

Appendix D:

Methodology

Introduction

This 2006 *Inventory of State Substance Abuse Prevention and Treatment Activities and Expenditures* was developed to highlight State activities and trends in expenditures for substance abuse prevention and treatment services. The first step in creating the inventory was to scan available data sources to determine what existing data and information would be of interest and could be incorporated into the inventory. Researchers wanted to use secondary data sources whenever possible for two reasons: most of the needed documentation already existed; and to reduce the States' burden for providing information.

Once the data sources were agreed upon, researchers secured approval from SAMHSA for use of the Substance Abuse Prevention and Treatment Block Grant information. An initial data template and draft State profile was developed and presented to ONDCP and NASADAD for their feedback and suggestions. NASADAD representatives shared their experience with developing the 1999 *Inventory of State Prevention Activities Funded Under the 20 Percent Prevention Set-Aside of the Substance Abuse Prevention and Treatment Block Grant*. Researchers also worked with NASADAD to determine with which States to the pilot State profile review process.

After piloting the review process and the draft profiles with nine States, the remaining profiles were developed, FedExed to States for their review, and finalized, incorporating State feedback. Findings from all the States were aggregated into the Aggregate Findings section of the Inventory. Finally, the Inventory, in its entirety, was reviewed by ONDCP and SAMHSA prior to publication.

Data Sources

At the project outset, many potentially relevant data sources were reviewed for possible inclusion in the Inventory. These sources included information on State substance abuse prevention and treatment systems, funding streams, services, activities, and recipients. After careful examination and consideration of the data sources, the following were selected:

- Substance Abuse Prevention and Treatment Block Grant (FYs 2003–2006)
- State and SSA Web sites
- Treatment Episode Data Set (2002)
- National Survey on Drug Use and Health (NSDUH) (2002)
- U.S. Census Estimates (2003)
- Substance Abuse and Mental Health Services Administration (SAMHSA) Web site
- State-submitted information

Detailed information of the data sources and how they were used in the Inventory follows.

Substance Abuse Prevention and Treatment Block Grant: The Substance Abuse Prevention and Treatment (SAPT) Block Grant program distributes funds to 60 eligible States, territories, the District of Columbia, and the Red Lake Nation through a formula, based upon specified economic and demographic factors. The Block Grant program's overall goal is to support and expand substance abuse prevention and treatment services, while providing maximum flexibility to the States. By statute, States and territories may expend Block Grant funds only for the purpose of planning, carrying out, and evaluating activities related to these services².

² http://www.samhsa.gov/budget/B2005/spending/cj_48.aspx

State applicants completed numerous narrative sections and forms to describe how they intend to expend the grant, their needs assessment and planning processes, client information, policies and procedures, and other areas of relevance. Applicants also addressed activities to meet current legal requirements including provisions and funding set-asides. Examples include a 20-percent set-aside for prevention activities and an up-to-5-percent set-aside for HIV early intervention activities for States whose HIV/AIDS case rates exceed 10 per 100,000.

This Inventory uses State SAPT Block Grant applications from FYs 2003 through 2006. For FYs 2005 and 2006 applications, up-to-date information was available from the online Block Grant Application System (BGAS). Earlier applications were available in hard copy only.

Narrative Sections

Narrative sections from States' Block Grant applications were used to describe overall State systems, prevention and treatment services, and resource development activities including planning and needs assessment, evaluation activities, and training and assistance for their State's workforce. The primary Block Grant narrative sections used for the Inventory include the following:

- Goal 1 – Continuum of Substance Abuse Treatment Services
- Goal 2 – 20-percent Set-Aside for Primary Prevention
- Goal 11 – Continuing Education
- Goal 12 – Coordinate Services
- Goal 13 – Assessment of Need
- 1. Planning
- BG Attachment D – Program Compliance Monitoring

Forms

Forms with quantitative information were used to describe SSA expenditures from the Block Grant and other sources, the amount of expenditures by activity, and the number of clients by type of treatment modality. These forms do not include funding from private third-party payers such as commercial health insurers. The primary Block Grant forms used for the Inventory include the following:

- Form 4 – Substance Abuse State Agency Spending Report
- Form 4a – Primary Prevention Expenditures Checklist
- Form 4b – Resource Development Activities Checklist
- Form 7a – Treatment Utilization Matrix

State and SSA Web Sites: Both State and SSA Web sites provided substantial State-specific information about the organization and structure of the substance abuse prevention and treatment delivery systems in the States. Information from these Web sites, and from SSA Web sites in particular, contributed greatly to the narrative sections of the State profiles.

Treatment Episode Data Set: The Treatment Episode Data Set (TEDS) is an administrative data system providing descriptive information about the national flow of admissions to providers of substance abuse treatment. The TEDS series was designed to provide annual data on the number and characteristics of persons admitted to public and private substance abuse treatment programs receiving public funding. The unit of analysis is treatment admissions. TEDS provides information on a variety of service setting and client characteristics, including number of prior treatments, substance(s) abused, frequency of use, employment status, and presence of psychiatric problems. TEDS also provides information on client demographics such as age, race, gender, income, marital status, and education.

