National Outcome Measures (NOMs) for Co-Occurring Disorders

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Overview

The mission of the Substance Abuse and Mental Health Services Administration (SAMHSA) is to build resilience and facilitate recovery for people with or at risk for substance use and/or mental disorders. In 2001, SAMHSA created a matrix management system that outlines and guides the agency's activities in pursuit of this mission. The matrix includes 11 program priority areas, one of which addresses the unique needs of individuals with co-occurring disorders—persons with at least one mental disorder as well as an alcohol or drug use disorder. The matrix also includes a set of cross-cutting principles, including one recognizing the critical need for data for performance measurement and management. SAMHSA is in the process of developing and implementing a data strategy in order to measure the agency's success in meeting its mission. The National Outcome Measures (NOMs) are a key component of the data strategy. The NOMs have introduced a set of 10 measurable outcomes for three areas: mental health services, substance abuse treatment, and substance abuse prevention. As part of this effort, SAMHSA's activities and data have been reviewed to determine what outcomes could be measured for each NOMs domain.

The highlights contained here represent the best summary information about NOMs currently available from national-level SAMHSA data sets for the co-occurring substance use and mental disorders program priority area. Since this is a preliminary overview, these national-level data are used to describe possible baselines or starting points from which to measure changes in the future. These baseline data on the co-occurring disorders population are available for 4 of the 10 NOMs domains: Reduced Morbidity, Social Connectedness, Access/Capacity, and Retention. Further work is under way to identify potential data sources for use as measures of outcomes for the remaining domains that address the needs of culturally diverse populations.

SAMHSA's Action Plan for the co-occurring disorders program priority area is available at http://www.samhsa.gov/Matrix/SAP_coocur.aspx.

National Outcome Measures Overview

SAMHSA has developed these 10 NOMs domains in collaboration with the States. These domains are designed to embody meaningful, real life outcomes for people who are striving to attain and sustain recovery; build resilience; and work, learn, live, and participate fully in their communities. The development and application of NOMs is a key component of the SAMHSA initiative to set performance targets for State and Federally funded initiatives and programs for substance abuse prevention and mental health promotion, early intervention, and treatment services. The NOMs domains and their associated outcome measures are as follows:

- Reduced Morbidity (for substance abuse—abstinence from drug/alcohol use, including decreased use of substances of abuse, nonuser stability, increasing perceived risk, increasing disapproval, increasing age of first use; for mental health—decreased mental illness symptomatology)
- Employment/Education (getting and keeping a job; workplace drug and alcohol policy; alcohol, tobacco, and other drug school suspensions and expulsions; or enrolling and staying in school)
- Crime and Criminal Justice (decreased criminality, incarcerations, and alcohol-related car crashes and injuries)
- Stability in Housing (increased stability in housing)
- Social Connectedness (family communication about drug use, increasing social supports and social connectedness)
- Access/Capacity (increased access to services/increased service capacity)
- Retention (for substance abuse—increased retention in treatment, access to prevention messages, evidence-based programs/strategies; for mental health—reduced utilization of psychiatric inpatient beds)
- Perception of Care (or services)
- Cost Effectiveness
- Use of Evidence-Based Practices

