

FINDING AND USING EXISTING DATA



Secondary Data are data that have already been collected by someone else. You can simply report the data in its original format, or you can do something with the data. When you use secondary data, you take the role of analyzing, explaining, and combining the information from the primary source with additional information—this is what SUMN has done. **Primary Data** are data that are gathered through new surveys, interviews or observations—information you go out and collect yourself.

The www.sumn.org website provides only secondary data, collected from multiple state and national data sources. These data have been made available in one central location to provide a big picture of substance use and consequences in Minnesota, and to make the data easier to access. Data source information for each indicator can be found below each table and at the bottom of each page. More detailed information can be found by following the data source link, or by looking in the Toolbox: www.sumn.org/tools/Toolbox.aspx#data_sources.

When using someone else's data (from an individual researcher, an organization, a state or local agency, or a website) it's important

to understand how and why the data were collected. Read about the data collection methods, or contact the person who collected the data directly.

SUMN Data Sources

The following table provides the sources for the data that can be searched using Data by Topic, Data by Location, and Data by Demographic. Indicators are only included in the searchable database if they are available at the sub-state level—by county, by region, or by race/ethnicity.

If you have a question about how, when and why data are collected for a given indicator that can't be answered by the Data Source documents in the www.sumn.org Toolbox, use the contact information in the following table. If you are unable to make a connection to the appropriate person, contact the Minnesota Institute of Public Health, 2720 Highway 10 NE, Mounds View, MN 55112, 763.427.5310, sumn@miph.org, or www.miph.org.

SEARCHABLE DATABASE SOURCES

Data Source	Contact Information
Minnesota Student Survey (MSS)	Minnesota Departments of Education, Health, Human Services, & Public Safety 651-582-8448 www.education.state.mn.us www.health.state.mn.us/divs/chs/mss/ www.dhs.state.mn.us/id_007196 www.dps.state.mn.us/ojp
Minnesota Survey of Adult Substance Use (MNSASU)	Minnesota Department of Human Services Project Manager, 651-431-2628 Principal Investigator, 612-625-9919 www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs_id_055443
Crash Facts and Impaired Driving	Minnesota Office of Traffic Safety 444 Cedar Street, Suite 150 St. Paul, MN 55101-5150 DPS Receptionist: 651-201-7000 Fax: 651/297-4844 www.dps.state.mn.us/ots/
Minnesota County Health Tables	Minnesota Center for Health Statistics Minnesota Department of Health P.O. Box 64975 St. Paul, MN 55164-0975 651-201-5000 888-345-0823 healthstats@health.state.mn.us
Minnesota Crime Information	Bureau of Criminal Apprehension Minnesota Justice Information Services (MNJIS) Minnesota Department of Public Safety 1430 Maryland Ave. E. St. Paul, MN 55106 651-793-2400 www.dps.state.mn.us/bca/CJIS/documents/Page-15-02.html
Probation Survey and Inmate Profile	Minnesota Department of Corrections 1450 Energy Park Drive, Suite 200 St. Paul, Minnesota 55108 651-361-7200 Webmaster@doc.state.mn.us

DAANES	Performance Measurement and Quality Improvement (PMQI) Division Minnesota Department of Human Services PO Box 64986 St. Paul, MN 55164-0986 651-431-2629
US Census	<p>US Census Bureau www.census.gov/</p> <p>Census State Data Centers:</p> <p>State Demographic Center Minnesota Department of Administration 300 Centennial Office Building 658 Cedar Street St. Paul, MN 55155 Ms. Barbara Ronningen Barbara.Ronningen@state.mn.us 651-201-2473 FAX 651-296-3698</p> <p>Minnesota Population Center University of Minnesota 50 Willey Hall 225 19th Avenue South Minneapolis, MN 55455 Ms. Wendy L. Thomas wlt@pop.umn.edu 612-624-4389</p> <p>Metropolitan Council 390 Robert St North Saint Paul, MN 55101 Mr. Todd Graham todd.graham@metc.state.mn.us 651-602-1322 Fax 651-602-1674</p>
Student Enrollment and Attendance Datasets	Minnesota Department of Education 1500 Highway 36 West Roseville, MN 55113 651-582-8200 http://education.state.mn.us/MDE/Data/Data_Downloads/Student/index.html

Minnesota Student Survey (MSS)

