

NEDS ANALYTIC SUMMARY

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Highlights

A federal/state partnership matched national and state resources to state data that generated new information and pointed to the need for continued data system improvement.



A Federal/State Partnership: Lessons Learned from a Case Study of Colorado Data



NEDS Analytic Summary Series

The Center for Substance Abuse Treatment (CSAT) works to improve the lives of those affected by alcohol and other substance abuse, and through treatment, to reduce the ill effects of substance abuse on individuals, families, communities, and society at large. Thus, one important CSAT mission is to expand the knowledge about effective substance abuse treatment and recovery services. In support of these efforts, CSAT established the National Evaluation Data Services (NEDS) contract to provide a wide array of secondary data analysis products to the substance abuse treatment field.

Specifically, the NEDS project is focused upon providing CSAT with an analytic capability to use existing data to address policy- and practice-relevant topics as well as future research and evaluation activities. NEDS has developed several product lines designed to provide analytic findings to substance abuse treatment policy makers, service providers, services researchers and evaluators in a format that is most useful to the end user.

The Analytic Summary is one of the NEDS product lines. The purpose of the Analytic Summary is to provide a brief summary of each technical report produced by NEDS written in non-technical language. Readers who find the Analytic Summary results of interest can contact the original NEDS technical report authors for more detailed information. Through this process, the NEDS Analytic Summaries provide information to the substance abuse treatment field and promote linkages among different areas in the field.

This Analytic Summary

This particular NEDS Analytic Summary is based on the NEDS Technical Report titled *Trends Among Baseline Admissions to Treatment, 1991-1998: A Case Study from Colorado* (Fountain, D. and Devine, P., December 2000). For a more thorough discussion of the analysis and findings please obtain a copy of the complete Technical Report. Information for doing so is provided on the last page of this summary.

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CSAT built a data portfolio over the 1990s, leading to the conclusion that no single data source meets all information needs.

New CSAT efforts can build on prior efforts, in part by working with states on the analysis of substance abuse treatment data.



A Federal/State Partnership: Lessons Learned from a Case Study of Colorado Data (cont.)

Analytic Importance

One important function of CSAT is to expand the knowledge about, and the availability of effective treatment and recovery services for those affected by alcohol and other substance abuse. In sponsoring these analyses of the data they have collected as well as other data currently available to the substance abuse treatment field, CSAT is attempting to gain useful insight into the fundamental question: *What constitutes effective (and cost-effective) treatment, and for what populations?*

To meet the growing demand for practical answers to questions about treatment effectiveness in the 1990s, CSAT built a foundation for knowledge generation that includes, but is not limited to:

- National substance abuse treatment evaluations
- Specialized evaluations of specific programs
- Cross-site evaluations of demonstration programs
- Contracts to gather treatment data on special topics
- Contracts to develop new data collection methods or technologies
- Block grant application data
- Government Performance and Results Act performance measurement
- Evaluation technical assistance
- Centralized efforts to manage and analyze treatment data.

Each of those information sources provides valuable information for decision making and treatment practice. CSAT

has also found that *no single data source is or ever will be sufficient to address all data requirements faced by federal, state, and other decision makers and practitioners regarding substance abuse treatment*. Multiple information sources complement each other and help fill gaps in knowledge.

NEDS plans to build on prior knowledge generation efforts by:

- Increasing CSAT's capability to formulate a Center-wide data strategy
- Identifying existing data sources
- Building an expanded data infrastructure
- Providing guides for uniform data standards and tools
- Analyzing a variety of data sources
- Developing data-driven software tools for information retrieval and decision support.

One way NEDS hopes to do this is by working with states and treatment providers on the collection, management, and analysis of substance abuse treatment data.

Analyses of state-managed clinical administrative databases can augment existing national information on substance abuse treatment clients, services, and outcomes. Such analysis can inform decision makers at all levels (provider, local, state, regional, and national) about emerging trends in the publicly funded treatment system and potentially the entire national treatment system. Decision makers can then better monitor the efficiency and effectiveness of substance abuse treatment services and identify opportunities for improvement.

