

# SAMHSA FINANCING COE

## Inventory of M/SU Financing Related Datasets

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
<a href="#">Alcohol and Other Drug (AOD)-Related Databases</a>	NIAAA	<p>A gateway website to numerous datasets including substance use during pregnancy and alcohol related violence and injury.</p> <p><b>Databases Covering Alcohol Related Research:</b></p> <ul style="list-style-type: none"> <li>• ALAC Library Catalogue</li> <li>• ALAC Research Database</li> <li>• Alcohol Concern Library Database</li> <li>• Alcohol Control Database</li> <li>• Alcohol History Database</li> <li>• Alcohol Industry Database</li> <li>• Alcohol Policy Information System (APIS)</li> <li>• Alcohol-Related Injury and Violence Literature Database</li> <li>• Alcohol Studies Database</li> <li>• Global Alcohol Database</li> <li>• National Database of FAS and Substance Use During Pregnancy Resources</li> </ul> <p><b>Databases Covering General Substance Abuse:</b></p> <ul style="list-style-type: none"> <li>• Center for Addiction and Mental Health Library</li> <li>• Cork Database</li> <li>• Database of the Canadian Centre on Substance Abuse Drug Database</li> <li>• Drug Policy Alliance</li> <li>• European Legal Database on Drugs</li> <li>• Evaluation Instruments Bank</li> <li>• Indiana Prevention Resource Center Databases</li> </ul>	N/A	DW Garnick, MT Lee, D Gastfriend, CM Horgan, F McCorry, AT McLellan and EL Merrick. (2002). Establishing the feasibility of performance measures for alcohol and other drugs. <i>Journal of Substance Abuse Treatment</i> , 23(4):375-385.

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		<ul style="list-style-type: none"> <li>• Join Together Online (JTO)</li> <li>• Media Awareness Project (MAP)</li> <li>• Policy Information Exchange Online (PIE)</li> <li>• Virtual Clearinghouse on Alcohol, Tobacco, and Other Drugs</li> <li>• Working Partners</li> </ul>		
<a href="#">America's Health Rankings</a>	United Health Foundation	Secondary data incorporating community environment, personal behavior, clinical care, and public health policy data.	<ul style="list-style-type: none"> <li>• Prevalence of Smoking</li> <li>• Binge Drinking</li> <li>• Prevalence of Obesity</li> <li>• High School Graduation</li> <li>• Violent Crime</li> <li>• # Occupational Fatalities</li> <li>• Infectious Disease</li> <li>• Children in Poverty</li> <li>• Lack of Health Insurance</li> <li>• Per Capita Public Health Spending</li> <li>• Immunization Coverage</li> <li>• Adequacy of Prenatal Care</li> <li>• Primary Care Physicians</li> <li>• Preventable hospitalizations</li> <li>• Poor Mental Health Days</li> <li>• Poor Physical Health Days</li> <li>• Infant Mortality</li> <li>• Cardiovascular Deaths</li> <li>• Cancer Deaths</li> <li>• Premature Deaths</li> </ul>	JL Bigbee. (2008). Relationships Between Nurse- and Physician-to-Population Ratios and State Health Rankings. <i>Public Health Nursing</i> , 25(3): 244-252.
<a href="#">Area Resources File (ARF)</a>	HRSA	Contains information on health professions, health facilities, hospitals, vital statistics, population and	<b>Health care professions:</b> <ul style="list-style-type: none"> <li>• Physicians by detailed</li> </ul>	K Baicker, A Chandra. (2004). Medicare Spending, The

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		<p>economics, utilization, expenditures, and health professions training.</p> <p>The ARF is a collection of data from more than 50 sources, including: American Medical Association, American Hospital Association, US Census Bureau, Centers for Medicare &amp; Medicaid Services, Bureau of Labor Statistics, and the National Center for Health Statistics</p> <p>The ARF is designed to be used by planners, policymakers, researchers, and others interested in the nation's health care delivery system and factors that may impact health status and health care in the U.S.</p>	<p>specialty and major professional activity</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Dentists</li> <li>• Physician assistants</li> <li>• Nurse practitioners</li> </ul> <p><b>Other major health professions and for health professions training include:</b></p> <ul style="list-style-type: none"> <li>• Statistics on Medical Pharmacy Dental</li> <li>• Optometry and other health professions training schools</li> <li>• Schools by county</li> <li>• Enrollments</li> <li>• Graduate levels</li> </ul>	<p>Physician Workforce, And Beneficiaries' Quality Of Care. <i>Health Affairs</i> Web Exclusive, April 7.</p> <p>E. Merwin. (2003). Shortages of rural mental health professionals. <i>Archives of Psychiatric Nursing</i>, 17(1): 42 – 51.</p>
<a href="#">Behavioral Risk Factor Surveillance System (BRFSS)</a>	CDC	<p>A state-based system of health surveys which collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.</p> <p>Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than 350,000 adults are interviewed each year by telephone.</p>	N/A	<p>M Stahre, T Naimi, R Brewer, J Holt. (2006). Measuring average alcohol consumption: the impact of including binge drinks in quantity-frequency calculations. <i>Addiction</i>, 101(12): 1711-1718.</p>
<a href="#">CMHS Uniform Reporting System Output Table</a>	SAMHSA	<p>Consists of 21 standardized tables (12 Basic tables and 9 Developmental tables) that SMHAs submit each December in their Community Mental Health Services</p>	<p><b>Appropriateness Tables:</b></p> <ul style="list-style-type: none"> <li>• Measures of homeless persons served</li> </ul>	<p>Presentations available here: <a href="http://www.nri-inc.org/projects/SDICC/Reports/">http://www.nri-inc.org/projects/SDICC/Reports/</a></p>

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		Block Grant Implementation Report to CMHS. Provides standardized state level data on access to services, services settings, self-reported outcomes, and expenditures for mental health block grants.	<ul style="list-style-type: none"> <li>Admission rates</li> <li>Length of stay in inpatient programs</li> <li>Treatment of persons with co-occurring mental health and substance abuse disorders</li> </ul> <p><b>Outcomes Tables:</b></p> <ul style="list-style-type: none"> <li>Employment status of consumers served by SMHAs; self-report on the outcomes from services</li> </ul> <p><b>Structure Domain Tables:</b></p> <ul style="list-style-type: none"> <li>Expenditures and funding sources of state mental health agencies</li> <li>How states expend their mental health block grant funds</li> </ul>	<a href="#">NOMAndURSPPT2005.pdf</a>  <a href="http://www.nri-inc.org/projects/SDICC/Reports/LocalProviderIssuesPPT2006.pdf">http://www.nri-inc.org/projects/SDICC/Reports/LocalProviderIssuesPPT2006.pdf</a>
<a href="#">Current Population Survey (CPS)</a>	Census Bureau	The CPS is a monthly survey of about 50,000 households conducted by the Bureau of the Census for the Bureau of Labor Statistics and serves as the primary source of information on the labor force characteristics of the U.S. population. The sample is scientifically selected to represent the civilian noninstitutional population. Respondents are interviewed to obtain information about the employment status of each member of the household 15 years of age and older. However, published data focus on those ages 16 and over. The sample provides estimates for the nation as a whole and serves as part of model-based estimates for individual states and other	<p>Labor force characteristics of U.S. population, including:</p> <ul style="list-style-type: none"> <li>Employment</li> <li>Unemployment</li> <li>Earnings</li> <li>Hours of work</li> <li>Demographic characteristics (age, sex, race and marital status)</li> <li>Educational attainment,</li> <li>Occupation</li> </ul>	<p>JA Klerman, M Davern, KT Call, V Lynch, JD Ringel. (2009). Understanding the Current Population Survey's Insurance Estimates and the Medicaid 'Undercount.' <i>Health Affairs</i>, 28(6): w991-w1001.</p> <p>DR Shopland, KK Gerlach, DM Burns, AM Hartman, JT Gibson. (2001). State Specific Trends in Smoke Free Workplace Policy</p>