AT A GLANCE

Who: Minnesota schools and the Minnesota Student Survey Interagency Team administer the survey to 6th, 9th, and 12th graders

What: The Minnesota Student Survey asks students questions about alcohol, tobacco, drugs and a number of other topics

When: Every three years

Why: Survey data are used for planning and evaluation

Where: Participating school districts in Minnesota

How: Schools administer the survey with parental and student consent. The Minnesota Student Survey is a census, as attempts are made to survey all 6th, 9th, and 12th graders

Who: The Minnesota Student Survey Interagency Team is made up of four state agencies: the Minnesota Department of Education, the Minnesota Department of Health, the Minnesota Department of Human Services, and the Minnesota Department of Public Safety. Students in regular public elementary and secondary schools, charter schools and tribal schools take the survey in 6th, 9th, and 12th grades. The survey is also administered in alternative learning centers and juvenile correctional facilities to youth of all ages, though data on these youth are not included in the Minnesota Epi Profile of Substance Use. Among participating districts, student participation is affected by illness, truancy, schedule conflicts, and parent or student refusal¹.

What: The Minnesota Student Survey asks students questions about their activities, opinions, behaviors and experiences as they relate to substance abuse, school climate, violence and safety concerns, healthy eating, out-of-school activities, connections with school and family, and other topics¹.

When: The first survey was administered in 1989, and has been administered every three years since then. The last survey was given in 2007.

Why: These survey data have been “used by state agencies to monitor trends in health and risk behaviors, design and adjust programming to meet the current and anticipated needs of youth, apply for funding for statewide initiatives and assist schools and communities in efficient planning and implementation of education programs. School district leaders and educators, local public health agencies, and community and social services agencies use the results in planning and evaluation for school and community initiatives and prevention programming¹.”

Where: The survey is administered in participating regular public elementary and secondary schools, charter schools and tribal schools, as well as alternative learning centers and juvenile correctional facilities. Data are made publicly available at the state- and county-levels. County, region and state tables are available online at:

www.education.state.mn.us
www.health.state.mn.us/divs/chs/mss/
www.dhs.state.mn.us/id_007196
www.dps.state.mn.us/ojp

How: Local schools, school districts and correctional facilities administer the survey; the Minnesota Student Survey Interagency Team implements, analyzes, reports and funds the initiative. Parents were informed about the survey in advance by each local school, and given the opportunity to view the survey and determine their child’s participation. Parental consent letters were made available in English, Spanish, Somali, Hmong, Cambodian, Laotian and Russian. Parents or students could refuse the anonymous survey. Students taking the survey could skip any question or stop at any point.

“A weighting procedure was used to adjust for differences in student participation rates among school districts in a given year. The weighting procedure was conducted independently for each grade of each school district and within each survey year. Surveys with numerous inconsistencies or improbable answers or with missing data on gender were excluded from data analysis; this totals about 3 percent of surveys from each survey administration¹.”

Reference:

1 *Minnesota Student Survey 1992-2007 Trends: Behaviors, attitudes and perceptions of Minnesota’s 6th, 9th and 12th graders.* Minnesota Departments of Education, Health, Human Services, & Public Safety. Retrieved on April 10, 2008 from www.education.state.mn.us/mde/Learning_Support/Safe_and_Healthy_Learners/Minnesota_Student_Survey/Statewide_Tables/index.html

Minnesota Survey of Adult Substance Use (MNSASU)

AT A GLANCE

Who: The MNSASU was conducted by the University of MN School of Public Health, Division of Health Services Research and Policy for the Department of Human Services (DHS)

What: Household survey on adults substance use, treatment needs, health and well being

When: This survey was administered between October 2004 and July 2005

Why: To use as a tool to assess and analyze adult substance use and treatment needs

Where: Data are made public with estimates for metro and non-metro regions, and at a state level

How: Computerized randomly selected telephone interviews based on a strict random sample design

Who: The MNSASU is conducted by the University of MN School of Public Health, Division of Health Services Research and Policy for the Department of Human Services (DHS). There were 16,891 adults who responded to the survey and were grouped in ages from 18 to 65+. **This survey was conducted in English (n=16,340) and Spanish (n=551).** The total overall weighted response rate was 55% and the cooperation rate was 67%. The response rate is the ratio of completed interview to all eligible phone calls and the cooperation rate is the ratio of completed interviews to all eligible respondents contacted. Geographically all 7 regions were over sampled as well as Minneapolis, St. Paul, and Olmsted County. Latino, Hmong, Asian Non-Hmong surnames, African Americans and American Indians were over sampled however African Americans and American Indians were under the percent targeted¹.