For this Inventory, TEDS information, housed at the Substance Abuse and Mental Health Data Archive (SAMHDA), was used specifically to determine the prevalence of co-occurring disorders for abusers of alcohol or alcohol in combination with other drugs. A variety of data, including

“admissions where at least one substance is known” and “percent with psychiatric problem(s)” were downloaded from the SAMHDA Web site and analyzed. While all 50 States and the District of Columbia submitted data in 2002, only 37 States included information regarding whether clients admitted for substance abuse treatment also had a presenting psychiatric problem. Estimated rates were calculated (with imputations) for persons admitted with co-occurring psychiatric problems and substance abuse issues for all States.

National Survey on Drug Use and Health: The National Survey on Drug Use and Health (NSDUH) (formerly called the National Household Survey on Drug Abuse) reports on the prevalence, patterns, and consequences of drug and alcohol use and abuse in the general U.S. civilian non-institutionalized population age 12 and older. Data are collected on the use of illicit drugs, the nonmedical use of licit drugs, and use of alcohol and tobacco products. The survey is conducted annually and produces drug and alcohol use incidence and prevalence estimates at the State level.

This Inventory includes 2002 NSDUH findings on the treatment gap in each State. Specifically, information was used on the percentage of persons needing, but not receiving, treatment for alcohol use, and the percentage of persons needing, but not receiving, treatment for illicit drug use.

U.S. Census Estimates: U.S. Census estimates were utilized to calculate SAPT Block Grant Expenditures per capita for both prevention and treatment. Population estimates for 2000 through 2003 were downloaded from the US Census Web site and imported into Excel for analysis³.

SAMSHA Web site: The SAMHSA Web site provided background and award information for Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT) discretionary grant amounts, descriptions, and aims. It also provided background information on SAPT Block Grant requirements and on SAMHSA’s and the Nation’s approach to substance abuse prevention and treatment services.

State-submitted Information: For some State profiles, States were asked for specific information not available from the above-mentioned data sources. Examples include current organization charts, information on SSA reorganizations, information on resource development activities, and any changes in prevention or treatment services delivery.

Methods

After determining which data sources would provide the most useful and up-to-date information, a data collection template was developed to include both descriptive narrative and quantitative information, such as expenditure data. The following key areas were identified and incorporated into the template:

- SSA structure, including its placement within the State system and the services delivery system. This section includes an organization chart.
- Expenditure information, including:
 - total SSA expenditures by funding source
 - total SSA expenditures by activity
 - total SSA expenditures on prevention activities by funding source
 - total SSA expenditures on treatment activities by funding source
 - SAPT Block Grant expenditures by activity
 - SAPT Block Grant expenditures on CSAP core prevention strategies

³ <http://www.census.gov/popest/states/tables/NST-EST2003-01.csv>

- SAPT Block Grant expenditures on system resource development activities
 - SAPT Block Grant expenditures per capita on prevention and treatment
 - State expenditures by activity
- Descriptive information about States' prevention and treatment systems
 - Descriptive information about State's efforts to plan and conduct needs assessments, evaluate strategies, and train and provide assistance to strengthen their prevention and treatment workforce
 - Descriptive information about the number of treatment clients served by modality, treatment gap, and rates of co-occurring disorder among treatment clients
 - CSAP and CSAT discretionary grant awards

After the template was developed, information was extracted from the previously mentioned data sources to complete the template for each State. Qualitative and narrative information was taken largely from the SAPT Block Grant applications and the SSA Web sites. Most of the quantitative information was downloaded and printed off of the BGAS Web site and then hand-entered into a database for analysis. An Excel template was developed for State-specific expenditure information, and the data were run for each State. Qualitative and quantitative information were integrated into a Word document for each State profile.

After draft profiles were developed, the profiles and the profile review process were piloted with nine States. Data collection and reporting were adjusted slightly based on pilot findings. As draft profiles were finalized, they were express-mailed to each SSA. Any State-specific questions were highlighted. After States reviewed the profiles and provided feedback and suggestions, the profiles were revised and reviewed internally for final approval.

After the majority of States reviewed the profiles and provided feedback, the multiple data sources were analyzed and synthesized to develop the Aggregate Findings section. The quantitative information for the Aggregate Findings was analyzed in Excel and SPSS.

Limitations

During the course of this project, several State Governments, and specifically the SSAs, had been recently reorganized, were in the process of reorganizing, or were planning to reorganize. Every effort was made to present most recent information. However, due to the changing nature of the SSAs and State Governments, readers should realize that the narrative information and the organization charts reflect the current configuration of the SSA and service delivery at the time of publication.

While the data sources used allowed ONDCP to present fairly consistent data for all of the States, they do have some inherent limitations.