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
		geographic areas.	<ul style="list-style-type: none"> <li>• Industry,</li> <li>• Class of worker</li> <li>• School enrollment</li> <li>• Income</li> <li>• Previous work experience</li> <li>• Health employee benefits</li> <li>• Work schedules</li> </ul>	<p>Coverage: The Current Population Survey Tobacco Use Supplement, 1993-1999. <i>Journal of Occupational and Environmental Medicine</i>, 43(8): 680-686.</p> <p>JM Mellor, J Milyo. (2002). Income Inequality and Health Status in the United States: Evidence from the Current Population Survey. <i>The Journal of Human Resources</i>, 37(3): 510-539.</p>
<a href="#">Drug Abuse Warning Network (DAWN)</a>	SAMHSA	A public health surveillance system that monitors drug-related hospital emergency department (ED) visits and drug-related deaths to track the impact of drug use, misuse, and abuse in the U.S.	<ul style="list-style-type: none"> <li>• Drug-related hospital-emergency department visits</li> <li>• Drug-related deaths</li> <li>• Illegal drugs of abuse</li> <li>• Prescription and over-the-counter medications</li> <li>• Dietary supplements</li> <li>• Non-pharmaceutical inhalants</li> <li>• Alcohol in combination with other drugs (adults and children)</li> <li>• Alcohol alone (age &lt; 21).</li> </ul>	<p>DE Joranson, KM Ryan, AM Gilson, JL Dahl (2000). <i>Trends in Medical Use and Abuse of Opioid Analgesics JAMA</i>. 283(13): 1710-1714.</p> <p>EP Schoener. (2002). Injection Drug Use in North America. <i>Infect Dis Clin North Am</i>, 16(3): 535-51, vii.</p>
<a href="#">Economic Census</a>	Census Bureau	The economic census profiles U.S. national and local economies every 5 years. Most economic census data are released over time in a series of related data sets through	<ul style="list-style-type: none"> <li>• Core business statistics in multiple industries</li> <li>• Geographic location and ZIP</li> </ul>	RA Cooper, TE Getzen, HJ McKee, P Laud. (2002). Economic and Demographic

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		<p>American FactFinder.</p> <p>The Economic Census provides the following data series and datasets and surveys:</p> <p><b>The Core Business Statistics Series</b> is made up of data sets that cover multiple industries including the Advance Report, Bridge Between 2007 NAICS and 2002 NAICS Reports, Comparative Statistics Report and Franchising Report.</p> <p><b>The Geographic Area Series</b> contains data for individual industries at the U.S., state, county, place and metropolitan area levels.</p> <p><b>The Subject and Summary Series</b> includes summary data on special topics and industry-related data including Product Lines, Concentration Ratios and Establishment and Firm Size at the U.S. level and in some data sets, at the same level.</p> <p><b>The ZIP Code Statistics Series</b> contains counts of establishments by sales-size range by industry for 5-digit ZIP Codes (published for the Retail Trade and Selected Services sectors).</p> <p><b>Economy-Wide Key Statistics</b> is a data set that is continually built as other data sets are released from March 2009 to October 2010 that presents four key statistics for every available industry and geographic area</p>	<p>codes</p> <ul style="list-style-type: none"> <li>• Product lines</li> <li>• Concentration ratios</li> <li>• Establishment/firm size</li> <li>• Sales-size range</li> <li>• Value of sales, shipments, receipts, revenue or business done</li> <li>• Payroll</li> <li>• Number of employees</li> </ul>	<p>Trends Signal an Impending Physician Shortage. <i>Health Affairs</i>, 21(1): 140-154.</p>

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		<p>published to date: number of establishments, value of sales, shipments, receipts, revenue or business done, annual payroll and number of employees.</p> <p><b>Commodity Flow Survey</b> has data on the movement of goods in the U.S.</p> <p><b>Economic Census of Island Areas</b> provides a detailed portrait of the economic structure and activity of Puerto Rico, American Samoa, Guam, Northern Mariana Islands and the U.S. Virgin Islands every five years.</p> <p><b>Survey of Business Owners</b> has data on U.S. business owners by gender, Hispanic or Latino origin and race. It also includes additional demographic and economic business characteristics for home-based, family-owned and franchised businesses; sources of finance; types of customers; and year established.</p> <p><b>Annual Survey of Manufacturers</b> contains sample estimates of statistics for all manufacturing establishments with one or more paid employee.</p> <p><b>County Business Patterns</b> includes annually produced data sets that provide detailed geographic, industry and other data for U.S. business establishments with paid employees.</p> <p><b>Non-employer Statistics</b> has data for U.S. businesses with no paid employment or paid employees.</p>		

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<a href="#">ECRI PriceGuide (membership required)</a>	ECRI	Benchmarks medical/surgical supply costs against low and average prices. The database identifies areas of potential savings. The database contains pricing details on approximately 200,000 unique items.	N/A	M Munro, M Broder, G Magee. (2005). 189Analysis of Incremental Cost-Effectiveness of ThermaChoice Vs. Novasure for Menorrhagia. <i>Journal of Minimally Invasive Gynecology</i> , 12(5): 78-78.
<a href="#">Employee Benefit Survey (EBS)</a>	Department of Labor	Provides comprehensive data on the access to and participation in employer provided benefit plans.  <b>The National Compensation Survey-Benefits (NCS)</b> provides incidence and extensive provisions data for two major benefit areas: health insurance and retirement (both defined benefit and defined contribution components). NCS covers the incidence and detailed provisions of selected employee benefit plans in private establishments.  The data are presented as the percentage of employees who have access to or participate in certain benefits, or as average benefit provisions (for example, the average number of paid holidays provided to employees each year).	<b>Estimates include:</b> <ul style="list-style-type: none"> <li>• Broad occupational groups</li> <li>• Full- and part-time status of employees</li> <li>• Union and nonunion status</li> </ul>	CB Barsky. (2004). Incidence benefits measures in the National Compensation Survey. <i>Monthly Labor Review</i> , 127(8): 21-28.
<a href="#">Fiscal Survey of States</a>	National Association of State Budget Officers	Provides narrative analysis of trends and significant developments on the fiscal condition of the states, along with tabular summaries. The spring survey details governors' proposed budgets while the fall survey details enacted budgets.  Published jointly with the National Governors Association twice a year in the spring and fall.	<ul style="list-style-type: none"> <li>• Aggregate and individual data on general fund receipts</li> <li>• Expenditures</li> <li>• Balances</li> <li>• Medicaid expenditures</li> <li>• Estimates of uninsured</li> </ul>	DJ Boyd. (2003). The Bursting State Fiscal Bubble and State Medicaid Budgets. <i>Health Affairs</i> , 22(1): 46-61.  TA Coughlin, S Zuckerman, J McFeeters. (2007). Restoring Fiscal Integrity to Medicaid