A Federal/State Partnership: Lessons Learned from a Case Study of Colorado Data (cont.)

Analytic Purpose

This analytic summary presents lessons learned from a secondary analysis of one state's administrative data. Recently, NEDS completed an initial analysis of Colorado's state-managed clinical administrative database. This effort generated several lessons for effective partnerships with state agencies in the generation and analysis of state data.

NEDS analytic approach could be applied to other states. By expanding the analyses to include data from other states, policy makers and treatment system leaders could access information on utilization patterns and change in utilization over time at the service delivery and state levels and potentially to the regional, and national levels.

The analysis of Colorado's data can inform the development of a comprehensive treatment data evaluation system that could make the data investment pay off for practitioners, states, and the federal government. This Analytic Summary addresses the following analysis questions based upon this "case study" of Colorado data:

- How do state data complement other information on treatment?
- What role did the state play in planning, executing, and reporting on the results?
- What did NEDS do that the state had not already done?
- What lessons for future data development and analysis efforts were learned in this experience?
- What are the key elements in expanding state and national data efforts?

Analytic Approach

The Colorado Alcohol and Drug Abuse Division (ADAD) supplied data from its Drug and Alcohol Coordinated Data System (DACODS). DACODS includes client admission and treatment exit records from publicly funded service providers in that state. The data are used for reporting within the state and on to the Substance Abuse and Mental Health Services Administration's Treatment Episode Data Set (TEDS).

Colorado provided to NEDS records on 400,000 admissions to detoxification settings and 100,000 admissions to treatment settings from 1989 to 1999.

NEDS obtained the data file and developed an analysis plan in coordination with Colorado. This analysis plan proposed three sets of analyses, the first of which has been completed.

Analyses explored changes over the 1990s in the characteristics of baseline admissions, treatment duration, treatment exit status, and drug and alcohol use outcomes. This analysis laid a foundation for follow-on analyses. Analytic Summary #15, *A Case Study Using Colorado Data (DACODS)*, describes the initial findings from the first analysis.

In preparing the analysis plan, strengths and limitations of the data set were considered. Completion of the first analysis also demonstrated lessons regarding effective federal/state partnerships in complex data development and analysis efforts that could possibly be undertaken by NEDS in the future.

This experience affirms the importance of building a national evaluation data system for continued comprehensive analyses of treatment

NEDS obtained and analyzed Colorado's substance abuse treatment clinical administrative data.

NEDS analysis of Colorado data could be replicated with other state data.

Lessons from this experience inform future analysis and data development efforts.



A Federal/State Partnership: Lessons Learned from a Case Study of Colorado Data (cont.)

data and trends which can inform the substance abuse treatment field.

Findings

NEDS' effective partnership with Colorado resulted in the generation of findings that were new to the field and which complement findings from national post-treatment follow-up studies. Features and limitations in the data affected the analyses and can inform future efforts by federal agencies and states. This analysis points to how NEDS can help contribute to a strategy for substance abuse treatment data generation, analysis, and knowledge sharing.

To date, national post-treatment outcome studies such as the National Treatment Improvement Evaluation Study or the Drug Abuse Treatment Outcome Study have documented that substance abuse treatment is effective in reducing alcohol and drug use and risk behaviors while improving client productivity in families and society.

National outcome studies typically assess clients at treatment admission, document services they receive, and contact them following treatment to assess outcomes. These studies generally are based upon samples of treatment providers and clients within those providers, and focus on the results obtained through one treatment experience.

While substance abuse treatment is consistently determined to be effective, more information is required regarding what combinations or types of treatment services work best for different populations, at what costs, and how changes in the treatment field affect outcomes.