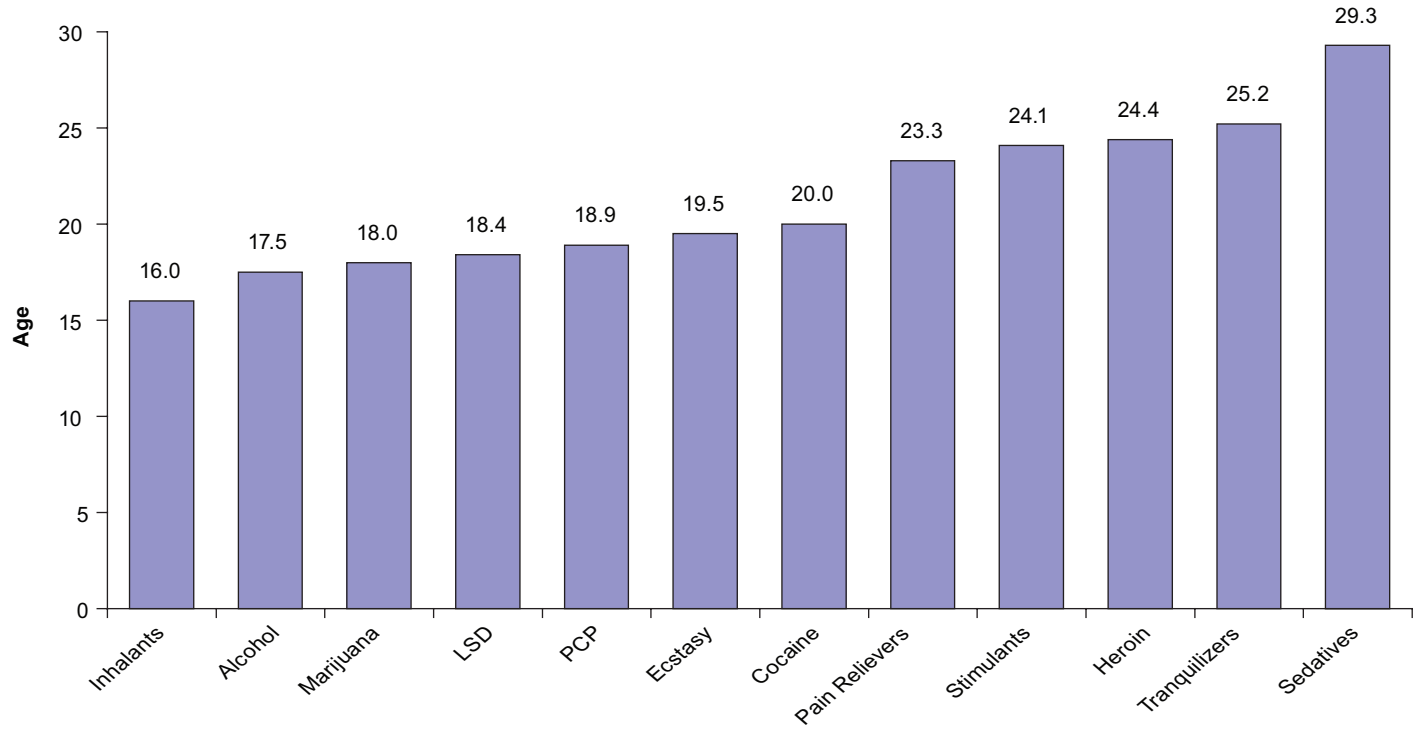
SAMHSA recognizes that there are challenges to critically examining the NOMs in the co-occurring disorders program priority area. A major challenge is the limited data on the population with co-occurring disorders available from current SAMHSA data efforts. The National Survey on Drug Use and Health (NSDUH, formerly called the National Household Survey on Drug Abuse (NHSDA)) and the National Survey of Substance Abuse Treatment Services (N-SSATS) both have some data on the co-occurring disorders population. Data on this population have been defined for the Treatment Episode Data Set (TEDS), but they may not be reported by all States or jurisdictions, and the data that are reported come primarily from substance abuse treatment facilities that receive some public funding.

The major source of mental health reporting for SAMHSA is the Center for Mental Health Services' (CMHS) Uniform Reporting System (URS) which consists of data collected voluntarily by the States. Data on the co-occurring disorders population have also been defined for URS, but, as with TEDS, they may not be reported by all States or jurisdictions. Moreover, URS data tend to have large ranges in the values reported because of important variations in State data systems and system reporting capacity, means of instrumentation, data collection methods, and variable definitions. In addition, the URS data set represents only individuals who have been seen through a publicly funded mental health system served by the State Mental Health Authority. The URS data set does not include individuals seen by private providers or individuals receiving their mental health services from other agencies such as the criminal and juvenile justice systems, homeless programs, and child welfare. CMHS is working to refine its data and expand its data sets.