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				Financing? <i>Health Affairs</i> 26(5): 1469-1480.
<a href="#">Health and Retirement Study (HRS)</a>	NIA/NIH	Collects information on physical and mental health, insurance coverage, financial status, family support systems, labor market status, and retirement planning. The HRS is a national survey of more than 22,000 Americans over the age of 50 every two years.	<b>The 2004 survey included:</b> <ul style="list-style-type: none"> <li>• Demographics</li> <li>• Household information</li> <li>• Physical health</li> <li>• Cognition</li> <li>• Family structure</li> <li>• Functional limitations</li> <li>• Helpers</li> <li>• Housing</li> <li>• Employment</li> <li>• Disability</li> <li>• Health services</li> <li>• Insurance</li> <li>• Assets</li> <li>• Income</li> <li>• Asset change</li> <li>• Widowhood</li> <li>• Divorce</li> <li>• Wills</li> <li>• Life insurance.</li> </ul>	<i>Growing Older in America: The Health and Retirement Study</i> <a href="http://hrsonline.isr.umich.edu/news/sho_news.php?hfyle=news234&amp;xtyp=1">http://hrsonline.isr.umich.edu/news/sho_news.php?hfyle=news234&amp;xtyp=1</a>  T Ostbye, DH Taylor, WS Yancy, Jr, S William, Jr, KM Krause. (2005). Associations Between Obesity and Receipt of Screening Mammography, Papanicolaou Tests, and Influenza Vaccination: Results from the Health and Retirement Study (HRS) and the Asset and Health Dynamics Among the Oldest Old (AHEAD) Study. <i>Am J Public Health</i> , 95: 1623-1630
<a href="#">Healthcare Cost and Utilization Project (HCUP)</a>	AHRQ	A collection of databases, tools, and software. HCUP databases contain a core set of clinical and nonclinical information found in a typical discharge abstract. The information is translated into a uniform format to facilitate both multistate and national-State comparisons and analyses.	<ul style="list-style-type: none"> <li>• All-listed diagnoses</li> <li>• Procedures</li> <li>• Discharge status</li> <li>• Patient demographics</li> <li>• Charges for all patients regardless of payer</li> </ul>	WE Encinosa, DM Bernard, CA Steiner, and CC Chen. (2005). Use And Costs Of Bariatric Surgery And Prescription Weight-Loss Medications. <i>Health Affairs</i> , 24(4): 1039-1046.

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		<p><b>The State Inpatient Databases (SID)</b> contain the universe of inpatient discharge abstracts from data organizations in more than 35 States and covers more than 90 percent of all U.S. community hospital discharges.</p> <p><b>The State Ambulatory Surgery Databases (SASD)</b> contains data from ambulatory care encounters in hospital-affiliated (and sometimes, freestanding) ambulatory surgery sites in more than 20 States. Files are available beginning with data year 1997.</p> <p><b>The State Emergency Department Databases (SEDD)</b> contains data from hospital-affiliated emergency department abstracts for visits that do not result in a hospitalization. More than 15 States participate in the SEDD. Files are available beginning with data year 1999.</p> <p><b>Nationwide Inpatient Sample (NIS)</b> the largest all-payer inpatient care database in the United States, contains data from approximately 8 million hospital stays from roughly 1,000 hospitals; this approximates a 20-percent stratified sample of U.S. community hospitals. The number of States in the NIS varies by year.</p> <p><b>Kids' Inpatient Database (KID)</b> is the only all-payer inpatient care database for children in the United States. KID data are available beginning in 1997; the number of States and discharges varies by year. The 2003 KID contains a sample of 3 million discharges for children age 20 and younger from nearly 3,500 U.S. community hospitals.</p>		<p>BG Case, M Olfson, SC Marcus, C Siegel. (2007). Trends in the Inpatient Mental Health Treatment of Children and Adolescents in US Community Hospitals Between 1990 and 2000. <i>Arch Gen Psychiatry</i>, 64(1): 89-96.</p>

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<a href="#">Healthcare for Communities (HCC)</a>	UCLA/RAND NIMH Center for Research on Quality in Managed Care; Robert Wood Johnson	<p>Collects data from households, employers, and public agency administrators with secondary data sources using a nationally representative sample (9,585 respondents) with a large percentage of persons with ADM need in the areas of: health and daily activities, mental health, alcohol and drugs, and health insurance.</p> <p>Wave I fielded October 1997 through December 1998 Wave II fielded in 2000-2001</p>	<p><b>Health And Daily Activities:</b></p> <ul style="list-style-type: none"> <li>• General health and daily activities</li> <li>• Depression</li> <li>• Chronic conditions</li> <li>• Height/weight</li> </ul> <p><b>Mental Health:</b></p> <ul style="list-style-type: none"> <li>• Generalized anxiety disorder</li> <li>• Depression</li> <li>• Lifetime mania</li> <li>• Psychoticism screener</li> <li>• Panic screener</li> </ul> <p><b>Alcohol And Drugs:</b></p> <ul style="list-style-type: none"> <li>• Alcoholism screener</li> <li>• Drug abuse and dependency</li> <li>• Recent drug use</li> <li>• Medications</li> </ul> <p><b>Health insurance:</b></p> <ul style="list-style-type: none"> <li>• Access, utilization, quality of care barriers and satisfaction</li> <li>• Labor market, income and wealth</li> <li>• Life stress/ victimization, crime, community violence</li> <li>• Alternative medicine</li> </ul>	<p>JB Braden, L Zhang, FJ Zimmerman, MD Sullivan. (2008). Employment Outcomes of Persons With a Mental Disorder and Comorbid Chronic Pain. <i>Psychiatr Serv</i>, 59: 878-885</p> <p>D Mechanic, S Bilder. (2004). Treatment Of People With Mental Illness: A Decade-Long Perspective. <i>Health Affairs</i>, 23(4): 84-95.</p> <p>Y Bao, R Sturm, TW Croghan. (2003) A National Study of the Effect of Chronic Pain on the Use of Health Care by Depressed Persons. <i>Psychiatric Services</i>, 54: 693-697</p>

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<a href="#">HIMSS Analytics Database</a> (membership required)	HIMSS Analytics	Contains market share data from over 5000 hospitals for over 130 software applications and technologies, market segmentation and sizing statistics to evaluate opportunities across the U.S., healthcare provider software and hardware purchasing plan information, and identifies hospitals with major capital building projects		JP Harrison, C Palacio. (2006). The Role of Clinical Information Systems in Health Care Quality Improvement. <i>Health Care Manage</i> , 25(3): 206-212.  MF Furukawa, T.S. Raghu, TJ Spaulding, A Vinze. (2008). Adoption Of Health Information Technology For Medication Safety In U.S. Hospitals, 2006. <i>Health Affairs</i> , 27(3): 865-875.
<a href="#">HIV Cost and Services Utilization Study (HCSUS)</a>	Rand for AHRQ	Collected information on a nationally representative sample of people in care for HIV infection. The original study was active from September 1994 to October 2000.	<ul style="list-style-type: none"> <li>• Usual Source of Care and Access to Care</li> <li>• Tests and Staging</li> <li>• Symptoms and Treatment</li> <li>• Insurance</li> <li>• Utilization</li> <li>• Residential History and Current Health</li> <li>• Quality of Life</li> <li>• Social Support and Coping Unmet Needs</li> <li>• Mental Health</li> <li>• Patient Description</li> <li>• Knowledge</li> <li>• Contact and Tracking Information</li> </ul>	EG Bing, MA Burnam, D Longshore, et al. (2001). Psychiatric Disorders and Drug Use Among Human Immunodeficiency Virus-Infected Adults in the United States. <i>Archives of General Psychiatry</i> , 58: 721-728.  LW Bogart, RL Collins, W Cunningham, et al. (2005). The Association of Partner Abuse with Risky Sexual Behaviors Among Women and Men with HIV/AIDS. <i>AIDS and Behavior</i> , 9(3): 325-329.
<a href="#">IMS Health</a>	IMS Health	Contains information tracking and analysis on the	<ul style="list-style-type: none"> <li>• Companies and Market</li> </ul>	A Murray, ER Berndt, DM Cutler.