What: This is a household survey that asks questions about physical, emotional, and mental health. Substance use and frequency including alcohol, tobacco, and other drugs (our main focus), as well as treatment history are topics addressed. Lastly,

demographic information is included to give a better description of who, what, and where these issues are affecting Minnesotans.

When: The prior survey was conducted in 1996/97, and the next survey will be conducted in 2010/11.

Why: The primary purpose of the survey was to obtain recent estimates of the number of adults in the general population in Minnesota who are abusing or dependent on alcohol or other drugs and are in need of treatment. Secondly, the purpose was to gather information on how these issues affect sub-populations such as gender, age group, race/ethnicity, and region of residence.

Where: The MNSASU was administered throughout the state of Minnesota. The demographic section of the survey splits the data into two separate variables.

(1) It splits up the state into metro and non-metro regions, and (2) it splits it up into the 7 different regions of the state. Each region is made up of a number of separate, non-overlapping counties.

How: The survey was designed to obtain estimates of need for substance use treatment for a representative sample of non-institutionalized adults living in Minnesota. The MNSASU project team used Computer Assisted Telephone Interviewing (CATI) to facilitate the random selection using random digit dialing (RDD). Through a stratified random design with strict guidelines (using geographic strata by area codes and African American, American Indian, Latino, Asian-non Hmong, and Hmong strata based on surnames) they were able to receive enough survey completes, according to the number of completes needed, to get a presentable amount to be able to estimate substance use and treatment needs within age, gender, location, and race/ethnicity¹. Before they were able to start an analysis, a weighting needed to be added to the sample to account for the differential probabilities of data selection. The reason behind weighting the data is to have the number of survey completes be an actual representation of the population. This is accomplished by weighting respondents relative to their probability of selection into the sample. The probabilities are figured by: (1) Stratum, (2) number of phone lines in the household, and (3) the number of adults living in the household¹. Also over sampling of some strata took place to add to preciseness of the survey data. There are two main goals that weighting the data tries to accomplish: (1) making sure that the respondents are an appropriate representation of the state of Minnesota, and (2) controlling the fact that not all the respondents had an equal probability of being selected.

Reference:

1 Estimating the Need for Treatment for Substance Abuse Among Adults in Minnesota: 2004/2005 Treatment Needs Assessment Survey Final Report, Donna McAlpine, PhD et. al. Jan 2006, pgs 1-4 and 47-52 www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION

Crash Facts and Impaired Driving Facts

AT A GLANCE

Who: The Minnesota Office of Traffic Safety

What: Summary statistical information on motor vehicle crashes, deaths and injuries, and impaired driving incidents on driver records

When: Annually

Why: Alcohol-related traffic crashes remain the single greatest cause of death among youth and young adults

Where: State- and county-level reports

How: Law enforcement agencies report motor vehicle crashes to the Office of Traffic Safety

Who: Law enforcement agencies report incidents to the Office of Traffic Safety, Minnesota Department of Public Safety relating to motor-vehicle drivers and passengers, pedestrians and cyclists.

What: A crash is alcohol-related if the driver, pedestrian, or cyclist has a blood alcohol level of 0.01 or higher. In the absence of test data, the reporting officer may classify the incident as alcohol-related if he or she believes the person had been drinking or was under the influence. Fatal alcohol crashes usually involve just one vehicle. Of the 156 alcohol-related fatal crashes in 2006, 125 (80%) involved just one motor vehicle in transport. Of the 125 single vehicle alcohol-related fatal crashes, 49 involved a single vehicle colliding with a fixed object, and 50 involved a single vehicle losing control and overturning.

Alcohol-related traffic fatalities may include intoxicated drivers, pedestrians or bicyclists. In 2006, slightly over 4% of the total alcohol-related deaths involved a drinking pedestrian or drinking bicyclist.

When: Annual estimates are available. Trend data are available from 2001 to 2006 are provided.