Another data set, the Drug Abuse Warning Network (DAWN), collects data on all emergency department visits and medical examiner reports. While information on suicides, suicide attempts, and patients complaining of a psychiatric condition also covers how and if substance abuse contributed to the death or emergency department visit, DAWN does not collect data on the co-occurring disorders status per se.

SAMHSA is striving to develop more in-depth and comprehensive data and to fine-tune strategies to effectively collect data on the co-occurring disorders population. It is also making continuous efforts to elaborate the definitions of the outcomes. As SAMHSA refines and implements the data strategy for performance measurement and management, additional NOMs data for the population with co-occurring disorders will be developed.

Figure 1. Mean Age at First Use among Past Year Initiates Aged 12 or Older, by Substance Used: 2004



See notes at end.
Source: SAMHSA, OAS, (2005), *Results from the 2004 National Survey on Drug Use and Health: National findings* [Table H.32].

Substance Abuse Prevention NOMs for Co-Occurring Disorders

Within the substance abuse prevention area, information specific to the co-occurring disorders population cannot be isolated from SAMHSA's national-level data sets and looked at independently from the broader population. Thus, SAMHSA will monitor standard prevention outcomes under the domains of Abstinence from Drug/Alcohol Use and Social Connectedness. Data come from the 2004 NSDUH.[1, 2]

Abstinence from Drug/Alcohol Use data are provided by the 2004 NSDUH. Figure 1 represents baseline data on the mean age of first use among past year initiates for a number of substances. The ages of first use range from 16.0 for inhalants to 29.3 for sedatives.

The 2004 NSDUH provides Social Connectedness data on the percent of youths talking to at least one parent in the past year about the dangers of drug, tobacco, or alcohol use. Among youths aged 12 to 13 years old, 62.9 percent held such a conversation; 60.4 percent of 14- to 15-year-olds did so, as did 57.4 percent of 16- to 17-year-olds (Figure 2).

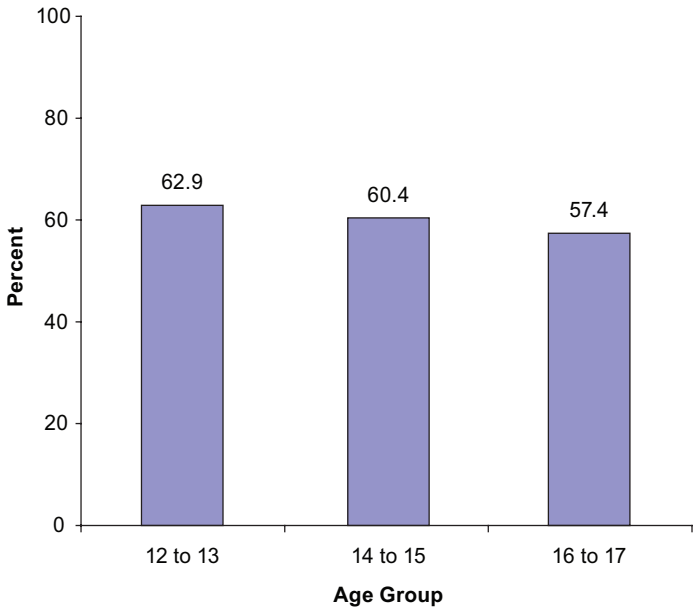
Substance Abuse Treatment/Mental Health Services NOMs for Co-Occurring Disorders

For the combined substance abuse treatment/mental health services area, where outcomes can be measured for clients with co-occurring substance abuse and mental health disorders, national-level data are available for co-occurring disorders under the Access/Capacity and Retention domains. Access/Capacity data are provided by URS[3] and NSDUH.[1] Retention data are provided by TEDS.[4]

According to 2004 NSDUH data, there were 4.6 million adults with co-occurring serious psychological distress (SPD)[5] and a substance use disorder. Of these, 6.0 percent received both treatment for mental health problems and specialty substance use treatment.[6] Almost half (47.5 percent) received no treatment for either problem, 41.4 percent received only treatment for mental health problems, and 5.0 percent received only specialty substance use treatment (Figure 3).