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		<p>healthcare market, including global healthcare decisions, patient-centered disease and treatment insights, specialty products, emerging markets, cost and pricing challenges, patient trends, medical devices and diagnostic trends, generic drug and over-the-counter markets, disease and treatment patterns and top-line industry data.</p> <p><b>IMS MIDAS</b> is the world's largest pharmaceutical information resource and tracks virtually every pharmaceutical product in hundreds of therapeutic classes.</p> <p><b>Top-Line Industry Data</b> includes information on U.S. and global pharmaceutical trends for use in story development or vital health research initiatives. Data includes information on leading companies, products, therapeutic classes, channels of distribution, prescription sales and dispensing.</p>	<p>Information</p> <ul style="list-style-type: none"> <li>• Drug information</li> <li>• Forecasting analytics</li> <li>• Patients</li> <li>• Diseases</li> <li>• Treatment</li> <li>• Pricing and reimbursement</li> <li>• Sales information</li> </ul>	<p>(2009). Prescription Drug Spending Trends in the United States: Looking Beyond the Turning Point. <i>Health Affairs</i>, 28(1): w151-w160.</p>
<a href="#">Kaiser/HRET Employer Health Benefits Survey</a>	Kaiser Family Foundation	<p>An annual survey detailing how employer coverage is changing over time in terms of availability, costs, and coverage for the 158 million people nationally who rely on employer-sponsored health insurance.</p> <p>The 2007 survey included 3,078 randomly selected, non-federal public and private firms with three or more employees.</p>	<ul style="list-style-type: none"> <li>• Employer-sponsored health coverage</li> <li>• Premiums</li> <li>• Employee contributions and cost-sharing</li> </ul>	<p>G Claxton, J Gabel, B DiJulio, J Pickreign, H Whitmore, B Finder, P Jacobs, S Hawkins. (2007). Health Benefits In 2007: Premium Increases Fall To An Eight-Year Low, While Offer Rates And Enrollment Remain Stable. <i>Health Affairs</i>, 26(5): 1407-1416.</p>
<a href="#">MarketScan</a>	Thomson Reuters	<p>Fully integrated, de-identified, individual-level healthcare claims data</p>	<ul style="list-style-type: none"> <li>• Commercial Claims and Encounters</li> <li>• Top-line prevalence</li> <li>• Cost</li> </ul>	<p>R Figueroa, J Harman, J Engberg. (2004). Use of Claims Data to Examine the Impact of Length of Inpatient Psychiatric Stay on</p>

# Inventory of M/SU Financing Related Datasets

Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
			<ul style="list-style-type: none"> <li>• Demographics</li> <li>• Clinical</li> <li>• Utilization statistics</li> <li>• Counts</li> <li>• Clinical and utilization statistics for selected samples of patients</li> <li>• Diagnosis and procedure volumes for inpatient care and outpatient settings</li> </ul>	Readmission Rate. <i>Psychiatric Services</i> , 55: 560-565.
<a href="#">Medicaid Analytic Extract (MAX) formerly the State Medicaid Research Files (SMRFs)</a>	CMS	A set of person-level data files on Medicaid eligibility, service utilization, and payments in annual calendar year files.	<ul style="list-style-type: none"> <li>• Personal summary</li> <li>• Inpatient, long-term care, drug, and other therapy data sets</li> <li>• Eligibility and utilization records</li> <li>• CMS-64, 37, 21 reports</li> </ul>	<p>M Olfson, SC Marcus, D Shaffer. (2006). Antidepressant Drug Therapy and Suicide in Severely Depressed Children and Adults: A Case-Control Study. <i>Arch Gen Psychiatry</i>, 63(8): 865-872.</p> <p>The Medicaid Analytic Extract Chartbook:  <a href="http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/MAX_Chartbook_2007.pdf">http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/MAX_Chartbook_2007.pdf</a></p> <p>C Dimaggio, S Galea, LD Richardson. (2007). Emergency Department Visits for Behavioral and Mental Health Care After a Terrorist Attack. <i>Annals of Emergency Medicine</i>, 50(3): 327-334.</p>

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
<a href="#">Medicaid Benefits Online Database</a>	Kaiser Family Foundation	Contains Medicaid benefits survey data from 2003, 2004 and 2006 State Medicaid Plans and State Plan Amendments for the 50 states, the District of Columbia and the Territories	<ul style="list-style-type: none"> <li>• Benefits covered</li> <li>• Limits</li> <li>• Co-payments</li> <li>• Reimbursement methodologies</li> </ul>	NE Morden, LP Garrison. (2006). Implications of Part D for Mentally Ill Dual Eligibles: A Challenge for Medicare. <i>Health Affairs</i> , 25(2): 491-500.
<a href="#">Medical Expenditure Panel Survey (MEPS)</a>	AHRQ	<p>Determines how changes in respondents' health status, income, employment, eligibility for public and private insurance coverage, use of services, and payment for care are related.</p> <p>The panel survey includes a household component and an insurance component.</p> <p><b>The Household Component (HC)</b> collects data from a sample of families and individuals in selected communities across the United States, drawn from a nationally representative subsample of households that participated in the prior year's National Health Interview Survey (conducted by the National Center for Health Statistics). The 2005 HC sample includes 12,810 families and 32,320 people.</p> <p><b>The Insurance Component (IC)</b> collects data from a sample of private and public sector employers on the health insurance plans they offer their employees.</p> <p>The IC private sector sample is drawn annually from the most recently updated version of the U.S. Census Bureau's Business Register. An <i>establishment</i> is a particular workplace or location and sample sizes for are</p>	N/A	E Chan, C Zhan, CJ Homer. (2002) Health Care Use and Costs for Children With Attention-Deficit/ Hyperactivity Disorder: National Estimates From the Medical Expenditure Panel Survey. <i>Arch Pediatric Adolescent Med.</i> , 156(5): 504-511.