Why: As a depressant, alcohol use interferes with coordination, judgment and reaction time and can have fatal consequences. Impaired behavior around motor vehicles puts drivers, pedestrians, passengers and others at risk. Alcohol-related traffic crashes remain the single greatest cause of death among youth and young adults. Identification of contributing factors in fatal crashes, such as demographics, locations, times and driving conditions can help shape interventions to prevent additional crashes.

Where: Aggregated data at the state and county level do not reveal disparities that may exist within a given geographic area. Some cities and towns may have a higher percentage of alcohol-related crashes than the county or state.

How: Law enforcement agencies report impaired driving violations to the Driver and Vehicle Services (DVS) Division of the Department of Public Safety (DPS). An "impaired driving violation" may be (1) a violation of Minnesota's Implied Consent law (a civil law), or (2) a violation of Minnesota's criminal against impaired driving law, or, as is by far the typical case, (3) a single incident involving violations

of both the civil Implied Consent law as well as the criminal impaired driving law. DVS records the incident on the person's driving record. The Office of Traffic Safety (OTS) will count a single incident only one time, regardless of whether it involved just the civil law violation, just the criminal law violation, or both.

Impaired Driving Facts provides detailed information about impaired driving incidents/arrests, crashes, injuries and fatalities. Alcohol-related injuries are less well documented than fatalities. Property damage only crashes are least likely to be reported to law enforcement officials. Data on alcohol-related crashes by crash severity, injury severity and county were provided by DPS/OTS on special request. Statistics on driving while intoxicated by county of arrest and by county of residence were obtained by request. These statistics are not available on the Office of Traffic Safety website.

The number of alcohol-related crashes was divided by total crashes to calculate the percentage of all motor vehicle crashes in which alcohol was involved. Data on non-alcohol-related crashes were not available for this comparison in 2003.

References:

Minnesota Department of Public Safety, Office of Traffic Safety

Impaired Driving Facts
www.dps.state.mn.us/OTS/crashdata/impaired_driving.asp

Crash Facts
www.dps.state.mn.us/OTS/crashdata/crash_facts.asp

Minnesota County Health Tables

AT A GLANCE

Who: Minnesota Department of Health statistics on individuals from Vital Records

What: Self-reported smoking during pregnancy; mortality statistics by cause of death

When: Annually

Why: Alcohol and drug abuse, as well as tobacco use and exposure are directly related to chronic disease and premature deaths

Where: State- and county-level reports

How: Birth statistics are collected from Minnesota birth certificates, which are filed with the Office of the State Registrar. The Office of the Registrar also forwards death certificates to the Minnesota Department of Health

Where: Natality and mortality data are collected consistently at the county level. Aggregated data at the state and county level do not reveal disparities that may exist within a given geographic area.

How: Birth and death certificates and fetal death reports filed with the Office of the Registrar, Minnesota Department of Health. All vital events are reported electronically via the Vital Records Vision 2000 System. Late vital events certificates may be filed after preparation of the annual report, so it is possible that subsequent data may differ slightly from year to year due to updates for a data year that were made after the cutoff date for submission. Data is coded so more than one race may be reported for an individual. Hispanic origin is collected as a separate item.

Who: Minnesota Department of Health counts of: women reporting that they smoked during pregnancy; and individuals dying of cirrhosis, homicide, suicide, and deaths from lung, bronchus and trachea cancer.

What: *Minnesota County Health Tables, Section B: Natality* include the percent of births to women who reported smoking during pregnancy by county. Minnesota Health Statistics Annual Summary includes the number of deaths in a county classified by ICD 10 codes. www.sumn.org includes number of deaths and death rates for cirrhosis, homicide, suicide, and lung, bronchus and trachea cancer.

When: Natality data are reported annually, and are available from 1996 to 2008. Death data are collected and reported annually; trend data are available from 1997 to 2006.

Why: Smoking can increase a woman's risk of having a low-birthweight baby. Low-birthweight babies face an increased risk of serious health problems during the newborn period, and chronic lifelong disabilities. Smoking during pregnancy is also associated with a number of pregnancy complications.

Long term, heavy alcohol consumption is the leading cause of chronic liver disease, in particular cirrhosis, one of the 12 leading causes of death. It is estimated that 40% of liver cirrhosis deaths, among both males and females in the United States, are alcohol-related¹.

