

## TOPPS II STATE STUDIES GRID

| State     | Goals & Objectives  | Sample Size   | Instruments  |           |  |  | Comments  |
|-----------|---|---|--|-----------|--|--|---|
|           |   |   | Admission  | During Tx | Discharge  | Follow-up                              |   |
| <b>AZ</b> | <ul style="list-style-type: none"> <li>To develop &amp; refine measures of system performance and patient outcome using a facilitated, consensus panel process;</li> <li>To conduct a post-treatment outcome follow-up of 751 patients to measure change in functional outcome variables;</li> <li>To conduct an internal MIS study of existing data available for performance measurement;</li> <li>To conduct an integrated MIS study matching public system substance abuse patients to other state-level databases on hospital admissions, emergency room utilization, relapse, criminal involvement, public assistance utilization;</li> <li>To integrate outcome &amp; performance measures data derived from TOPPS I and TOPPS II into system improvement initiatives, including performance benchmarks for subcontracting and MIS modifications that allow effective monitoring of SAPT Block Grant requirements;</li> <li>To participate with other TOPPS II states in a cooperative Steering Committee to determine an appropriate set of measures for treatment outcome and performance at the national level</li> </ul> | Admission: N=751<br>Discharge: N=751<br>Follow-up: N=751<br><br>(Includes treatment non-completers) | TOPPS II Core Data Set (CDS); Arizona Level of Functioning Substance Abuse version (ALFA-SA) |           | TOPPS II Core Data Set (CDS); Client Satisfaction; ALFA-SA | TOPPS II Core Data Set (CDS); ALFA-SA. | Arizona is proposing a set of three interrelated studies. The studies are: <ol style="list-style-type: none"> <li>MIS Performance Measures Study;</li> <li>Integrated MIS/ Survey Verification Study;</li> <li>TOPPS II Patient Follow-Up Study (discharge, 6 months, 1 year post-treatment)</li> </ol><br>AZ will also conduct an assessment of the cost offset resulting from successful treatment. |

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| CA    | <ul style="list-style-type: none"> <li>To pilot test an OMS that measures standardized assessment of client service needs, records service utilization, assesses treatment outcomes and client satisfaction, and determines the extent to which substance abuse treatment produces cost-offsets in other health and social service systems;</li> <li>To develop and implement an outcome monitoring system (OMS) for the statewide alcohol and other drug (AOD) system of care and to enhance the related management information system (MIS).</li> </ul> | Admission: N=10,000<br>Discharge: N=8,000<br>Follow-up: N=2,700. | TOPPS II CDS;<br>ASI Lite;<br>Other; | Record type, frequency, & duration of services; | TOPPS II CDS;<br>ASI Lite;<br>Other | TOPPS II CDS;<br>ASI Lite;<br>Other;<br>Client Satisfaction Survey at three months post discharge, Follow up at nine months post discharge. | CA will conduct a cost offset assessment and cost estimate study. It will also do secondary data analysis. |
| CT    | <ul style="list-style-type: none"> <li>To implement measures developed and validated in TOPPS I to all state licensed programs;</li> <li>To conduct a statewide process evaluation of the implementation of a revised State client and outcome monitoring system;</li> <li>To evaluate client outcomes across treatment levels of care and within special populations;</li> </ul>   | Admission: N=600<br>Discharge: N=600<br>Follow-up: N=600         | TOPPS II CDS;<br>Other.              | Review of Service Records.                      | TOPPS II CDS;<br>Other.             | TOPPS II CDS;<br>Other; Client Satisfaction.  | CT has proposed two substudies:<br>1)Women's Outcome Study; and<br>2)Dually diagnosed Patients Study.      |