State Administrative Data Complement Other Treatment Data

State clinical administrative data have advantages that complement national post-treatment outcome studies. State data can supplement other studies and in doing so with expanded knowledge about treatment profiles, services, and outcomes.

Working with any particular data set requires that expectations for analysis of that data be adjusted to the strengths and limitations of that specific data set.

The strengths of any given data set must be exploited. For example, clinical administrative data often involve large populations. As a result, these data support detailed analyses of subgroups that many national studies cannot.

Limitations in data mean that findings must not be overstated. For example, a lack of post-treatment follow-up data means that one cannot be certain that outcomes assessed when clients leave treatment do not change.

NEDS developed an analysis plan based on Colorado data that considered the following features and limitations inherent in some state administrative data sets.

Multi-year data on a universe of clients. Clinical administrative data systems generally are "ongoing" and reflect an entire population of clients, and therefore complement treatment follow-up studies that are intermittent, sample-based, and national in scope. Where national studies provide breadth, state data systems provide depth. Trends in admissions and discharges were identified using Colorado's data.

State data complement national post-treatment outcome studies by providing data on:

- **Populations rather than samples**
- **All treatment admissions by an individual rather than focusing on one treatment episode.**



A Federal/State Partnership: Lessons Learned from a Case Study of Colorado Data (cont.)

The ability to match client discharge to admission records exponentially increased the analytic strength of Colorado's data.

More data on providers and client status after treatment exit could further increase the power of this data.



Matched client records. Colorado provided NEDS with "anonymous" identifiers that could not be used to reveal actual client identities. These client-specific codes helped analysts know which clients returned to treatment in Colorado. Identifiers also helped match discharge to admission records so that length of stay and changes in client status could be determined.

Provider-specific data. Colorado's data file did not include provider-specific data. If analysts had provider-specific data, they could determine whether trends in client characteristics and outcomes were more common in some types of providers than others. States could use provider-specific findings to examine provider performance, including adjustments for the relative "case mix" of providers.

Discharge (treatment exit) data. Data on clients at treatment exit were used to determine how many clients completed treatment, how long they stayed in treatment, and whether they were using drugs or alcohol when they left.

Data quality. Colorado's investment in data manuals, training, and strategies to clean data resulted in low percentages of missing or invalid data. This increased the analytic strength of the data.

Service-level and cost data. Colorado provided data on treatment settings, and treatment duration was calculated from the admission and treatment exit records. Additional data on treatment services as well as the cost of providing services (by provider or per client) would help policy analysts assess how system and policy changes are influencing service delivery and thereby better guide decision makers.

Post-treatment follow-up data. Colorado's DACODS, like many clinical administrative data systems, does not routinely follow clients after they leave treatment. Special follow-up studies are sometimes conducted as an adjunct to clinical administrative data (as they have been in Colorado) and potentially could be integrated with the administrative data. Post-treatment outcomes would help analysts assess how outcomes observed with clients are maintained after they leave treatment and thereby add even more depth to the analyses performed.

Treatment readmission data. Clinical administrative data can be used to determine if and when clients return to treatment in that state's treatment system over many years following a baseline treatment experience. This type of analysis requires the capability to match a client's admission and readmission records. Most national follow-up studies do not have this feature.

Private-funded treatment system data. Colorado's treatment data focuses on publicly-funded treatment providers; some private treatment centers report data on publicly funded clients. There is a lack of information nationwide on private sector, privately-financed treatment. Clients will enter public or private treatment based in part on the economic resources they have available: changes in the economy or in their health coverage will influence where they seek help. Opportunities may exist for joint public/private planning for community treatment systems.

Future efforts to strengthen data gathering should consider how these features affect the type of analyses that can be performed. Increased technology as well as continued investment by federal and state actors as well as

A Federal/State Partnership: Lessons Learned from a Case Study of Colorado Data (cont.)

providers can reduce the limitations of available data and provide a stronger information-base for decision making and improved treatment practices.