The association between alcohol use and suicide has been well documented. Suicidal individuals have high rates of alcohol use and abuse and alcohol abusers have high rates of suicidal behavior. It is estimated that 23% of suicides, among both males and females in the United States, are alcohol-related¹.

It is estimated that approximately 47 percent of homicides are attributable to alcohol. This attributable fraction (47%) could vary substantially across geographic areas and subgroups¹.

Smoking is a risk factor for many causes of death in Minnesota. It is estimated that 90% of lung cancer deaths among males and 79% of lung cancer deaths among females in the United States are smoking-related.

The Minnesota Cancer Surveillance System was able to provide Lung and Bronchus deaths by county and by gender. Ten deaths from Trachea cancer were reported from 1995 to 2006.

References:

Minnesota Center for Health Statistics, Minnesota Health Statistics Annual Summary www.health.state.mn.us/divs/chs/annsum2.htm

1 Alcohol-attributable fractions: Alcohol-Attributable Disease Impact (ARDI) <http://apps.nccd.cdc.gov/ARDI/HomePage.aspx>

Minnesota Crime Information

AT A GLANCE

Who: Bureau of Criminal Apprehension, MN Department of Public Safety

What: Statistics on adult arrests and juvenile apprehensions

When: Annually

Why: Arrests and apprehensions for violating state or local narcotics or liquor laws

Where: Statewide and county level reports

How: Law enforcement agencies report arrests and apprehensions to the Bureau of Criminal Apprehension within the Department of Public Safety

Who: Law enforcement agencies report arrests and apprehensions to the Bureau of Criminal Apprehension within the Department of Public Safety on juveniles (persons under the age of 18) and adults (persons age 18 and older).

What: With the exception of drunkenness and driving under the influence, all state or local liquor law violations are placed in this class. Excludes federal violations, includes manufacturing, selling, transporting and furnishing as in maintaining unlawful drinking places. Bootlegging, operating a still, furnishing liquor to a minor and the using of a vehicle for illegal transportation of liquor are included.

Narcotics violations include adult arrests or juvenile apprehensions for any violation of state or local laws relating to the unlawful possession, sale, use, growing, manufacturing or making of narcotic drugs.

When: Annual *Minnesota Crime Information* report is provided by the BCA. Trend data is available from 1998 to 2006.

Why: Provides a measure of law enforcement activity levels which are directed by policy decisions and local priorities and linked to underlying liquor laws, drug use patterns and social behavior.

Where: Local law enforcement agencies report to the BCA which combines the data into county and state level statistics. Local data for a specific police department or a sheriff's office is available from Minnesota Bureau of Criminal Apprehension, in the *Minnesota Crime Information* annual reports. Aggregated data at the state and county level do not reveal disparities that may exist within a given geographic area.

How: Juveniles are counted in liquor law arrests and apprehensions when they commit an offense for which, if it had been committed by an adult, an arrest would be made. Many times youthful offenders are handled informally and therefore are not included in the count of arrests. If the apprehended juvenile was under age 10 at the time of the offense, they are usually not included in this count.

State level narcotic arrest data are available by race/ethnicity for juveniles and for adults. County level data are available by type of narcotic and by gender. Individual law enforcement agency data is available on the web site for type of drug and gender. However, 2003 narcotic arrests exclude the St. Paul Police Department.

The decrease in narcotic arrests from 2000 to 2001 is due to a change in the procedures for counting arrests. Prior to 2001, the BCA tallied all narcotic charges for each individual. The BCA's reporting system was modified to reflect the correct Uniform Crime Reporting procedures which require that only the most serious charge be counted for each individual arrested (see page 75, *Minnesota Crime Information*).

Measurements involving offenses, clearances, and arrests are subject to reporting biases. Race/ethnicity is often determined by law enforcement and therefore may not be as accurate as self-reported status.

Reference:

Minnesota Crime Information www.dps.state.mn.us/bca/CJIS/documents/Page-15-02.html

Probation Survey

AT A GLANCE

Who: County officials compile statistics on adults and juveniles who are on probation

What: Survey of adults and juveniles on probation for drug-related offenses

When: Annual statistics are provided

Why: Legal penalties for the possession, sale, use, growing, manufacturing or making of illicit drugs range from prison time to probation sentences

Where: Statewide and county level reports

How: The Minnesota Department of Corrections now extracts probation data from the Statewide Supervision System (S3) which county or regional probation departments review and approve

Who: The Minnesota Department of Corrections (DOC) extracts probation data from the Statewide Supervision System (S3) which county or regional probation departments then review and approve. Probation data are collected on juveniles (persons under the age of 18) and adults (persons age 18 and older).