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| <b>IL</b> | <ul style="list-style-type: none"> <li>To assure a participatory process in the planning, development, and implementation of an Illinois AOD treatment outcome and provider performance monitoring system;</li> <li>To develop and implement a standard set of AOD client outcome and provider performance instruments to be used by all DHS/OASA-funded treatment organizations;</li> <li>To design and implement a follow-up study with a random sample of DHS/OASA-funded AOD treatment clients admitted to a representative sample of providers;</li> <li>To develop Illinois AOD treatment system recommendations based on OMS findings and conclusions;</li> <li>To disseminate project findings, conclusions, and recommendations;</li> <li>To maintain working relationships and lines of communications with CSAT, national TOPPS II technical assistance center, and TOPPS II interstate advisory committee.</li> </ul> | Admission:<br>N=15,000<br>Discharge:<br>N=15,000<br>Follow-up:<br>N=2,000 | TOPPS II<br>CDS;<br>Other.  |  | 3 TEDS<br>items;<br>Other;<br>Service<br>Units        | TOPPS II<br>CDS;<br>Other; Client<br>Satisfaction               | The Illinois study will collect data from Adult DHS/OASA funded AOD treatment services; It has proposed the following substudies: 1) Instrument reliability and validity studies; 2) Client group analyses; 3) Provider performance indicators; 4) Focus groups on feasibility of statewide implementation of core data set.<br><br>One of the three States doing a validity study by gathering urine and hair samples from clients. |
| <b>IA</b> | <ul style="list-style-type: none"> <li>To develop, pilot, and examine a standardized, integrated, computerized assessment and placement instrument;</li> <li>To adopt and pilot a screening instrument for co-morbid psychiatric conditions;</li> <li>To compare treatment outcomes among methamphetamine and non-methamphetamine users;</li> <li>To link the Iowa Substance Abuse Reporting System with other statewide databases regarding, criminal history, drivers license data, work force and human services utilization.</li> </ul>   | Admission:<br>N=400<br>Discharge:<br>N=400<br>Follow-up:<br>N=400         | TOPPS II<br>CDS;<br>Computerized<br>SARS<br>(Substance<br>Abuse<br>Reporting<br>System) | SARS MINI<br>(Mini<br>International<br>Neuropsychi<br>atric<br>Interview,<br>Sheehan, et<br>al), during<br>first<br>individual<br>session after<br>admit to<br>primary tx. | TOPPS II<br>CDS;<br>Client<br>Satisfactio<br>n (SARS) | TOPPS II<br>CDS;<br>Client<br>Satisfaction<br>(SARS);<br>Other. | Iowa is proposing development and implementation of a computerized assessment and placement tool, is working to build data on co-morbidity and methamphetamine treatment needs, and in its third year will work to integrate Iowa's current Substance Abuse Reporting System (SARS) data set with other state secondary databases sets regarding work force, criminal records, and human services utilization.                       |

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|           |   |   | Admission                                    | During Tx | Discharge                                       | Follow-up  |  |
| <b>KY</b> | <ul style="list-style-type: none"> <li>To determine the utility of enhancing feedback to rural substance abuse clinicians in order to improve the quantity, quality, and timeliness of the established Kentucky Treatment Outcome System (KTOS) data submissions;</li> <li>To implement and examine the feasibility of establishing a seamless local data collection approach in rural substance abuse treatment centers for baseline, tracking, and follow-up data in order to provide reliable and valid data as well as more acceptable rates of follow-up contact;</li> <li>To examine the effectiveness of varied intensities of client contact rates and client incentives on rates of successful client follow-up;</li> <li>To examine the impact of pre-treatment and treatment variables on changes in alcohol and drug use, psychological symptoms, involvement with the criminal justice system, health care utilization, and economic and social circumstances at 6 months post-treatment.</li> </ul> | Admission:<br>N=600<br>Discharge:<br>N=600<br>Follow-up:<br>N=600 | TOPPS II<br>CDS;<br>ASI Lite;<br>Other.      |           | 3 TEDS<br>Items;<br>Client<br>Satisfactio<br>n. | TOPPS II<br>CDS;<br>ASI Lite;<br>Other.                            | This project is an attempt to build upon what is been learned in Rural Kentucky. Substudies involve: 1) Feedback to clinicians study; 2) Local data collection feasibility study; and 3) Client incentive study. |
| <b>MD</b> | <ul style="list-style-type: none"> <li>To determine the feasibility of linking client information from a statewide drug treatment database with secondary data from health, employment, and criminal justice databases to assess post-discharge drug treatment outcomes;</li> <li>To pilot a measure of client satisfaction;</li> <li>To pilot a measure of during-treatment outcomes for methadone maintenance clients</li> </ul>  | Secondary<br>data<br>analysis;<br>N=22,500                        | 3 TEDS Items;<br>ASI<br>Composite<br>scores. |           | 3 TEDS<br>Items                                 | Secondary<br>data from<br>administrative<br>statewide<br>databases | Has proposed two secondary data analyses studies. There will be no burden on the patients to provide data. Burden is on the State to provide the databases.  |