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
		broken out by single and multiunit establishments. The State and Local Government sample is drawn annually from the most recently available Census of Governments. This sample is drawn at the governmental unit level, which is defined as all sites under a single controlling governmental entity. There are 27, 214 single unit establishments, 11,964 multiunit establishments and 3,015 government units in the 2006 sample.		
<a href="#">Medical Statistical Information System (MSIS)</a>	CMS	<p>Collects manage, analyzes and disseminates information on eligibles, beneficiaries, utilization, and payment for services covered by State Medicaid programs. Each state eligible file contains one record for each person covered by Medicaid for at least one day during the reporting quarter.</p> <p>Since the Balanced Budget Act (BBA) of 1997, all claims submitted to CMS are processed electronically through MSIS. MSIS data are used by CMS to produce Medicaid program characteristics and utilization information for states. These data also provide CMS with a large-scale database of state eligibles and services.</p>	<p><b>Individual eligible records:</b> Demographic, monthly enrollment data.</p> <p><b>Paid claims files:</b> adjudicated medical service related claims and capitation payments.</p> <p>Four types of claims files representing inpatient, long term care, prescription drugs and non-institutional services are submitted by the states.</p> <p><b>Claims records:</b></p> <ul style="list-style-type: none"> <li>• Types of services provided</li> <li>• Providers of services</li> <li>• Service dates</li> <li>• Costs</li> <li>• Types of reimbursement</li> <li>• Epidemiological variables</li> </ul>	<p>JT Zerzan, N Morden, S Soumerai, D Ross-Degnan, E Roughead, F Zhang, L Simoni-Wastila, SD Sullivan. (2006) Trends and Geographic Variation of Opiate Medication Use in State Medicaid Fee-For-Service Programs, 1996 to 2002. <i>Medical Care</i>, 44(11):1005-1010.</p> <p>J Holahan, A Ghosh. (2005) Understanding The Recent Growth In Medicaid Spending, 2000-2003. <i>Health Affairs Web Exclusive</i>, January 26.</p>
<a href="#">Medicare Cost Reports</a>	CMS	Provides online Medicare cost report data for over 6,000 hospitals. The database is built from Medicare cost report information obtained from CMS. Files are updated	Includes every data element included in the HCRIS extract created for CMS by a provider's	CL Leibson, SK Katusic, WJ Barbaresi, R Ransom, PC O'Brian. (2001). Use and Costs

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		<p>quarterly as new data become available.</p> <p>The Healthcare Cost Report Information System (HCRIS) dataset contains the most recent version (i.e. as submitted, settled, and reopened) of each cost report filed with CMS (formerly HCFA) since federal FY 1996.</p>	fiscal intermediary.	of Medical Care for Children and Adolescents With and Without Attention-Deficit/Hyperactivity Disorder. <i>JAMA</i> . 285:60-66.
<a href="#">Medicare Current Beneficiary Survey (MCBS)</a>	CMS	<p>A continuous, multipurpose survey of a representative national sample of the Medicare population, conducted by the Office of Strategic Planning of the Centers for Medicare &amp; Medicaid Services (CMS) through a contract with Westat.</p> <p>The MCBS determines expenditures and sources of payment for all services used by Medicare beneficiaries, including co-payments, deductibles, and non-covered services; ascertains all types of health insurance coverage and relates coverage to sources of payment; and traces processes over time, such as changes in health status and spending down to Medicaid eligibility and the impacts of program changes, satisfaction with care, and usual source of care.</p>	<ul style="list-style-type: none"> <li>• Demographics</li> <li>• Expenditures</li> <li>• Sources of payment</li> <li>• Family support</li> </ul>	<p>S Schneeweiss, PS Wang. (2005). Claims Data Studies of Sedative-Hypnotics and Hip Fractures in Older People: Exploring Residual Confounding Using Survey Information. <i>Journal of the American Geriatrics Society</i>, 53(6): 948-954.</p>
<a href="#">Monitoring the Future (MTF)</a>	ICPSR under contract with National Institute on Drug Abuse (NIDA)	<p>A study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults.</p> <p>Each year, a total of approximately 50,000 8th, 10th and 12th grade students are surveyed (12th graders since 1975, and 8th and 10th graders since 1991). In addition, annual follow-up questionnaires are mailed to a sample of each graduating class for a number of years after their initial participation.</p>	<ul style="list-style-type: none"> <li>• Youth attitudes</li> <li>• Youth behaviors</li> <li>• Youth values</li> </ul>	<p>LD Johnston, PM O'Malley, JG Bachman. (2003). Monitoring the Future: National Results on Adolescent Drug Use: Overview of Key Findings. <i>Focus</i>, 1: 213-234</p> <p>SE McCabe, CJ Teter, CJ Boyd, SK Guthrie. (2004). Prevalence and correlates of illicit</p>

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
				methylphenidate use among 8th, 10th, and 12th grade students in the United States, 2001. <i>Journal of Adolescent Health</i> , 35(6):501-504.
<a href="#">National Comorbidity Survey (NCS) and National Comorbidity Replication (NCS-R)</a>	Harvard University	The first nationally representative mental health survey in the U.S. to use a fully structured research diagnostic interview to assess the prevalence's and correlates of DSM-III-R disorders. The baseline NCS was fielded from the fall of 1990 to the spring of 1992, and respondents were re-interviewed in 2001-02 (NCS-2) to study patterns and predictors of the course of mental and substance use disorders and to evaluate the effects of primary mental disorders in predicting the onset and course of secondary substance disorders. In conjunction with this, an NCS Replication survey (NCS-R) was carried out in a new national sample of 10,000 respondents	N/A	RC Kessler, P Berglund, O Demler, R Jin, D Koretz, KR Merikangas, AJ Rush, EE Walters, PS Wang. (2003). The Epidemiology of Major Depressive Disorder: Results From the National Comorbidity Survey Replication (NCS-R). <i>JAMA</i> , 289:3095-3105.  PS Wang, M Lane, M Olfson, HA Pincus, KB Wells, RC Kessler. (2005). Twelve-Month Use of Mental Health Services in the United States: Results From the National Comorbidity Survey Replication. <i>Archives of General Psychiatry</i> , 62(6): 629-40.
<a href="#">National Drug Abuse Treatment Clinical Trials Network (CTN)</a>	NIDA	Provides an enterprise in which the National Institute on Drug Abuse, treatment researchers, and community-based service providers cooperatively develop, validate, refine, and deliver new treatment options to patients in community-level clinical practice.	N/A	Online research studies available here: <a href="http://www.drugabuse.gov/CTN/Research.html">http://www.drugabuse.gov/CTN/Research.html</a>
<a href="#">National Epidemiologic Survey</a>	NIAAA	A longitudinal survey on alcohol, tobacco, drugs, and related conditions with its first wave of interviews fielded	<ul style="list-style-type: none"> <li>• Background</li> <li>• Alcohol consumption</li> </ul>	BF Grant, FS Stinson, DA Dawson, SP Chou, MC Dufour,

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
<a href="#">on Alcohol and Related Conditions (NESARC)</a>		in 2001-2002 and second wave in 2004-2005. The NESARC is a representative sample of the non-institutionalized U.S. population 18 years of age and older. Public use data are currently available for the first wave of data collection.	<ul style="list-style-type: none"> <li>• Alcohol abuse and dependence</li> <li>• Alcohol treatment utilization</li> <li>• Family history of alcoholism</li> <li>• Tobacco use and dependence</li> <li>• Medicine use</li> <li>• Drug abuse and dependence</li> <li>• Drug treatment utilization</li> <li>• Family history of drug abuse</li> <li>• Major depression</li> <li>• Family history of major depression</li> <li>• Dysthymia</li> <li>• Mania and hypomania</li> <li>• Panic disorder and agoraphobia</li> <li>• Social phobia</li> <li>• Specific phobia</li> <li>• Anxiety disorder</li> <li>• Personality disorders</li> <li>• Antisocial personality disorder</li> <li>• Family history of antisocial personality disorder</li> <li>• Pathological gambling</li> <li>• Medical conditions</li> </ul>	<p>W Compton, RP Pickering, K Kaplan. (2004). Prevalence and Co-occurrence of Substance Use Disorders and Independent Mood and Anxiety Disorders: Results From the National Epidemiologic Survey on Alcohol and Related Conditions. <i>Arch Gen psychiatry</i>61:807-816.</p> <p>DS Hasin, BF Grant. (2004). The Co-occurrence of <i>DSM-IV</i> Alcohol Abuse in <i>DSM-IV</i> Alcohol Dependence: Results of the National Epidemiologic Survey on Alcohol and Related Conditions on Heterogeneity That Differ by Population Subgroup. <i>Archives of General Psychiatry</i>, 61:891-896.</p>

