TEDS Task *	**Completion Date**
Compilation of TEDS data	Ongoing
Publication of national admission report for 2011 data year	January 2013
Public use admission data file for 2011data year	January 2013
Pre-populated Block Grant Tables for 2011 data year	February 2013
Publication of State admission report for 2011 data year	May 2013
Publication of discharge report for 2011 data year	May 2013
Public use discharge data file for 2011 data year	May 2013
Freeze the 2012 file for 2012 reports	October 2013

*TEDS activities for subsequent years will be on a similar schedule.

b. Analyses and Publications

The TEDS data will be disseminated in the following manner:

- **TEDS National Report --** TEDS admissions data are included in an annual report that provides information on persons in substance abuse treatment for each of the major drug categories by age, race, and sex, and includes detailed cross tabulations on persons in treatment. The report is available in hard copy and on the SAMHSA website.

- **TEDS State Report --** TEDS admissions data are compiled into an annual report that provides detailed treatment statistics for each of 52 reporting States and jurisdictions. The report is available in hard copy and on the SAMHSA website.

- **TEDS Discharge Report --** TEDS data for linked admissions and discharges are compiled into an annual report that highlights treatment statistics on length of stay in treatment and completion of treatment for each major type of care and for the major client demographic categories within each type of care. The report is available in hard copy and on the SAMHSA website.

- **TEDS State Summary Tables --** State Summary Tables for each State, including one for each year since 1992 through the most recent complete year, are available on the SAMHSA website.

- **SAPTBG Application Tables --** NOMS data from TEDS are pre-populated in the SAPT Block Grant application performance measurement Tables 16-22.

- **State TEDS Quarterly Feedback Reports --** Each State receives a quarterly report containing TEDS data tables for that State, along with technical notes about the data.

- **Public Release Data Files --** Public release data files of TEDS data are available for downloading and on-line analysis at the Substance Abuse and Mental Health Data Archive (SAMHDA) website, established and run by the University of Michigan under contract to SAMHSA (http://www.icpsr.umich.edu/SAMHDA).

- **Other reports --** Selected data from TEDS are included in other statistical compilations, including, for example, *Healthy People*, the *National Healthcare Quality and Disparities Reports*, and the *National Drug Control Strategy*. In addition, analytic reports presenting TEDS data are included in a SAMHSA weekly short-report statistical publication series. About 12 - 15 TEDS reports have been published annually since the series began in 2001. They are available on the SAMHSA website.

In the TEDS annual reports, SAMHSA describes the limitations of TEDS in terms of differences in state reporting by publishing the table included in Attachment 2, which provides the key characteristics of State data collection systems and their TEDS reporting practices. The table includes state-by-state coverage of various facility and client types in the state reporting. The accompanying descriptions in the reports indicate that the scope of facilities included in TEDS is affected by differences in State licensure, certification, and accreditation practices, and disbursement of public funds. Similarly the reports describe the client reporting practices and indicate that about 60 percent of States reported data on all admissions to all eligible facilities, although some reported only, or largely, admissions financed by public funds. Other differences in state practices covered in the description are the mix of services offered by the states, which can have an effect on overall state admission rates. Also, the publications describe SAMHSA and state processes for reviewing the data.

17. Display of Expiration Date

All TEDS data collections materials will display the OMB number and expiration date.

18. Exceptions to Certification Statement

There are no exceptions to the certification statement. The certifications are included in this submission.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

No statistical methods are employed in this data collection.

LIST OF ATTACHMENTS

Attachment A1	TEDS Admission and Discharge Data Elements
Attachment A2	Table of TEDS Reporting Practices by State
Attachment A3	SAPT Block Grant Application Tables 16 – 22
Attachment A4	Participant List for March 2011 DASIS Regional Meeting
Attachment A5	Participants List for May 2012 Expert Panel on the Integration of Client-Level Treatment Data