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|           |  |   | Admission                  | During Tx   | Discharge                                       | Follow-up                               |   |
| <b>MA</b> | <ul style="list-style-type: none"> <li>To develop a comprehensive Massachusetts Performance and Outcomes Monitoring System (MassPOMS), building on the State's Substance Abuse MIS (SAMIS), integrating provider data, tracking clients across SAMIS, linking to other State data systems, and developing measures of in-treatment client status and outcomes;</li> <li>To develop and expand a Comprehensive Training and Feedback Model to obtain quality outcome and performance data;</li> <li>To conduct a field test of the integrated MassPOMS with a representative sample of publicly funded clients in all major treatment modalities;</li> <li>To develop state-of-the-art data analytic and data presentation techniques for outcomes and performance monitoring data;</li> <li>To participate in a collaborative process to develop performance and outcomes monitoring methods and system</li> </ul> | Admission:<br>N=1,370<br>Discharge:<br>N=1,370<br>Follow-up:<br>N=400 | TOPPS II<br>CDS;<br>Other. | State specific<br>Periodic<br>Assessment<br>Instruments<br>(in outpatient<br>and<br>residential<br>modalities). | TOPPS II<br>CDS;<br>Other.                      | TOPPS II<br>CDS;<br>ASI Lite;<br>Other. | Will conduct a series of pilot studies of the relation of program characteristics to costs and outcomes.<br><br>MA has proposed to do data linking and client tracking.<br><br>Other instrument includes Substance Abuse Management Information System (SAMIS)<br><br>MA will develop quality assurance systems for the outpatient (OutQAS) and residential (ResQAS) treatment modalities building on the lessons of MTQAS. |
| <b>MO</b> | <ul style="list-style-type: none"> <li>To develop and implement an outcome monitoring system (OMS) for the statewide alcohol and other drug (AOD) system of care and to enhance the related management information system (MIS).</li> </ul>  | Admission:<br>N=500<br>Discharge:<br>N=500<br>Follow-up:<br>N=500.    | TOPPS II<br>CDS;<br>ASI-5. |   | 3 TEDS<br>Items;<br>Client<br>Satisfactio<br>n. | TOPPS II<br>CDS;<br>ASI-5.              | MO will test the hypothesis that the greater the degree of recovery exhibited by clients ASI scores at follow-up, the less will be the cost of service utilization of subsequent readmissions to treatment.   |

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|       |  |  | Admission                      | During Tx  | Discharge                          | Follow-up   |   |
| NJ    | <ul style="list-style-type: none"> <li>To develop a uniform implementation of an ASI-based intake assessment instrument that will also be used for tracking post-treatment client outcomes;</li> <li>To develop in-treatment measures of service use;</li> <li>To incorporate satisfaction and other performance and outcome measures consistent with the State's managed behavioral health care initiative;</li> <li>To develop standardized measures of service cost;</li> <li>To incorporate the above system components in a client-level electronic information system will routinely provide the State with data for monitoring and planning treatment services</li> </ul>   | Admission: N=1,250<br>Discharge: N=1,250<br>Follow-up: N=1,250 | TOPPS II CDS; ASI Lite; Other. | TSR, MHSIP (at 3 weeks and 3 months post-intake) | 3 TEDS Items; Client Satisfaction. | TOPPS II CDS; ASI Lite; ASI-5; Other.               | The substudies are: race and gender treatment outcome study, and cost offset study. NJ will test the hypothesis that intensive outpatient services are cost-beneficial with respect to use of publicly-funded services.<br><br>One of the three States conducting a urinalysis. |
| NY    | <ul style="list-style-type: none"> <li>To study the predictive validity of a set of performance indicators that are currently included in OASAS's Management Information System (MIS);</li> <li>To evaluate whether the data collection instrument that is currently mandated statewide, the Client Admission Report (PAS-44), is sufficiently comprehensive and sensitive to support the results or whether an alternative instrument is necessary to increase the predictive power of performance indicators;</li> <li>To determine whether the use of a more comprehensive and sensitive assessment instrument (ASI-Lite) with clinical factors at intake improves case-mix adjustment and increases the predictive power of the performance indicators.</li> <li>To contribute to and further the interstate study (IS) goals of the national TOPPS II project.</li> </ul> | Admission: N=1,875<br>Discharge: N=1,875<br>Follow-up: N=1,875 | TOPPS II CDS; ASI Lite; Other. | State Client Services Report System              | 3 TEDS Items; Other.               | TOPPS II CDS; ASI Lite; Other; Client Satisfaction. | NY will conduct a Cost-Benefit study of the new MIS and OMS.<br><br>Other instruments include CARS at admission and CDR at discharge.   |