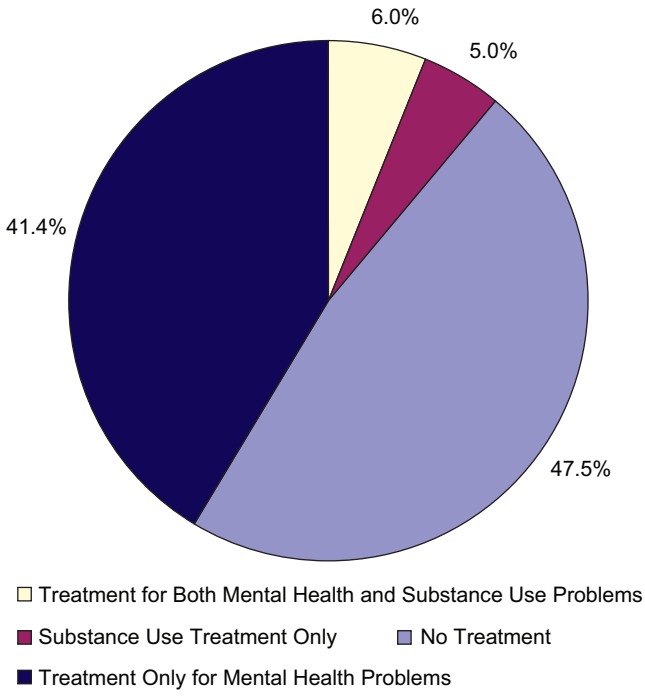
TEDS collects data on the approximately 1.8 million annual admissions to substance abuse treatment facilities,

Figure 2. Percent of Youths Talking with at Least One Parent in the Past Year about the Dangers of Drug, Tobacco, or Alcohol Use, by Age Category: 2004



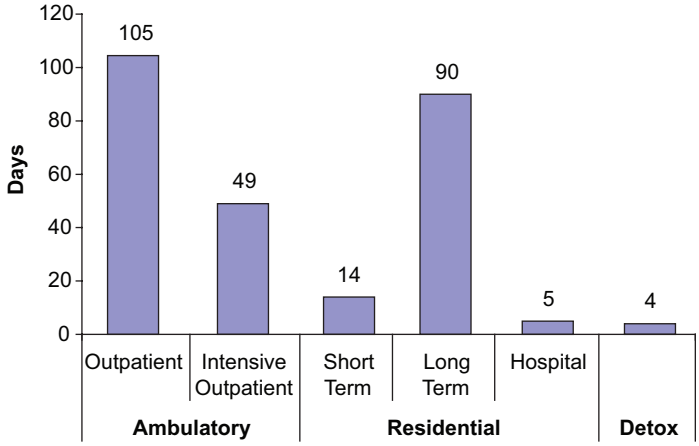
See notes at end.
Source: SAMHSA, OAS, (2005), 2004 *National Survey on Drug Use and Health: Detailed tables* [Table 3.39B].

Figure 3. Past Year Treatment among Adults Aged 18 or Older with Both Serious Psychological Distress (SPD) and a Substance Use Disorder: 2004



See notes at end.
Source: SAMHSA, OAS, (2005), *Results from the 2004 National Survey on Drug Use and Health: National findings* [Figure 8.3].

