

# Treatment Episode Data Set: Discharges (TEDS-D-2012)

## Study Details:

The Treatment Episode Data Set -- Discharges (TEDS-D) is a national census data system of annual discharges from substance abuse treatment facilities. TEDS-D provides annual data on the number and characteristics of persons discharged from public and private substance abuse treatment programs that receive public funding. Data collected both at admission and at discharge is included. The unit of analysis is a treatment discharge. TEDS-D consists of data reported to state substance abuse agencies by the treatment programs, which in turn report it to SAMHSA.

A sister data system, called the Treatment Episode Data Set -- Admissions (TEDS-A), collects data on admissions to substance abuse treatment facilities. The first year of TEDS-A data is 1992, while the first year of TEDS-D is 2006.

TEDS-D variables that are required to be reported are called the "Minimum Data Set (MDS)", while those that are optional are called the "Supplemental Data Set (SuDS)".

Variables unique to TEDS-D, and not part of TEDS-A, are the length of stay, reason for leaving treatment, and service setting at time of discharge. TEDS-D also provides many of the same variables that exist in TEDS-A. This includes information on service setting, number of prior treatments, primary source of referral, gender, race, ethnicity, education, employment status, substance(s) abused, route of administration, frequency of use, age at first use, and whether methadone was prescribed in treatment. Supplemental variables include: diagnosis codes, presence of psychiatric problems, living arrangements, source of income, health insurance, expected source of payment, pregnancy and veteran status, marital status, detailed not in labor force codes, detailed criminal justice referral codes, days waiting to enter treatment, and the number of arrests in the 30 days prior to admissions (starting in 2008).

Substances abused include alcohol, cocaine and crack, marijuana and hashish, heroin, nonprescription methadone, other opiates and synthetics, PCP, other hallucinogens, methamphetamine, other amphetamines, other stimulants, benzodiazepines, other non-benzodiazepine tranquilizers, barbiturates, other non-barbiturate sedatives or hypnotics, inhalants, over-the-counter medications, and other substances.

Created variables include total number of substances reported, intravenous drug use (IDU), and flags for any mention of specific substances.

## Study Scope

### Time period:

2012

### Collection date:

2012

### Geographic coverage :

United States

### Unit of observation:

treatment discharges

### Data types:

administrative records data

**Universe:**

The universe for TEDS-D is discharges in calendar year 2012 that were received and processed through January 23, 2015. These discharges were linked to either new admissions or transfers to treatment in another service type.

**Notes:**

Several limitations to the data exist and should be noted:

- The TEDS system is admission-based, and therefore TEDS admissions and discharges do not represent individuals. For example, an individual admitted to and discharged from treatment twice within a calendar year would be counted as two admissions and two discharges.
- The data provide information on treatment in specific service types, derived from linked pairs of admission/discharge records. The data do not necessarily represent complete treatment episodes, which may include stays in multiple types of service and would require analysis of series of linked pairs of records.
- The primary, secondary, and tertiary substances of abuse reported to the TEDS are those substances that led to the treatment episode, and not necessarily a complete enumeration of all drugs used at the time of admission.
- The way an admission is defined may vary from state to state such that the absolute number of admissions is not a valid measure for comparing states.
- States continually review the quality of their data processing. As systematic errors are identified, revisions may be enacted in historical TEDS data files. While this process improves the data set over time, reported historical statistics may change slightly from year to year.
- States vary in the extent to which coercion plays a role in referral to treatment. This variation derives from criminal justice practices and differing concentrations of abuser subpopulations.
- Public funding constraints may direct states to selectively target special populations, for example, pregnant women or adolescents.
- Some states have no Opioid Treatment Programs (OTPs) that provide medication-assisted therapy using methadone and/or buprenorphine.

Beginning with data released or re-released in 2012, a change was made to the data beginning with 2008. A new variable reports the number of times, if any, that a client was arrested in the 30 days preceding his or her admission into treatment. The variable is not present on any files prior to 2008.

Beginning with data released or re-released in 2012, changes were made to the full TEDS-D series going back to 2006. The changes consisted of:

- The recoding scheme of the variable DENTLF (Detailed Not in Labor Force Category) was changed. The cases for "Inmate of Institution" have been separated from "Other" and are now a standalone category.
- The recoding scheme of the variable DETCRIM (Detailed Criminal Justice Referral) was changed. The cases for "Prison" have been separated from "Probation/Parole" and are now a standalone category. The same was done for the cases for "Diversionary Program" which were previously combined with "Other". But the cases for "Other Recognized Legal Entity"

previously combined with "State/Federal Court, Other Court" have now been combined with the "Other" category.

The categories and codes in this public-use file differ somewhat from those used by SAMHSA and those found in the TEDS Crosswalks and in other reports. This is a result of the recoding that was performed to protect client privacy in creating the public-use file.

To further protect respondent and provider privacy, all Behavioral Health Services Information System (BHSIS) unique identification numbers have been removed from the public-use data. Therefore, no linkages are possible between the TEDS and the National Survey of the Substance Abuse Treatment Services (N-SSATS) public-use files.

Users should consult the TEDS Crosswalks <http://www.dasis.samhsa.gov/dasis2/crosswalks.htm> for a breakdown of the data collected in each state and their corresponding TEDS codes, including state-by-state descriptions of exceptions or anomalies in reporting practices.

The data were collected from the states by Synectics for Management Decisions, Incorporated, on behalf of SAMHSA.

The public-use file is comprised of data from the most current data extract which took place October 2013 (the October 17, 2013, extract).

**Subject Terms:**

- alcohol abuse
- drug abuse
- drug treatment
- health care services
- health insurance
- intervention
- mental health
- substance abuse
- substance abuse treatment
- treatment programs

## **Study Methodology**

**Mode of data collection:**

record abstracts

**Extent of processing:**

- Performed consistency checks.
- Created variable labels and/or value labels.
- Standardized missing values.
- Created online analysis version with question text.
- Performed recodes and/or calculated derived variables.
- Checked for undocumented or out-of-range codes.