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| <b>OK</b> | <ul style="list-style-type: none"> <li>To enhance the OMS for Substance Abuse Treatment;</li> <li>To develop standardized performance and outcome measures;</li> <li>To examine treatment effectiveness and costs;</li> <li>To incorporate common data measures in an inter-State analysis.</li> </ul>   | Secondary data analysis: N=16,412                              | 3 TEDS Items                   | CDC  | 3 TEDS Items                                   | Secondary data analysis        | OK has proposed three substudies: 1) Cost-Benefit analysis; 2) Case Mix Adjustment analysis; and 3) Analysis of special population. |
| <b>TX</b> | <ul style="list-style-type: none"> <li>To refine and enhance TCDA's performance and outcome measurement system for alcohol and other drug treatment services;</li> <li>To contribute to increased knowledge and development of performance measurement systems at the State, inter-State and local level;</li> <li>To utilize TOPPS II data to test hypotheses regarding factors that are related to longer-term outcome;</li> </ul>   | Admission: N=1,750<br>Discharge: N=1,750<br>Follow-up: N=1,750 | TOPPS II CDS; ASI Lite.        | TSR  | 3 TEDS Items; Client Satisfaction.             | TOPPS II CDS; ASI Lite.        | TX will do a secondary data analysis.   |
| <b>UT</b> | <ul style="list-style-type: none"> <li>To develop an Outcome Monitoring System (OMS) that will give the state the institutional capability to measure and report on the effectiveness of the publicly supported treatment services rendered within its statewide substance treatment system;</li> <li>To assess the differential predictive validity of a set of performance indicators;</li> <li>To examine the relationship between client satisfaction and clinical outcomes;</li> <li>To evaluate the case-mix adjusted outcomes of clients who are matched to at least the appropriate type and or intensity of services according to the Standardized Client Treatment Recommendations.</li> </ul> | Admission: N=1,050<br>Discharge: N=1,050<br>Follow-up: N=1,050 | TOPPS II CDS; ASI Lite; Other. | Recent Treatment Scale (RTS); Client Satisfaction. | 3 TEDS Items; Other; Client Satisfaction; RTS. | TOPPS II CDS; ASI Lite; Other; | Other instrument includes Standardized PPC  |

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|           |  |  | Admission                               | During Tx  | Discharge  | Follow-up                               |   |
| <b>AR</b> | <ul style="list-style-type: none"> <li>To develop an Outcome Monitoring System (OMS) that will give the state the institutional capability to measure and report on the effectiveness of the publicly supported treatment services rendered within its statewide substance treatment system;</li> <li>To assess the differential predictive validity of a set of performance indicators;</li> <li>To examine the relationship between client satisfaction and clinical outcomes;</li> <li>To evaluate the case-mix adjusted outcomes of clients who are matched to at least the appropriate type and or intensity of services according to the Standardized Client Treatment Recommendations.</li> </ul> | Admission:<br>N= 1,125<br>Discharge:<br>N=1,125<br>Follow-up:<br>N=1,125 | TOPPS II<br>CDS;<br>ASI Lite;<br>Other. | Recent<br>Treatment<br>Scale (RTS);<br>Client<br>Satisfaction. | 3 TEDS<br>Items;<br>Other;<br>Client<br>Satisfactio<br>n; RTS. | TOPPS II<br>CDS;<br>ASI Lite;<br>Other; | Other instrument includes<br>Standardized PPC |
| <b>NH</b> | <ul style="list-style-type: none"> <li>To develop an Outcome Monitoring System (OMS) that will give the state the institutional capability to measure and report on the effectiveness of the publicly supported treatment services rendered within its statewide substance treatment system;</li> <li>To assess the differential predictive validity of a set of performance indicators;</li> <li>To examine the relationship between client satisfaction and clinical outcomes;</li> <li>To evaluate the case-mix adjusted outcomes of clients who are matched to at least the appropriate type and or intensity of services according to the Standardized Client Treatment Recommendations.</li> </ul> | Admission:<br>N = 675<br>Discharge:<br>N=675<br>Follow-up:<br>N=675      | TOPPS II<br>CDS;<br>ASI Lite;<br>Other. | Recent<br>Treatment<br>Scale (RTS);<br>Client<br>Satisfaction. | 3 TEDS<br>Items;<br>Other;<br>Client<br>Satisfactio<br>n; RTS. | TOPPS II<br>CDS;<br>ASI Lite;<br>Other; | Other instrument includes<br>Standardized PPC |

