

Geographic Information Systems Webinar

September 2019

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Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services



SAMHSA
Substance Abuse and Mental Health
Services Administration

DISCLAIMER

The views expressed are those of the presenters and not necessarily those of HHS and SAMHSA. Citation of GIS Web sites/examples, organizations, products or tools in this Webinar should not be viewed as an endorsement.

Purpose of SAMHSA/CFRI GIS Project

- **SAMHSA, through the Center for Financing Reform and Innovation (CFRI), worked with the National Council for Behavioral Health, Watson Health, NRI and the National Association of State Alcohol and Drug Abuse Directors**
- **SAMHSA noted that GIS is widely used for some public health and other applications (e.g., emergency preparedness) but its use does not seem to have been highlighted to the same degree for behavioral health purposes**
- **Interviews and contact with state staff identify good examples of GIS applications used by state behavioral health agencies**
- **Information to be shared through Webinars and issue briefs**

Presenters-Webinar

- Ted Lutterman, Senior Director of Government & Commercial Research, NRI
- Mihran Kazandjian, Senior Research Associate, NRI
- Barbara Lucenko, Chief, Office of Program Research and Evaluation Services, Washington Department of Social and Health Services
- Alice Huber, Deputy Director, Research and Data Analysis, Washington Department of Social and Health Services
- Ray Bottger, Senior Data Analyst, Oklahoma Dept. of Mental Health and Substance Abuse Services

Background- GIS and SAMHSA-SAMHSA grants may support GIS efforts

- **SAMHSA discretionary grants and formula grants may support data collection, presentation and reporting, including GIS efforts.**
- **Ex. Substance Abuse and Mental Health Block Grants support comprehensive assessment and planning**
- **<https://www.samhsa.gov/grants/block-grants>**

SAMHSA Data may support GIS efforts

- **Ex. National Survey on Drug Use and Health**
- <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

U.S. Department of Health & Human Services

SAMHSA
Substance Abuse and Mental Health
Services Administration

Home | Site Map | Contact Us

Search SAMHSA Data

Find Treatment | Practitioner Training | Grants | **Data** | Programs | Newsroom | About Us | Publications

NSDUH National Survey on Drug Use and Health

The National Survey on Drug Use and Health (NSDUH) measures:

- use of illegal drugs, prescription drugs, alcohol, and tobacco
- mental disorders, treatment, and co-occurring substance use and mental disorders

The data provides estimates of substance use and mental illness at the national, state, and sub-state levels. NSDUH data also help to identify the extent of substance use and mental illness among different sub-groups, estimate trends over time, and determine the need for treatment services.

Learn More About Each of Our Reports

The Annual Reports are part of the First Finding Reports series for the National Survey on Drug Use and Health (NSDUH), an annual survey of the U.S. population ages 12 years or older. The main First Findings Report contains a cross-section of NSDUH data on substance use and substance use disorders, mental health issues among adults and adolescents, and co-occurring disorders. The other reports focus on specific topics, such as receipt of treatment among adults, substance use initiation, and risk and protective factors. The State Reports use two years of combined NSDUH data (on a rolling basis) and provide state estimates for a subset of measures of substance use and mental health outcomes. State and regional estimates are based on a small area estimation (SAE) methodology in which state-level NSDUH data are combined with county and subcounty level census data from the state. The Substate Reports use three years of combined NSDUH data (with one year overlapping) and provide state estimates for a subset of measures of substance use and mental health outcomes. These estimates are based on an SAE methodology in which substate level NSDUH data are combined with county and census block group and tract-level data from the 50 states and the District of Columbia.

For more information please see our [Description of NSDUH Products](#).

NSDUH Annual Reports [2012](#) | [2016](#) | [2015](#) | [2014](#)
NSDUH State Reports [2016-2012](#) | [2015-2016](#) | [2014-2015](#) | [2013-2014](#) | [2002-2014](#)
NSDUH Substate Reports [2014-2016](#) | [2012-2014](#)

Population

NSDUH collects data through face-to-face interviews with residents of households who are:

- US civilians
- older than 12 years old
- not institutionalized

This includes people who live in non-institutional group residences, such as shelters, rooming houses, or dormitories, as well as civilians living on military bases. The survey does not include people who are homeless or do not use shelters, military personnel on active duty, or residents of institutional group quarters, such as jails and hospitals.