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			<ul style="list-style-type: none"> <li>Victimization</li> </ul>	
<a href="#">National Health Accounts (NHA)</a>	CMS	Provides information and research on spending for health care in the U.S.	<b>Annual health spending by type of service and source of funding, including:</b> <ul style="list-style-type: none"> <li>Dental Services</li> <li>Durable Medical Equipment</li> <li>Home Health Care</li> <li>Hospital Care</li> <li>Nursing Home Care</li> <li>Other Personal Health Care</li> <li>Other Professional Services</li> <li>Out-of-Pocket Payments</li> <li>Population</li> <li>Physician and Clinical Services</li> <li>Prescription Drugs and Non-Durable Medical Products</li> <li>Private Health Insurance</li> </ul>	<p>M Hartman, C Smith, S Heffler, M Freeland. (2006). Monitoring health spending increases: incremental budget analyses reveal challenging tradeoffs. <i>Health Care Finance Rev</i>, 28(1):41-52.</p> <p>N DeParle. (2005). How Policymakers Use the National Health Accounts, Prepared for the CMS Conference on National Health Accounts, April. <a href="http://www.cms.hhs.gov/NationalHealthExpendData/downloads/confpaperdeparle.pdf">http://www.cms.hhs.gov/NationalHealthExpendData/downloads/confpaperdeparle.pdf</a></p>
<a href="#">National Health and Nutrition Examination Survey (NHANES)</a>	CDC	A program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year.	<b>NHANES interview includes:</b> <ul style="list-style-type: none"> <li>Demographics</li> <li>Socioeconomic factors</li> <li>Dietary factors</li> <li>Health-related questions</li> </ul> <b>Examination component includes:</b> <ul style="list-style-type: none"> <li>Medical, dental, and physiological measurements</li> <li>Laboratory tests</li> <li>Mental health and drug and</li> </ul>	<p>CU Onyike, RM Crum, HB Lee, CG Lyketsos, WW Eaton. (2003). Is Obesity Associated with Major Depression? Results from the Third National Health and Nutrition Examination Survey. <i>American Journal of Epidemiology</i>, 158: 1139-1147.</p>

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
			alcohol use questions	
<a href="#">National Health Care Surveys (NHCS)</a>	CDC	<p>Nationally representative, provider-based surveys covering a broad spectrum of health care settings. Within each setting, data are collected from a sample of organizations that provide care (such as home health care agencies, inpatient hospital units, or physician offices) and from samples of patient (or discharge) encounters within the sampled organizations.</p> <p><b>The National Ambulatory Medical Care Survey (NAMCS):</b> provide data on the provision and use of ambulatory medical care services in the United States using a sample of visits to non-federally employed office-based physicians who are primarily engaged in direct patient care. Physicians in the specialties of anesthesiology, pathology, and radiology are excluded from the survey.</p> <p><b>Ambulatory Medical Care Survey (NHAMCS):</b> provide data on the utilization and provision of ambulatory care services in hospital emergency and outpatient departments using a national sample of visits to the emergency departments and outpatient departments of non-institutional general and short-stay hospitals, exclusive of federal, military, and VA hospitals, in the 50 states and the District of Columbia.</p> <p><b>The National Hospital Discharge Survey (NHDS):</b> provide data on inpatients discharged from nonfederal short-stay hospitals in the US. Only hospitals with an average length of stay of fewer than 30 days for all patients, general hospitals, or children's general hospitals are included in</p>	N/A	J Guevara, P Lozano, T Wickizer, L Mell, H Gephart. (2002) Psychotropic Medication Use in a Population of Children Who Have Attention-Deficit/Hyperactivity Disorder. <i>Pediatrics</i> , 109: 733-739

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		<p>the survey. Federal, military, and VA hospitals, and prison hospitals), and hospitals with fewer than 6 beds staffed for patient use, are excluded. In 2005, approximately 375,000 inpatient records were obtained from 444 hospitals.</p> <p><b>The National Survey of Ambulatory Surgery (NSAS):</b> surveys ambulatory surgery visits collecting data from hospital-based and freestanding ambulatory surgery facilities. The 2006 survey has detailed data on facility characteristics.</p> <p><b>The National Home and Hospice Care Survey (NHHCS):</b> is a continuing series of surveys of home and hospice care agencies in the United States. The NHHCS is based on a probability sample of home health agencies and hospices. The survey includes all agencies that are licensed or certified by Medicare or Medicaid.</p> <p><b>The National Nursing Home Survey (NNHS):</b> is a continuing series of national sample surveys of nursing homes, their residents, and their staff. All nursing homes included in this survey had at least three beds and were either certified by Medicare or Medicaid or had a state license to operate as a nursing home.</p>		
<a href="#">National Health Interview Survey (NHIS)</a>	CDC	The principal source of information on the health of the civilian non-institutionalized population of the United States covering the amount, distribution, and effects of illness and disability in the United States and the services rendered for or because of such conditions.	N/A	BF Grant. (1997). Prevalence and Correlates of Alcohol Use and DSM-IV Alcohol Dependence in United States: Results of the National Longitudinal Alcohol

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
		Online access is available to all files from 1963-200. In addition, corrected condition files are available from 1982-1994.		Epidemiology Survey. <i>Journal of Studies on Alcohol</i> , 58(5): 464-473.
<a href="#">National Hospital Discharge Survey (NHDS)</a>	CDC	<p>A national probability survey of inpatients discharged from non-Federal short-stay hospitals in the United States. The NHDS collects data from a sample of approximately 270,000 inpatient records acquired from a national sample of about 500 hospitals. Only hospitals with an average length of stay of fewer than 30 days for all patients, general hospitals, or children’s general hospitals are included in the survey. Federal, military, and Department of Veterans Affairs hospitals, as well as hospital units of institutions (such as prison hospitals), and hospitals with fewer than six beds staffed for patient use, are excluded.</p> <p>Two collections are used: one is a manual system in which sample selection and medical transcription from the hospital records to abstract forms is performed by the hospital’s staff or by staff of the U.S. Bureau of the Census on behalf of NCHS. The other data collection procedure is an automated system in which NCHS purchases machine-readable medical record data from commercial organizations, State data systems, hospitals, or hospital associations.</p>	<ul style="list-style-type: none"> <li>• Age</li> <li>• Sex</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Marital status</li> <li>• Expected sources of payment</li> <li>• Admission and discharge dates</li> <li>• Discharge status</li> <li>• Diagnoses</li> <li>• Procedures coded to ICD-9</li> <li>• Other medical information</li> </ul>	<p>HLF Cooper, JE Brady, D Ciccarone, B Tempalski, K Gostnell, SR Friedman. (2007). Nationwide Increase in the Number of Hospitalizations for Illicit Injection Drug Use–Related Infective Endocarditis. <i>Clinical Infectious Diseases</i>, 45(9): 1200-1203.</p> <p>MG Foreman, DM Mannino, M Moss. (2003) Cirrhosis as a Risk Factor for Sepsis and Death: Analysis of the National Hospital Discharge Survey. <i>Chest</i>, 124: 1016-1020.</p>
<a href="#">National Long Term Care Survey (NLTC)</a>	NIA/Duke University	A longitudinal survey designed to study changes in the health and functional status of older Americans (aged 65+). The survey also tracks health expenditures, Medicare service use, and the availability of personal, family, and community resources for care giving. The survey began in 1982, and follow-up surveys were	<ul style="list-style-type: none"> <li>• Demographics</li> <li>• ADL’s</li> <li>• IADL’s</li> <li>• Alcohol and substance use</li> <li>• Mental health condition</li> <li>• Caregivers, payment</li> </ul>	JJ Cochrane, PN Goering, JM Rogers. (1999). The Mental Health of Informal Caregivers in Ontario: an Epidemiological Survey. <i>American Journal of Public Health</i> , 87(12): 2002-