Role of States in the Data Analysis Partnership

The state's partnership with CSAT in the NEDS project helped develop and execute an analysis plan that worked. The preliminary NEDS analysis plan was based on known features and limitations of state administrative data. The NEDS team of analysts and Colorado staff in the Alcohol and Drug Abuse Division reviewed the analysis plan in application to the DACODS data set and worked together to:

- Identify important analytic priorities at the state and national levels that had not been previously studied
- Set the context for interpreting the data (e.g., Colorado has a strong Detox system)
- Determine subsequent analysis concepts based on findings of secondary analysis
- Assure that all analytic questions and results were reviewed and approved by the state before final release of the findings.

Colorado staff were included throughout the analytic and reporting process to ensure that the findings would be relevant and useful to the Colorado treatment system and would enhance their investment in treatment data. Federal staff and national experts, including other state researchers, also played a review role.

NEDS matched data processing and analysis capabilities to the Colorado DACODS data set. Analysts developed analytic approaches that had not been conducted previously in Colorado, and applied statistical methods that had not been used.

NEDS analysis returned extra value on Colorado's investment in data

NEDS added to Colorado's existing investment in data by providing statistical and data management expertise along with a comprehensive effort to report findings. NEDS analysts processed the data and created analysis files that had not previously been created in Colorado.

NEDS analysts also combined several existing variables into scales and created other variables based on existing data. For example, clients were assessed at admission as to whether or not they have family, marital, work, legal, physical and social problems. These were combined to create a scale of problems. Moreover, frequency of drug and alcohol use at treatment exit was compared to frequency at admission and a new variable was constructed for all clients that indicated whether or not they had reduced substance use.

Analyses of the state administrative data set by NEDS provided new information. For example, analyses pointed to reductions over the 1990s in treatment duration among an unduplicated set of baseline admissions to treatment in Colorado.

- NEDS analysts also completed complex statistical modeling to assess client characteristics that

Effective communication and shared vision for the data helped make this federal/state partnership work.

Federal investment through NEDS added value to Colorado's investment in data.



A Federal/State Partnership: Lessons Learned from a Case Study of Colorado Data (cont.)

NEDS analysts completed:

- **Complex statistical modeling**
- **Survival analysis**
- **Trend analysis.**

An innovation of NEDS in working with Colorado's data was that it assembled a team of analysts that included state and national expertise.

were associated with trends in primary problem substances at admission, and the likelihood that clients would reduce or eliminate substance use at discharge.

- NEDS analysts performed "survival analysis" using DACODS data. Survival analysis is a powerful method for predicting readmissions to care, and identifying factors that lead some clients to return but not others.
- NEDS analysts noted that demographics changed during the 1990s through trend analysis: the proportion of treatment admissions who were women, Hispanic, or adolescent increased.

NEDS committed the time of analytic specialists to conduct these analyses. NEDS also provided the expertise and a structure to report out on findings in the form of reports, briefing charts, fact sheets and other products to make the information developed in this analysis available to various audiences.

Moreover, an innovation of NEDS in working with Colorado's data was that it assembled a team of analysts that included state and national expertise. In addition to experts who work primarily at national level, NEDS worked with analysts in Colorado and two other states to help shape the analysis plan and review final products.

Lessons in Data System Redesign

Colorado's experience managing DACODS and implementing changes to the system underscore the challenges of redesigning data systems to accommodate new and evolving federal and state information requirements.

Investment in obtaining high quality data has paid off for Colorado by permit-

ting rigorous and detailed analysis. Less than 1 percent of all admission records in DACODS were duplicative or invalid. Only 5 to 6 percent of records had missing or bad data for any given variable.

Colorado staff reported that allowing sufficient time for planning changes in data systems assures high quality. Improvements made in 1991 strengthened the data system and brought data into compliance with new federal standards. The state worked for many months on planning the changes, training providers, and preparing the data infrastructure to process new forms.