Expenditure Information: Most expenditure information was taken from the State SAPT Block Grant applications. Thus, consistent data were available for all States by Federal fiscal year. However, the Federal fiscal year does not usually correspond with the State fiscal year or their reporting year. States were required to report Block Grant expenditures aligned with the Federal fiscal year, but were allowed to report the remaining expenditure information from the other funding streams as they correspond to a State fiscal year. Therefore, the Form 4 from any given application reports total expenditures for a particular SAPT Block Grant award for the Federal fiscal year, and it reports expenditures for a single State fiscal year for all other funding category columns. Since State fiscal years vary across States, actual expenditure reporting periods, while similar, may not be identical.

Additionally, while most States take care to indicate on Form 4 expenditures from all funding streams, some States may not indicate all expenditure information, especially for sources other than the Block Grant. If States left out expenditure information from Form 4, and did also not submit this information during the profile review, then this information was not included in the Inventory.

Finally, Block Grant expenditure information was taken from the BGAS system for FYs 2005 and 2006 (and hard copies for FYs 2003 and 2004). At the time of publication of the Inventory 3 States did not have SAMHSA Block Grant approval for their FY 2006 application (Alaska, Massachusetts, and Pennsylvania). Since all SSAs reviewed the State profiles for their State, which included expenditure information, these numbers are thought to be accurate. However, it is possible that the expenditures may change, especially for the 35 States awaiting SAMHSA approval of their Block Grant application.

The discretionary grant award information was taken from the SAMHSA Web site. The site had two pages of discretionary award information by State: one was a summary page, and the other provided details. For several States, the information on these two pages was inconsistent, and the discrepancies could not be explained. In these cases, the page that presented the details was used so that a fuller picture could be presented, including the name of award, number of awards, and the total dollar amounts.

Client Treatment Information: Client treatment information was taken from three data sources: The SAPT Block Grant application, TEDS, and NSDUH. The SAPT Block Grant application asks States to report the number of client admissions by primary diagnosis and type of care (Form 7a). On this form, States are asked to report the number of clients admitted and served using SAPT Block Grant funds. However, States' monies are generally blended with funds from other sources, making it difficult to get an accurate client count by funding source. Therefore, the number indicated gives a good idea, but not necessarily an exact count, of the number treated with Block Grant expenditures.

TEDS data used to determine the rates of co-occurring disorder among the treatment clients have some inherent limitations⁴. Several specific limitations might influence Inventory findings:

- Only 37 States reported information on whether their treatment clients had a presenting psychiatric problem. Since not all States reported on this issue, precise State estimates were unavailable on the rate of co-occurring disorders. However, through calculating (with imputation), fairly accurate estimations were developed of co-occurring disorders for all States.
- TEDS consists of treatment admissions, and therefore may include multiple admissions for the same client. Thus, any statistics derived from the data will represent admissions, not clients.
- The number and client mix of TEDS records depends, to some extent, on external factors, including the availability of public funds. In States with higher funding levels, a larger percentage of the substance-abusing population may be admitted to treatment, including the less severely impaired and the less economically disadvantaged.
- About half the States report data on all clients in facilities required to report to the State. However, some States report only those clients whose treatment is paid for with State/public funds.
- States may include or exclude reporting by certain sectors of the treatment population, and these sectors may change over time. For example, treatment programs based in the criminal justice system may or may not be administered through the State SSA.

⁴ For a complete discussion of limitations associated with TEDS data, see http://www.nationaloutcomemeasures.samhsa.gov/new_reserve/substance_info.asp

Detoxification facilities, which can generate large numbers of admissions, are not uniformly considered treatment facilities and are not uniformly reported by all States.

- Public funding constraints may direct States to selectively target special populations -- for example, pregnant women, adolescents, or the dually diagnosed. The representations of these populations in the data may vary accordingly.

Because of these limitations, TEDS researchers indicate that State-to-State comparisons must be made with extreme caution.

Interpreting these tables and comparing across States should be done cautiously and should take into account the many sources of variation detailed above.

NSDUH data were used to determine the treatment gap for alcohol and other drugs for each State. This data source also has inherent limitations, including the following⁵:

- The data are self-reports of drug use, and their value depends on respondents' truthfulness and memory. Therefore, some underreporting and overreporting may have taken place.
- Because the survey's target population is defined as the noninstitutionalized civilian population of the United States, it excludes a small proportion (slightly less than 2 percent) of the population. The subpopulations excluded are members of the active-duty military and persons in institutional group quarters (such as hospitals, prisons, nursing homes, and treatment centers). If these groups' drug use differs from that of the noninstitutionalized civilian population, NSDUH may provide slightly inaccurate estimates of drug use in the total population.
- The estimates for treatment gap include the entire State population. While this calculation allows for comparisons across States, it may not give a true picture of the treatment gap among the target populations of single State agencies, which generally include the uninsured, indigent, and others with minimal means to pay for substance abuse treatment services.

⁵ For a complete discussion of limitations associated with NSDUH data, see http://www.nationaloutcomeasures.samhsa.gov/new_reserve/substance_info.asp