Treatment Episode Data Set: Discharges 2013 (TEDS-D-2013-DS0001)

Bibliographic Description

Title: Treatment Episode Data Set -- Discharges (TEDS-D), 2013

Alternate Title: TEDS-D 2013

Principal   United States Department of Health and Human Services.
Investigator(s):   Substance Abuse and Mental Health Services
                       Administration. Center for Behavioral Health Statistics and
                       Quality

Funding   United States Department of Health and Human Services.
Agency: Substance Abuse and Mental Health Services
                       Administration. Center for Behavioral Health Statistics and
                       Quality

Scope of Study

Summary: 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.

Subject Term(s):	alcohol abuse, drug abuse, drug treatment, health care services, health insurance, intervention, mental health, substance abuse, substance abuse treatment, treatment programs
Geographic Coverage:	United States
Time Period:	2013
Date(s) of Collection:	2013

Unit of Observation:	treatment discharges

Universe:	The universe for TEDS-D is discharges in calendar year 2013 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

Data Type:	administrative records data

| Data Collection Notes: | The [Treatment Episode Data Set State Instruction Manual - Discharge Data](#) is available from the SAMHSA Web site and provides complete instructions on how the TEDS-D data are processed and submitted by the states.

Limitations to be kept in mind while analyzing TEDS data include:

• The TEDS is an admission-based system, 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 presented in this report 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. |
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As systematic errors are identified, revisions may be enacted in historical TEDS data files. While this system 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 medicationassisted therapy using methadone and/or buprenorphine. See the TEDS state-by-state crosswalk for information regarding data collected by each state.

Methodology

Sample:	The TEDS public-use file contains discharge data for 48 states plus Puerto Rico and District of Columbia. The following states did not report usable data for the year 2013: Mississippi, and New Mexico
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.

Access and Availability

Note: **-**

Restrictions: Users are reminded that these data are to be used solely for
                         statistical analysis and reporting of aggregated information
                         and not for the investigation of specific individuals or treatment
                         facilities.

Original   2016-11-18
Release:

Version History: **-**

Dataset(s):   DS1: National Survey on Drug Use and Health, 2002 - 2014