Rapid system conversion in 1997 resulted in a temporary decline in data submission. Colorado approved managed care in February 1997 for implementation in July 1997. During this rapid turnaround, the state had to redesign data forms and manuals, develop data submission processes, and create new file structures. Moreover, the managed care organizations themselves had limited experience gathering the required data. The proportion of admissions with matching valid discharge records declined from 79 percent in 1996 to 48 percent in 1997 but started increasing in 1999 and 2000.

Expansion of State and National Data Efforts

Ongoing scientific analyses and user-friendly distillations of analyses of state clinical administrative data are important components of a comprehensive strategy that integrates such information with findings from national and state follow-up studies.

Further development is needed to streamline both the collection of data on the "front end" and analysis and incorporation in policy and practice-based deci-



A Federal/State Partnership: Lessons Learned from a Case Study of Colorado Data (cont.)

sion making on the "back end." Federal-state partnerships could play an important role in this data expansion effort. Among the areas for further work are the following:

- **Data strategy.** An overarching and integrated strategy is needed to guide acquisition and analysis of data at federal and state levels and integrate state data with other types of data (e.g., national or specialized studies, cross-sites, methods development efforts, demonstration studies, etc.).
- **Data stakeholders.** All aspects of data analysis and development must be undertaken in partnership with the states, federal funding agencies and experts.
- **Data inventory.** A single catalogue of data sources is needed to describe the features, compatibilities, and analytic potential of federal, state, local, and provider data.
- **New developments in evaluation/data methods.** Data sets with common data elements, as well as more comparable analytic approaches, can help improve the understanding of results in light of the context of prior data and analysis.
- **New technologies in data management.** Web-based and user-friendly data reporting, pooling, and analysis systems can strengthen existing data quality and utility and ultimately be more cost-effective and less resource intense.
- **Data acquisition and analysis planning.** Acquiring or accessing substance abuse treatment related data sets in a central repository assures the most effective and efficient use of data resources. A com-

prehensive analysis plan needs to include data from the various sources.

- **Data analysis.** Expert-level statistical and economic analyses are required of large and complex data files, particularly untapped state data. Simultaneously, those who know the data best (provider and state staffs) must play an integral and ongoing role.
- **Data products, reporting, and dissemination.** An array of products ranging from scientific technical reports to non-technical "fact sheets" can satisfy demands for information. Converting findings into implications for research, policy and practice also transforms 'data' into 'information.' Such information must be readily available to those who need it, such as through searchable Web sites that make it easy to find and retrieve information.
- **New technologies for knowledge sharing.** State "information" can be added as building blocks in a national substance abuse treatment decision support system. By providing access to information that is already processed, a decision support system for knowledge can be used by providers, planners, designers, policy makers, and program managers at the local, state, and national level.

Implications

The analysis of Colorado's DACODS data constitutes a potentially important effort by NEDS to integrate analyses of state-managed clinical administrative data with other substance abuse treatment data. This type of analysis has implications for substance abuse treatment research, policy, and practice.

Expansion of state and national data efforts include:

- **Data strategy development**
- **State partnerships with federal initiatives**
- **Ongoing analysis of state data.**

Technological development can streamline collection and retrieval of information.



A Federal/State Partnership: Lessons Learned from a Case Study of Colorado Data (cont.)

Implications for Research

Analyses of state data can complement existing bodies of research in national studies and on specific treatment populations as well as provide an ongoing source of treatment data for trend analysis from year to year and state to state.

Research can strengthen the quality and utility of national as well as state-managed clinical administrative data and extend analyses of this valuable data source.

Implications for researchers:

- **Improve data quality**
- **Link administrative and follow-up data**
- **Integrate funding and policy data into analyses.**

- **Develop strategies to improve data quality.** Validity and reliability are of particular concern with treatment exit data, sometimes culled from fragmented records and other incomplete information sources, particularly for clients who drop out of treatment. Improvements in quality can reduce the amount of information about clients that cannot be used, and increase the levels of confidence in findings.