Search Data Source

View By Type

- Data Tables
- State Reports
- Metro Reports
- Spotlights
- Short Reports
- Data Reviews
- Methodology Reports

75%

Ex. SAMHSA Data and GIS

- Treatment Episode Data Set
- <https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set>

The screenshot shows the SAMHSA website's 'Data' section for the Treatment Episode Data Set (TEDS). The page features a navigation menu with 'Data' highlighted, a search bar for 'Search SAMHSA Data', and a 'View By Type' sidebar with options like 'State Reports', 'Spotlights', 'Short Reports', and 'Data Reviews'. The main content area includes a section titled 'TEDS Treatment Episode Data Set' with a description of the data set, a list of 'Admissions and Discharges' (TEDS-A and TEDS-D), and a 'Latest in TEDS' section with links to recent reports.

TEDS Treatment Episode Data Set

The Treatment Episode Data Set (TEDS) compiles client-level data for substance abuse treatment admissions from State Agency data systems. State data systems collect data from facilities about their admissions to treatment and discharges from treatment. TEDS is an admission-based system, but it does not include all admissions.

Many of these facilities that report TEDS data receive State funds or Federal block grant funds to provide alcohol and/or drug treatment services. State laws require substance abuse treatment programs to report publicly funded admissions. Some States only collect publicly funded admissions. Other States are able to collect privately funded admissions from facilities that receive public funding. States then report these data from their State administrative systems to SAMHSA.

Admissions and Discharges

The TEDS system has two major components:

- Treatment Episode Data Set—Admissions (TEDS-A)
- Treatment Episode Data Set—Discharges (TEDS-D)

The key differences between the two sets are:

- TEDS-A includes data on admissions, and TEDS-D includes data on discharges that are linked to their corresponding admission records.
- TEDS-A data collection began in 1992, and TEDS-D began in 2000.

The two data sets are similar in the following ways:

- Both collect records for admissions who are 12 years old and older.
- Each record represents an admission or discharge, not an individual person. Therefore, if an individual were admitted twice in one year, it would count as two admissions.
- Both include demographic information such as age, sex, race/ethnicity, and employment status.
- Both include substance abuse characteristics such as substances used, age at first use, route of use, frequency of use, and number of previous admissions.

Latest in TEDS

[Treatment Episode Data Set \(TEDS\): 2017 Admissions to and Discharges from Publicly-Funded Substance Use Treatment Annual Report | Treatment Episode Data Set - May 15, 2019](#)

[Treatment Episode Data Set \(TEDS\): 2015, Discharges from Substance Use Treatment Services: Tables Data Table | Treatment Episode Data Set - November 7, 2018](#)

SAMHSA Data-Uniform Reporting System, National Mental Health Services Survey

The screenshot shows a web browser window displaying the SAMHSA DASIS website. The browser's address bar shows the URL <https://www.dasis.samhsa.gov/dasis2/urs.htm>. The website header includes the SAMHSA logo and the text "DASIS Drug & Alcohol Services Information System". A navigation menu on the left lists various sections: Home, About DASIS, DASIS Contacts, I-EHS, TEDS, N-SSATS, N-MHSS, MH-CLD, URS, Treatment Facility Locator, and Comments/Questions. The main content area features a "NOTICE" about website transfer, a section for the "Uniform Reporting System (URS)" with a list of links for "2018 URS Output Tables" through "2007 URS Output Tables", and a section for "SMI/SED Prevalence Estimates" with links for "2017", "2016", "2015", "2014", and "2013". A footer contains a disclaimer about Adobe PDF files and a link to download a free program.

SAMHSA
Substance Abuse & Mental Health
Services Administration
U.S. Department of Health
and Human Services

DASIS
Drug & Alcohol Services Information System

Home | About DASIS | DASIS Contacts | I-EHS On-line | TEDS | N-SSATS | N-MHSS | MH-CLD | URS | Treatment Services Locator | Privacy

NOTICE: This website (www.dasis.samhsa.gov) is being transferred. Its data files will be housed on the Substance Abuse & Mental Health Data Archive (SAMHDA) at www.datafiles.samhsa.gov and the reports will be housed on the SAMHSA Data Page at <https://www.samhsa.gov/data>.

Although we do not anticipate any issues during or after this transfer, we ask that you notify us if you have any difficulties accessing the documents or data currently on any of the I-EHS, (formerly, DASIS), SAMHDA, or SAMHSA Data Page websites. To leave comments or questions, please click on the "Comments/Questions" button in the navigation bar to the left.

Uniform Reporting System (URS)

- [2018 URS Output Tables](#)
- [2017 URS Output Tables](#)
- [2016 URS Output Tables](#)
- [2015 URS Output Tables](#)
- [2014 URS Output Tables](#)
- [2013 URS Output Tables](#)
- [2012 URS Output Tables](#)
- [2011 URS Output Tables](#)
- [2010 URS Output Tables](#)
- [2009 URS Output Tables](#)
- [2008 URS Output Tables](#)
- [2007 URS Output Tables](#)

SMI/SED Prevalence Estimates

- [2017](#)
- [2016](#)
- [2015](#)
- [2014](#)
- [2013](#)

* Adobe™ PDF formatted files require the Adobe™ Reader to properly read them. Use [this link](#) to download this FREE program.