Figure 4. Median Length of Stay for Admissions with Co-Occurring Disorders Completing Treatment, by Type of Service: 2003



See notes at end.
Source: SAMHSA, OAS, 2003 TEDS [Data file—discharge data not released; for SAMHSA internal use only].

primarily those that receive some public funding. TEDS data provide Retention domain data relevant to substance abuse treatment of admissions with co-occurring disorders. In 2003, the median length of stay for admissions with co-occurring disorders who completed their treatment varied by the type of service received: within ambulatory services, the median length of stay for outpatient care was 105 days and for intensive outpatient care 49 days; within residential services, median lengths of stay were 5 days for hospital care, 14 days for short-term care, and 90 days for long-term care; and the median length of stay for those completing detoxification services was 4 days (Figure 4).

Data on outcomes for four of the substance abuse treatment domains (Abstinence, Employment/Education, Crime and Criminal Justice, and Stability in Housing) will be available when the State Outcomes Measurement and Management System (SOMMS) data set is fully implemented in fiscal year (FY) 2008. For the remaining treatment domains (Social Connectedness, Perception of Care, Cost Effectiveness, and Use of Evidence-Based Practices), information specific to the co-occurring disorders population cannot be isolated from SAMHSA's national-level data sets and looked at independently from the broader population; thus, outcomes appropriate to this population cannot be reported from SAMHSA's national-level data sets at this time.

Figure Notes:

Figure 1: Past Year Initiates are defined as persons who used the substance(s) for the first time in the 12 months prior to date of interview.

Figure 2: Respondents with unknown data were excluded.

Figure 3: Due to rounding, these percentages do not add to 100 percent.

Figure 4: These are preliminary estimates based on data from the 17 States or jurisdictions that had both TEDS data on linked discharge to admission records for 2003 and a response rate of at least 75 percent for *psychiatric problem in addition to alcohol or drug problem*, a TEDS Supplemental Data Set item. In 2003, these States were CA, CO, HI, IA, KS, MA, MD, ME, MI, MO, NJ, OH, OK, RI, SC, TN, UT (TEDS data file).

References:

1. Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (NSDUH Series H-28, DHHS Publication No. SMA 05-4062—Figure 8.3 and Table H.32). Rockville, MD. Retrieved April 11, 2006, from http://www.oas.samhsa.gov/nsduh/2k4nsduh/2k4Results/2k4Results.htm#toc.

2. Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *2004 National Survey on Drug Use and Health: Detailed tables* (Tables 3.39B and 6.31B). Retrieved January 17, 2006, from http://www.oas.samhsa.gov/NSDUH/2k4nsduh/2k4tabs/toc.htm#TopOfPage.

3. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2005). *2004 CMHS Uniform Reporting System output tables* ("State Mental Health Measures" table; Appropriateness Domain Table 4). Retrieved January 13, 2006, from http://www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/URS2004.asp.

4. Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2005). *2003 Treatment Episode Data Set* [Data file—discharge data not released; for SAMHSA internal use only].

5. This estimate is based on a subsample of respondents aged 18 or older. NSDUH classifies individuals as having Serious Psychological Distress (SPD) if they report a score of 13 or higher on the K6 scale, which measures symptoms of psychological distress during the month during the past 12 months that they were at their worst emotionally. NSDUH also includes a series of questions to assess dependence on or abuse of alcohol or illicit drugs. Illicit drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin, or any prescription type drugs used nonmedically. These questions are designed to measure dependence and abuse based on criteria specified in the DSM-IV. Individuals with either alcohol or drug dependence or abuse are said to have a substance use disorder. Individuals with both SPD and a substance use disorder are said to have co-occurring SPD and a substance use disorder.

   A discussion of the methodology NSDUH uses to generate SPD estimates can be found in Appendix B of the following document: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2003). *Results from the 2004 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 05–4062, NHSDA Series H-28). Rockville, MD. Available at http://www.oas.samhsa.gov/nsduh/2k4nsduh/2k4Results/2k4Results.htm#toc.

6. This estimate is based on a subsample of respondents aged 18 or older. Mental Health Treatment/Counseling is defined as having received inpatient care, outpatient care, or using prescription medication for problems with emotions, nerves, or mental health. Received Illicit Drug or Alcohol Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), a rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use (NSDUH Table 6.31B).