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		conducted in 1984, 1989, 1994, 1999, and 2004.	<ul style="list-style-type: none"> <li>Family supports</li> <li>Health expenditures</li> <li>Medicare service use</li> </ul>	2007.
<a href="#">National Survey of Substance Abuse Treatment Services – (N-SSATS)</a>  <a href="#">SAMHSA Office of Applied Studies (related N-SSATS link)</a>	SAMHSA	A point-prevalence survey providing information on the substance abuse treatment system and its clients on the reference date – a "snapshot" of substance abuse treatment facilities and clients on an average day -- the last business day in March.	<ul style="list-style-type: none"> <li>Covering services offered</li> <li>Primary focus (substance abuse, mental health, both, general health, other)</li> <li>Hotline operation</li> <li>Methadone/LAAM dispensing</li> <li>Languages in which treatment is provided</li> <li>Type of treatment provided</li> <li>Number of clients (total and under age 18)</li> <li>Number of beds</li> <li>Types of payment accepted</li> <li>Sliding fee scale</li> <li>Facility accreditation</li> </ul>	<p>TL Mark, X Song, R Vandivort, S Duffy, J Butler, R Coffey, VF Schabert. (2006). Characterizing substance abuse programs that treat adolescents. <i>Journal of Substance Abuse Treatment</i>, 31(1):59-65.</p> <p>BH McFarland, RM Gabriel, D Bigelow, DA Walker, R Dale. (2006). Organization and Financing of Alcohol and Substance Abuse Programs for American Indians and Alaska Natives. <i>Am J Public Health</i>, 96: 1469-1477.</p>
<a href="#">National Survey on Drug Use &amp; Health (NSDUH) formerly the National Household Survey on Drug Abuse (NHSDA)</a>	SAMHSA	Collects prevalence data and trends for illicit drugs, alcohol, and tobacco use as well as mental health problems. Conducted from 1966-2007, the sample design provides estimates for all 50 States plus the District of Columbia for the years 2005 through 2009. The respondent universe is the civilian, non-institutionalized population aged 12 years old or older residing within the United States. Persons excluded from the survey include persons with no fixed household address. The 2005 design enables estimates to be developed by State in all 50 States plus the District of Columbia.	<ul style="list-style-type: none"> <li>Illicit Drug Use</li> <li>Alcohol Use</li> <li>Tobacco Use</li> <li>Trends in Initiation of Substance Use</li> <li>Youth Prevention-Related Measures</li> <li>Substance Dependence, Abuse, and Treatment</li> <li>Prevalence and Treatment of Mental Health Problems</li> </ul>	<p>TH Wagner, KM Harris, B Federman, L Dai, Y Luna, K Humphreys. (2007). Prevalence of Substance Use Disorders Among Veterans and Comparable Nonveterans From the National Survey on Drug Use and Health. <i>Psychological Services</i>, 4(3):149-157.</p>

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
			<ul style="list-style-type: none"> <li>State level data</li> </ul>	S Lipsky, R Caetano. (2007). The Role of Race/Ethnicity in the Relationship Between Emergency Department Use and Intimate Partner Violence: Findings From the 2002 National Survey on Drug Use and Health. <i>Am J Public Health</i> , 97: 2246-2252.
<a href="#">National Trauma Data Bank (NTDB)</a>	American College of Surgeons	The largest aggregation of trauma registry data ever assembled including over 2 million records from trauma centers in the U.S. and Puerto Rico.	<ul style="list-style-type: none"> <li>Name</li> <li>Demographics</li> <li>Injury, Pre-hospital</li> <li>Emergency department</li> <li>Hospital procedure</li> <li>Diagnosis</li> <li>Injury severity</li> <li>Outcome</li> <li>Financial</li> <li>Quality assurance</li> </ul>	<p>M Crandall, F Luchette, TJ Esposito, M West, M Shapiro, E Bulger, M Brandt. (2007). Attempted Suicide and the Elderly Trauma Patient: Risk Factors and Outcomes. <i>Journal of Trauma-Injury Infection &amp; Critical Care</i>, 62(4):1021-1028.</p> <p>K Modjarrad, G McGwin Jr., J Cross, L Rue III. (2007) The descriptive epidemiology of intentional burns in the United States: An analysis of the National Burn Repository. <i>Burns</i>, 33(7): 828 – 832.</p>
<a href="#">Provider data</a> , <a href="#">Hospital data</a> , <a href="#">Pharmacy data</a>	Ingenix	Ingenix benefits modeling using real claims files; Hospital room rates	<ul style="list-style-type: none"> <li>Physician fees</li> <li>Reimbursement rates</li> <li>Claims data</li> </ul>	Stein, B. & Zhang, W. (2003). Drug and alcohol treatment among privately insured patients: rate of specialty substance abuse treatment and

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
				<p>association with cost-sharing. <i>Drug and Alcohol Dependence</i>, 71(2), 153-159.</p> <p>Yu, W., Ravelo, A., Wagner, T. H., &amp; Barnett, P. G. (2004). The Relationships Among Age, Chronic Conditions, and Healthcare Costs. <i>The American Journal Of Managed Care</i>, 10(12), 909-916.</p>
<a href="#">SAMHSA National Spending Estimates</a>  <a href="#">1993-2003</a>  <a href="#">1991-2001</a>	SAMHSA	Provides national spending estimates for mental health (MH) services and substance abuse (SA) treatment. The MH/SA estimates are derived from the national health expenditures (the National Health Accounts for all health) that are developed by the Centers for Medicare and Medicaid Services (CMS). The estimates are created for mental health (MH), substance abuse (SA), and MSHA combined, and are compared with all health care expenditures.	Expenditure data for Mental Health and Substance Abuse	TL Mark, RM Coffey. (2003). What Drove Private Health Insurance Spending On Mental Health And Substance Abuse Care, 1992–1999? <i>Health Affairs</i> , 22(1): 165-172.
<a href="#">Service Annual Survey</a>	Census Bureau	The Service Annual Survey produces the most comprehensive data available on service activity in the U.S. It provides estimates of revenue and other measures for most traditional service industries.	<ul style="list-style-type: none"> <li>• Operating revenue for both taxable and tax-exempt firms and organizations</li> <li>• Sources of revenue and expenses by type for selected industries</li> <li>• Operating expenses for tax-exempt firms</li> <li>• Selected industry-specific items</li> </ul>	N/A