- **Augment clinical administrative data with follow-up data.** The analyses based on state data would ideally be paired with representative follow-up data and/or data from other states and private providers to assess longer-term impacts of treatment. Using population data as a sampling frame allows for the development of valid sample weights for entire treatment systems (e.g., the CALDATA study).

- **Consider possible methods to link client-specific data across treatment episodes.** Colorado and other state treatment systems have found ways to match client admissions to discharge records without compromising client confidentiality. They help assure that multiple treatment episodes can be connected for

unduplicated clients and matched with outcome data and data on services.

- **Collect provider-specific data.** Provider-specific data on costs and services can assist states in managing their publicly funded treatment system, such as through case-mix adjusted provider performance monitoring systems. Further information on treatment providers can help providers know who benefits the most from which types of treatment and at what cost.
- **Develop multi-state databases that pool MIS records.** Using a common protocol, states would have the ability to match client records to create a database on cross-state "shared clients." This can expand the knowledge of treatment utilization and outcomes by providing information on a more complete array of services received by clients who receive treatment in multiple states..
- **Integrate funding information into analyses.** Data on changes in the amount of funds received by treatment providers, and the types of restrictions on that funding, may help explain some of the changes in client characteristics and treatment duration.
- **Integrate policy information into analyses.** For example, include information on the status of managed care or welfare reform implementation. There needs to be flexibility in the data system to add variables as policy changes occur.

Finally, state-managed clinical administrative data may be linked with criminal justice, health, employment and welfare data systems when there is a shared capability to match client records.



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These analyses can help determine whether substance abuse treatment leads to reductions in resources required by other agencies for the same clients within and across states.

Implications for Policy

Conducting secondary analyses of federal and state treatment data sets has implications for policy makers whose decisions impact the structure and content of the data systems in place.

Implications for policy:

- **Consider how best to secure client-specific and provider-specific data**
- **Augment clinical record standards**
- **Allow sufficient time for data planning.**

- **Invest in acquisition of high quality data.** Colorado's investment yielded a powerful data source. Investments in more comprehensive data systems may produce even more useful information for policy than currently exists. That investment provides a model that can be used at the federal and state level to ensure high quality data systems.
- **Consider how best to secure client-specific and provider-specific data.** Client-specific and provider-specific data expand exponentially the power of clinical administrative data sets. The capability to match client admissions and discharge records makes it possible to determine whether or not clients have actually been in treatment previously. Provider-specific data can help monitor treatment admissions and changing case mix and performance for specific treatment providers. The advantages must be weighed against the cost of implementing these capabilities and the potential risk of client and provider identity disclosure. Models exist that demonstrate both of these are possible and that doing so benefits society, system administrators, providers, and clients.

- **Augment clinical record standards.** The TEDS data system helped standardize many data elements across states. Further standardization of data elements may provide added value to states by enabling stronger analyses of services and treatment effectiveness.
- **Improve efforts to establish state-level treatment follow-up studies.** Use of standardized post-treatment outcome studies with client samples that allow generalization of findings to their entire service population could provide a stronger foundation for assessing treatment system effectiveness and cost-effectiveness.
- **Integrate and augment state follow-up efforts with national follow-up studies.** State and national follow-up studies often do not "link" to existing clinical administrative data sets.
- **Allow sufficient time for data system redesign.** Changes in information and reporting requirements at the state and federal level impact the data system. It is imperative to assess the time needed to make the necessary changes in the data system and implement those changes when making decisions about new policies and their application.
- **Maintain strong communications with other systems.** Assure that sufficient dialogue exists between federal and state agencies, local substance abuse treatment providers, and other systems (health, mental health, child welfare, juvenile justice) that often see the same clients.