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|           |  |   | Admission                               | During Tx  | Discharge  | Follow-up                               |  |
| <b>RI</b> | <ul style="list-style-type: none"> <li>To develop an Outcome Monitoring System (OMS) that will give the state the institutional capability to measure and report on the effectiveness of the publicly supported treatment services rendered within its statewide substance treatment system;</li> <li>To assess the differential predictive validity of a set of performance indicators;</li> <li>To examine the relationship between client satisfaction and clinical outcomes;</li> <li>To evaluate the case-mix adjusted outcomes of clients who are matched to at least the appropriate type and or intensity of services according to the Standardized Client Treatment Recommendations.</li> </ul> | Admission:<br>N=1,200<br>Discharge:<br>N=1,200<br>Follow-up:<br>N=1,200 | TOPPS II<br>CDS;<br>ASI Lite;<br>Other. | Recent<br>Treatment<br>Scale (RTS);<br>Client<br>Satisfaction. | 3 TEDS<br>Items;<br>Other;<br>Client<br>Satisfactio<br>n; RTS. | TOPPS II<br>CDS;<br>ASI Lite;<br>Other; | Other instrument includes<br>Standardized PPC  |
| <b>VA</b> | <ul style="list-style-type: none"> <li>To compare the information return, ease of administration, relative costs of a Clinical Tracking System (CTS) to a Database Monitoring System (DMS) for managing and evaluating outcomes in publicly funded substance abuse treatment;</li> <li>To validate contemporary sets of performance indicators against data captured by the CTS and DMS monitoring system.</li> </ul>  | Admission:<br>N=1,632<br>Discharge:<br>N=1,632<br>Follow-up:<br>N=1,632 | TOPPS II<br>CDS;<br>ASI Lite.           | RTS  | TOPPS II<br>CDS;<br>MHSIP<br>Consumer<br>satisfaction          | TOPPS II<br>CDS;<br>ASI Lite.           | VA will do a secondary data<br>analysis.<br><br>VA will perform a cost-effective<br>analysis in an effort to determine<br>which methods of data collection<br>are reliable, valid, and obtainable<br>at the least cost to providers and<br>consumers.<br><br>MHSIP consumer satisfaction<br>survey at 3 months post-<br>admission. |

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|       |   |                                   | Admission                      | During Tx | Discharge            | Follow-up |  |
| WA    | <ul style="list-style-type: none"> <li>• To develop a comprehensive, objective and cost-effective ongoing outcomes-monitoring system that can be used to address management, policy, and research/evaluation questions;</li> <li>• To enhance the Division of Alcohol and Substance Abuse's (DASA's) current management information system, TARGET, by incorporating the ASI scores obtained at admission and to develop a procedure for assessing client satisfaction on a statewide basis for all publicly-funded clients;</li> <li>• To establish a mechanism that would allow outcomes for all publicly-funded clients to be tracked on an ongoing basis using secondary records</li> </ul> | Secondary data analysis: N=32,000 | 3 TEDS Items; ASI Lite; Other. |           | 3 TEDS Items; Other. | Other     | Other instrument includes selected TOPPS II Core Data Set items at admission and discharge |