Pre-trial diversion and pre-trial supervision cases are not included in the probation dataset.

What: The probation survey is designed to collect data on Minnesota probationers. The definition of probationer is: "All probationers, regardless of conviction status, who were under the supervision of a probation agent as part of a court order at any time including those ordered to pay restitution, complete community service or monitoring."¹

When: Data collected and reported annually based on a January 1st count. Trend data is available from 1997 to 2006.

Why: Legal penalties for the possession, sale, use, growing, manufacturing or making of illicit drugs range from prison time to probation sentences. It is important to recognize that these data capture the governing offense for which a person was convicted. Because persons are often not convicted for all offenses charged, and this indicator only counts where the most serious offense is the drug conviction, it is likely that these data alone underestimate the role of illicit drugs in all convictions and sentences.

Where: State- and county-level statistics are available based on location of supervision. Aggregated data at the state and county level do not reveal disparities that may exist within a given geographic area.

How: The probation survey counts offenders only once and may exclude cases that involve drug or chemical offenses or convictions since offenders are counted once in the most serious category. Probation is supervision in the community by

probation officers who enforce court-ordered conditions designed to protect the public. Offenders on probation often serve jail time and may be required to make restitution, participate in treatment and/or pay fines. Many probationers are required to meet with probation officers on a regular basis and may be tested for drug or alcohol use.

The DOC compiled probation data directly from the Statewide Supervision System (S3) for 86 counties. Hennepin County data was reported using the standard Probation Survey questionnaire.

County or regional probation departments complete an annual survey. Some counties provide probation services, some counties have multi-jurisdictional contracts to share probation resources and services, and some contract with the Minnesota Department of Corrections to share services.

"Caution must be used before drawing any conclusions from the fluctuation in total probationers since 2000. A great deal of the variance can be attributed to a concerted effort on the part of county and state agencies to clarify data definitions and submission standards."¹

Reference:

1 The DOC *Probation Survey* is available at www.doc.state.mn.us/publications/publications.htm

Inmate Profile

AT A GLANCE

Who: Minnesota Department of Corrections

What: Count of state prison inmates by governing offense

When: Annual statistics are provided for January 1st

Why: Shows drug consequences resulting from justice system activities

Where: Statewide and county level reports

How: Count of individuals at different facilities sorted by offense at conviction

How: The inmate profile counts offenders only once and may exclude cases that involve drug or chemical convictions. Inmates are counted once by governing sentence, which is typically the sentence having the longest term of incarceration which may or may not be the sentence associated with the most serious offense. For example a homicide committed during a robbery of a drug dealer would probably not be counted as a drug related consequence in this dataset, thus undercounting the true role of drug involvement in prison populations.

Who: The Minnesota Department of Corrections (DOC), Community Services Division - Information & Technology collects information on adults incarcerated in Minnesota prison facilities. Adults are age 18 and older, although some juveniles in prison may have been certified as adults.

What: Legal penalties for illicit drugs range from prison time to probation sentences. It is important to recognize that these data capture the governing offense for which a person was convicted. Because persons are often not convicted for all offense charged, and this indicator only counts where the most serious offense is the drug conviction, it is likely that these data alone underestimate the role of illicit drugs in all convictions and sentences.

When: DOC provides an annual count on January 1st and July 1st. www.sumn.org provides the January 1st data obtained by request from MIPH and not available at the DOC website. Trend data are available from 2001 to 2007.

Why: The number of individuals incarcerated in the state's correctional system for drug offenses is difficult to interpret because of the different stages of the criminal justice system that an individual passes through before incarceration. People are more likely to be in the prison system for the sale, use, growing, manufacturing or making of narcotic drugs rather than simply the unlawful possession of drugs. Aggregated data at the state and county level do not reveal disparities that may exist within a given geographic area.

Where: Prisoners are classified by the county where the sentencing occurred. This is usually where the offense occurred, and where they were charged, but occasionally a trial may be changed to a different location as charges are consolidated, or the venue moved. In Minnesota, there are 8 adult prisons (7 for males and 1 for females). Adults may sometimes be housed in the two juvenile facilities.