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
			<ul style="list-style-type: none"> <li>E-commerce data for all industries</li> <li>Export and inventory data for selected industries</li> </ul>	
<a href="#">State Profile Highlights</a>	NASMHPD-NRI	Provides the latest and most complete information on the activities of the State Mental Health Agencies (SMHAs) including descriptions of each SMHA.	<ul style="list-style-type: none"> <li>Organization and structure</li> <li>Services</li> <li>Eligible populations</li> <li>Emerging policy issues</li> <li>Numbers of consumer served</li> <li>Fiscal resources</li> <li>Consumer issues</li> <li>Information management systems</li> <li>Research and evaluation</li> </ul>	A list of reports is available here: <a href="http://www.nri-inc.org/projects/Profiles/highlight.htm">http://www.nri-inc.org/projects/Profiles/highlight.htm</a>
<a href="#">Substance Abuse and Mental Health Data Archive (SAMHDA)</a>	SAMHSA	Holdings consist mainly of data derived from surveys and administrative records. The SAMHDA data holdings contain over 120 studies and 425 downloadable data files with annual data on drug use, mental health, treatment admissions, services, and characteristics.  SAMHDA is an initiative of the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA) based at the Inter-university Consortium for Political and Social Research (ICPSR).	<ul style="list-style-type: none"> <li>Drug use</li> <li>Health</li> <li>Mental health</li> <li>Treatment admissions</li> <li>Treatment facility services and characteristics</li> <li>Drug use among youth</li> </ul>	Online publications are available here: <a href="http://www.icpsr.umich.edu/SAMHDA/using-data/publications.html">http://www.icpsr.umich.edu/SAMHDA/using-data/publications.html</a>
<a href="#">Substance Abuse Information Database (SAID)</a>	Department of Labor	Provides information about and access to documents and resources on workplace substance abuse issues.  SAID includes sample policies, research reports, training and educational materials, and legal and regulatory information.	N/A	MG Wilson, PB Holman, A Hammock. (1996). A Comprehensive Review of the Effects of Worksite Health Promotion on Health-Related Outcomes. <i>American Journal of</i>

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
				<i>Health Promotion</i> , 10(6): 429-435.
<a href="#">Survey on Income and Program Participation (SIPP)</a>	Census Bureau	Provides accurate and comprehensive information about the income and program participation of individuals and households in the United States, and about the principal determinants of income and program participation. SIPP offers detailed information on cash and noncash income on a sub-annual basis. The survey also collects data on taxes, assets, liabilities, and participation in government transfer programs. SIPP data allow the government to evaluate the effectiveness of federal, state, and local programs.	<ul style="list-style-type: none"> <li>• Poverty</li> <li>• Income</li> <li>• Employment</li> <li>• Health insurance coverage</li> <li>• Demographic characteristics (work experience, earnings, program participation, transfer income and asset income)</li> </ul>	A variety of SIPP publications are available here: <a href="http://www.census.gov/sipp/pubs.html">http://www.census.gov/sipp/pubs.html</a>
<a href="#">State Health Facts</a>	Kaiser Family Foundation	Provides the latest state-level data on demographics, health and health policy, including health coverage, access, financing and state legislation and budgets.	<ul style="list-style-type: none"> <li>• Health expenditures by state of residence</li> <li>• Health expenditures by state of provider</li> <li>• Prescription drugs</li> <li>• Employer-based health premiums</li> <li>• Hospital inpatient day expenses</li> <li>• Tobacco settlement funds</li> <li>• Mental health agency expenditures</li> <li>• Correctional health care expenditure</li> <li>• State budgets</li> <li>• Health status</li> </ul>	BD Sommers. (2005). The Impact of Program Structure on Children’s Disenrollment from Medicaid and SCHIP. <i>Health Affairs</i> , 24(6): 1611-1618.
<a href="#">The Youth Risk Behavior Surveillance System</a>	CDC	Monitors priority health-risk behaviors and the prevalence of obesity and asthma among youth and young adults. The YRBSS includes a national school-based	<ul style="list-style-type: none"> <li>• Unintentional injuries and violence</li> </ul>	JS. Santelli, J Abma, S Ventura, L Lindberg, B Morrow, JE Anderson, S Lyss, BE Hamilton.

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
<a href="#">YRBSS</a>		survey conducted by the Centers for Disease Control and Prevention (CDC) and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments. The YRBSS is a nationally representative sample of public and private high school students and includes representative samples of students in: Middle schools; Alternative schools; Juvenile justice facilities	<ul style="list-style-type: none"> <li>• Tobacco use</li> <li>• Alcohol and other drug use</li> <li>• Sexual behaviors</li> <li>• Unhealthy dietary behaviors</li> <li>• Physical inactivity</li> </ul>	<p>(2004). Can changes in sexual behaviors among high school students explain the decline in teen pregnancy rates in the 1990s? <i>Journal of Adolescent Health</i>, 35(2):80-90.</p> <p>DK Eaton, L Kann, S Kinchen, S Shanklin, J Ross, J Hawkins, WA Harris, R Lowry, T McManus, D Chyen, C Lim, ND Brener, H Wechsler. (2008). Youth Risk Behavior Surveillance, United States—2007. <i>Morbidity and Mortality Weekly</i>: 57(SS-4) June 6.</p>
<a href="#">Treatment Episode Data Set (TEDS)</a>	SAMHSA	An administrative data system providing descriptive information about the national flow of admissions and discharges to and from specialty providers of substance abuse treatment. Approximately 1.6 million admission records are submitted to TEDS each year and TEDS public use files for 1992-1999 are available for on-line analysis through the Substance Abuse and Mental Health Data Archive (SAMHDA) TEDS Collects data from all 50 States, the District of Columbia, and Puerto Rico	<p><b>TEDS Discharge Data Set</b></p> <ul style="list-style-type: none"> <li>• Type of service at discharge</li> <li>• Date of last contact</li> <li>• Date of discharge</li> <li>• Reason for discharge, transfer, or discontinuance of treatment</li> </ul> <p><b>TEDS Admissions: Minimum Data Set</b></p> <ul style="list-style-type: none"> <li>• Client/codependent</li> <li>• Transaction type (admission or transfer)</li> </ul>	<p>RA Rawson, J Maxwell, B Rutkowski. (2007). OxyContin Abuse: Who Are the Users? <i>Am J Psychiatry</i>, 164: 1634-1636</p> <p>R Callaghan, L Taylor, J Tavares. (2006) Addressing the needs of injection drug users in detoxification treatment. <i>Journal of Substance Abuse Treatment</i>, 30(2):165-166.</p>

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
			<ul style="list-style-type: none"> <li>• Date of admission</li> <li>• Type of service at admission</li> <li>• Age</li> <li>• Sex</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Number of prior treatment episodes</li> <li>• Principal source of referral</li> <li>• Education</li> <li>• Employment status</li> <li>• Substance problem [(primary, secondary, and tertiary)</li> <li>• Usual route of administration</li> <li>• Frequency of use</li> <li>• Age at first use</li> <li>• Use of methadone planned as part of treatment</li> <li><b>TEDS Admissions: Supplemental Data Set</b></li> <li>• Pregnancy status at time of admission</li> <li>• Veteran status</li> <li>• Psychiatric problem in</li> </ul>	

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Dataset	Collected By	Description, Sample Coverage, and Dataset Characteristics	Key Variables	Indicative Studies /Presentations if Applicable
			addition to alcohol or drug problem <ul style="list-style-type: none"> <li>• DSM diagnosis</li> <li>• Marital status</li> <li>• Living arrangement</li> <li>• Source of income/support</li> <li>• Health insurance</li> <li>• Expected/actual primary source of payment</li> <li>• Detailed: "Not in labor force"</li> <li>• Detailed: criminal justice referral</li> <li>• Days waited to enter treatment</li> <li>• Detailed drug code (primary, secondary, and tertiary)</li> </ul>	