By developing stronger state clinical administrative data sets, policy and practice audiences can pursue further analyses of the impact of policy changes. This may help answer ques-



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tions about the impact of managed care, welfare reform, and criminal justice based treatment innovations in the substance abuse treatment field as well as help identify best practices.

Implications for Practice

Better data and better analyses yield better treatment practices and helps justify funding requests. Treatment providers are integral to the collection of data, and can play a greater role in the reporting of findings and the utilization of findings for improvements in practice. There are implications for treatment practice.

Implications for practitioners:

- **Participate in data partnership**
- **Provide high quality data**
- **Use data reports for quality improvement and fundraising.**

- **Provide high quality data.** Providers can continue reinforcing to staff the importance of fulfilling data requirements and standards as the resulting data are important for provider, local, state and national decision making.
- **Seek reports on administrative data.** Such reports can provide benchmarks for data-based performance improvement and fundraising. Provider-level reports can help improve data quality by encouraging providers to use the reports in managing their own treatment centers. Such reports can be generated by the providers or at the state level.
- **Become involved in partnerships such as this federal/state data analysis initiative.** Providers can assure that the analyses that are undertaken ultimately will address their requirements for information. Providers often collect data beyond what the states require that can supplement existing information. Providers also provide "context"

information for the interpretation of results.

- **Participate in data planning.** Efforts to improve upon data systems benefit when the perspectives of treatment providers are incorporated in system development.

Providers ought to explore intake data protocols and procedures for reporting data to state and national systems. Providers have insights regarding how to streamline data submission procedures and enhance data quality.

Future Steps

Federal/state data partnerships can help the substance abuse treatment field by helping to efficiently produce and use information, rather than just reporting data. Continued efforts to develop a comprehensive data strategy can generate technological advancements that support data collection, analysis, and reporting of findings and application of results. Undergirding this must be the continual input from the field, particularly from states and providers, to assure that the technological innovation activities are mapped to requirements.

Strong federal/state partnerships can foster the development of web-based data reporting and analysis and decision support systems into the substance abuse treatment field. One important step is to come to agreement on a core set of data about clients, treatment services, and discharges to be collected in a standardized way. The availability of such information would further support the development of a national data set that could be used to describe publicly-funded substance abuse treatment and changes in the client population and treatment system over time. It would also be contributing to a resource for



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powerful secondary analyses of treatment data that would benefit decision makers in substance abuse policy, practice and research alike.

The Colorado case study has demonstrated the value added through further federally conducted analysis of state administrative data, to the benefit of all in the field.

The substance abuse treatment field can benefit from the increased availability of timely data on treatment clients, services, costs, and outcomes. Emerging technologies, such as data infrastructures, Web-based technologies, and application tools can streamline procedures for data collection and

reporting, provide more immediate access to results, and aid in decision making. Ultimately, this effort will help clients, treatment providers and those agencies that manage and finance treatment to more efficiently target services to have the greatest possible net benefit.

Reference

Fountain, D., & Devine, P. (2000). *Trends Among Baseline Admissions to Treatment, 1991-1998: A Case Study from Colorado*. Report to the Center of Substance Abuse Treatment. Fairfax, VA: Caliber Associates.

For more information, please contact the National Evaluation Data Services analysis team at (703) 385-3200, or visit the NEDS Web site.

**Find more on the web
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Overview of DACODS

This analysis was performed on data derived from Colorado's Drug and Alcohol Coordinated Data System (DACODS). DACODS is administered by The Evaluation and Information Services Section of the state of Colorado's Alcohol and Drug Abuse Division. Since 1980, DACODS has collected client admissions and discharge records from detoxification and other treatment providers.

Colorado has used DACODS to report data for the national Treatment Episode Data Set (TEDS) since July 1991, and the data reflect the entire population of clients served in publicly-funded treatment programs. Colorado provided NEDS with a file containing 509,000 admission records and matching discharge records from 219,000 clients admitted from January 1989 through February 1999.

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