References:

Daily inmate profiles are available for individual correctional facilities at www.doc.state.mn.us/facilities/default.htm.

Additional drug-related reports available on the DOC website from 2005 and 2006 include a Backgrounder on Drug Offenders in Prison, Prison Population Projections and The Methamphetamine Epidemic Impact on the Minnesota Department of Corrections which are available at www.doc.state.mn.us/publications/publications.htm.

Drug and Alcohol Abuse Normative Evaluation System (DAANES)

AT A GLANCE

Who: Performance Measurement and Quality Improvement (PMQI) Division, Minnesota Department of Human Services

What: Statistics on placements into Minnesota's Chemical Dependency treatment programs

When: Submitted by treatment facilities upon admission and upon discharge; reported on www.sumn.org annually

Why: These data may be used to assess treatment resources needs, and track admissions trends by substance of abuse and by demographic

Where: Statewide, regional and county level reports

How: Data are submitted electronically through the web-based DAANES data entry system

Who: Minnesota treatment facilities and chemical dependency providers electronically submit admission and discharge data to the Minnesota Department of Human Services Chemical Health Division. The data are maintained by the Performance Measurement and Quality Improvement Division. Data are collected on all persons (whether from Minnesota or from outside Minnesota) placed into or discharged from a Minnesota-licensed CD treatment program. Most armed services veterans who receive CD treatment receive it through the Veterans Administration, which is not included in the DAANES system. Also, inmates receiving CD treatment in state prisons are not included in the DAANES data.

What: DAANES includes data on all private- and public-pay admissions, which include approximately 50,000 treatment admissions annually. The DAANES intake form incorporates a portion of the Federal Client Data Set. The history form incorporates an expanded version of the alcohol and other drug (AOD) use items from the Client Data Set and an arrest summary. The discharge form includes discharge status, referrals, payment source and charges, inpatient days, and outpatient treatment hours. The DAANES admission form listed

21 substances that a person could be admitted for, as well as an 'other' category.

When: As of January 1, 2007, providers submit data on clients via a web-based system—once upon admission and once upon discharge. On average, data are submitted within two to three days though providers have until the fifth day of the following month to report. (Prior to January 1, 2007, providers submitted data on machine-readable paper forms.) DAANES data will be reported annually on www.sumn.org.

Why: According to Minnesota Statutes, Section 254B.05, subdivision 1, chemical dependency providers must participate in DAANES to be eligible for payment under the Consolidated Chemical Dependency Treatment Fund (CCDTF). These data may be used to assess treatment resources needs, and track admissions trends by substance of abuse and by demographic.

Where: Admission and discharge forms contain information on county of residence. County data were aggregated to the regional level. Placements of non-Minnesota residents, and for which no county of residence was indicated, were excluded from www.sumn.org.

How: Providers complete forms upon admission and upon discharge, primarily based on client self-report. Some secondary information used in the providers' assessments is incorporated into DAANES entry.

Substances included on the admission form are: alcohol, cocaine powder, crack, marijuana/hashish, heroin, non-prescription Methadone, other opiates/synthetics, PCP, other hallucinogens/psychedelics, methamphetamines, other amphetamines, other stimulants, benzodiazepines, other tranquilizers, barbiturates, other sedative/hypnotic/anxiolytic, Ketamine, Ecstasy/other club drugs, inhalants, over-the-counter medications, other, nicotine/tobacco, no secondary or tertiary substance, unknown. These substances were collapsed into eight categories, based on consultation with experts in the Department of Human Services Chemical Health Division, in light of DSM-IV criteria, and the drug categorization schemes used in both the Minnesota Student Survey and the Minnesota Survey of Adult Substance Use.

DAANES data are available by county of residence, age, gender, and race/ethnicity. Data are also available by primary, secondary, and tertiary substance of abuse. Tobacco is included as a secondary or tertiary substance of abuse—but not primary. www.sumn.org displays only data for primary substance of abuse and for placements involving more than one substance of abuse.

Data were excluded if county of residence, age, gender or race/ethnicity fields were left blank. If the number of placements for a given location or demographic group totaled between one and five, the value was suppressed to protect individuals' identities.

Reference:

Data provided by the Performance Measurement and Quality Improvement Division upon request.