SAMHSA GIS EXAMPLE-Behavioral Health Services Treatment Locator

- <https://findtreatment.samhsa.gov/>

The screenshot shows the SAMHSA Behavioral Health Treatment Services Locator website. The browser address bar displays <https://findtreatment.samhsa.gov/>. The website header includes the SAMHSA logo (Substance Abuse and Mental Health Services Administration) and navigation links for SAMHSA Home, Newsroom, Site Map, and Contact Us. A search bar is present with the text "Search SAMHSA.gov" and a "Search" button. The main navigation menu includes Home, About, FAQ's, Locator Map, State Agencies, Widgets, Contact Us, and Help. The "Home" page is active, featuring a "Behavioral Health Treatment Services Locator" section. This section includes a welcome message, a "PLEASE NOTE" regarding confidentiality, and a search interface with a text input field for "Enter an Address, City, or ZIP code" and two buttons: "Search for substance use facilities" and "Search for mental health facilities". Below the search interface is a "Get Help" section with three helpline options: "Suicide prevention lifeline 1-800-273-TALK (8255)", "National Helpline 1-800-662-HELP (4357)", and "Disaster Distress Helpline 1-800-985-5990". The "Watch Video Tutorials" section lists "Overview" and "Finding Treatment". The "Other Locator Functionalities" section includes "Download Search Results", "Print Search Results", and "Use Google Maps". The "Other Treatment Program Locators" section lists "Find physicians and treatment programs providing buprenorphine for opioid addiction (heroin or pain relievers)" and "Find programs providing methadone for the treatment of opioid addiction (heroin or pain relievers)". The left sidebar contains various links under categories like "Behavioral Health Links", "Federal Government", "Self-Help, Peer Support, and Consumer Groups", "Children", "Veterans, Active Duty Military, and Military Families", "Clinical Trials", "Drug-Free Workplace", "Service Provider Associations", "Professional Associations", "Data and Publications", and "International Agencies".

SAMHSA GIS EXAMPLE-Buprenorphine Practitioner Locator

- <https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator>

The screenshot shows the SAMHSA website's Buprenorphine Practitioner Locator. The page is titled "Buprenorphine Practitioner Locator" and includes a sidebar with navigation options such as "Medication-Assisted Treatment", "Training Materials and Resources", and "Practitioner and Program Data". The main content area features a map of the United States and a search form with fields for "Postal code", "City", "Distance", and "State". The SAMHSA logo is visible in the bottom right corner.

Medication-Assisted Treatment

Training Materials and Resources

Practitioner and Program Data

Buprenorphine Practitioner Locator

Number of DATA-Waived Practitioners Newly Certified Per Year

Qualify for NP and PA Waivers

Publications and Research

State Grant Programs

Buprenorphine Practitioner Verification for Pharmacists

Buprenorphine Training for Physicians

MAT Support Organizations

MAT Webinars, Workshops, and Summits

Opioid Prescribing Courses for Health Care Providers

Statutes, Regulations & Guidelines

Certification of Opioid Treatment Programs

Buprenorphine Practitioner Locator

Find practitioners authorized to treat opioid dependency with buprenorphine by state.

Select a state from the map or use the drop down lists to view all of the practitioners waived to provide buprenorphine for the treatment of OUD in a city, state or zip code. To update the contact information for your waiver, complete the [Update Practitioner Profile form](#).

Postal code:

City:

Distance:

State:

First	Last	Deg.	Address	City	County	State	Postal Code	Tele.
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COLUMNS VISIBLE:

Other Examples-Census

- <https://www.census.gov/programs-surveys/geography/data/interactive-maps.html>

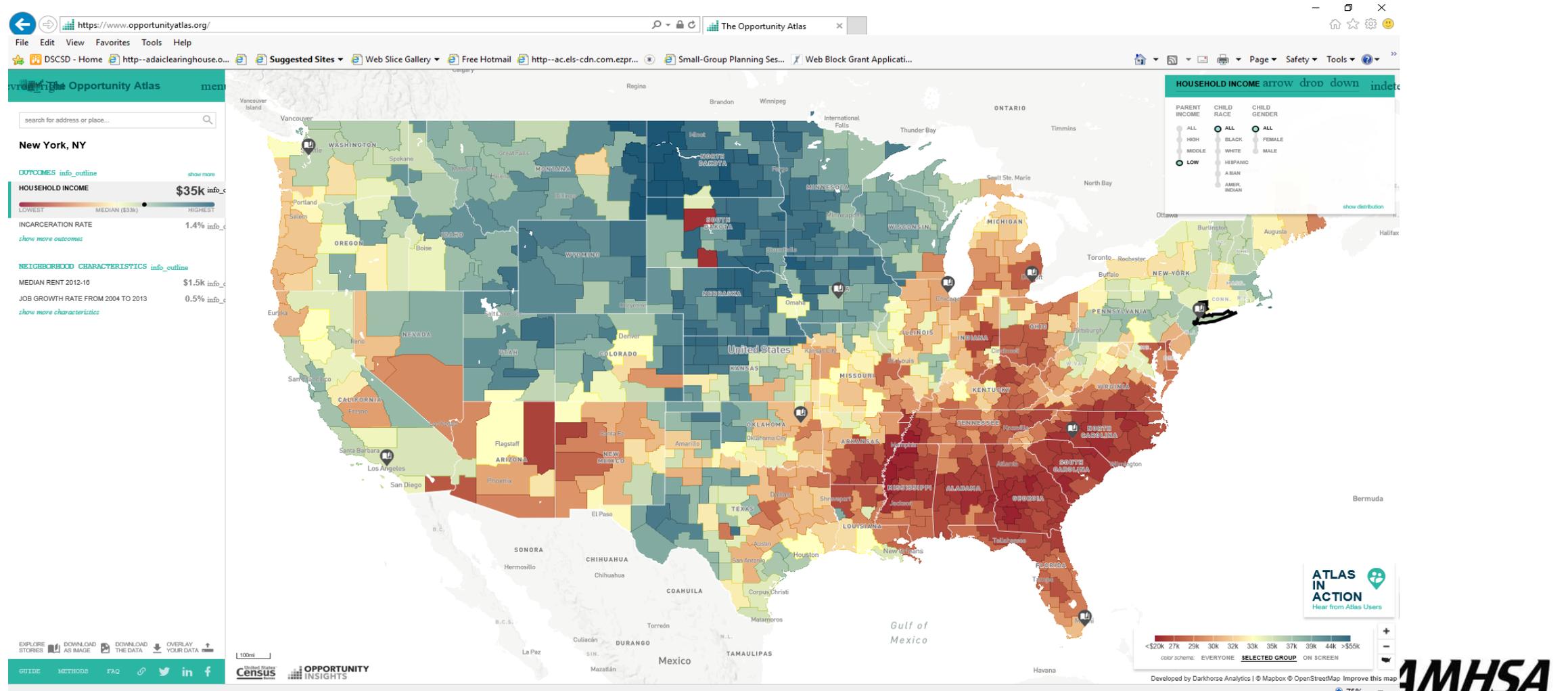
The screenshot shows a web browser window displaying the Census Bureau's Interactive Maps page. The browser's address bar shows the URL: <https://www.census.gov/programs-surveys/geography/data/interactive-maps.html>. The page features the Census Bureau logo and a search bar. Below the navigation menu, the page is titled "Geography Program" and "Interactive Maps". A sub-section titled "Interactive Maps" includes a "Back to Data" link and a grid of 12 interactive mapping tools, each with a thumbnail and a title:

- Census Business Builder
- Census Data Mapper
- Census Flows Mapper
- Data Visualization Gallery
- Metro/Micro Thematic Map Viewer
- OnTheMap (Employment)
- OnTheMap for Emergency Management
- Response Outreach Area Mapper (ROAM)
- Rural America: A Story Map
- SAHIE Interactive Data Tool (Health Insurance)
- SAIPE Interactive Data Tool (Poverty)
- TIGERweb

The page also includes a feedback prompt: "Is this page helpful?" with "Yes" and "No" options.

Other Examples- Census Bureau, Brown University, Harvard University- Opportunity Atlas

- <https://www.opportunityatlas.org/>



Other Examples-CDC

- <https://www.cdc.gov/gis/geo-spatial-data.html>

The screenshot shows a web browser displaying the CDC Geospatial Data Resources page. The browser's address bar shows the URL <https://www.cdc.gov/gis/geo-spatial-data.html>. The page header includes the CDC logo and the text "Centers for Disease Control and Prevention" with the tagline "CDC 24/7: Saving Lives. Protecting People™". A search bar is located in the top right corner. The main content area is titled "GIS and Public Health at CDC" and "Geospatial Data Resources". The page is organized into a sidebar on the left and a main content area on the right. The sidebar contains a navigation menu with items such as "GIS Home", "What is GIS?", "Feature Stories", "Maps & More", "GIS at CDC", "Interactive Applications", "Explore GIS Resources" (which is expanded to show "Map Making Resources", "Online Public Health Maps", "Geospatial Data Resources", "GIS Software & Tools", and "GIS Blogs & Forums"), "About GeoSWG", and "GIS Training". The main content area features a "Geospatial Data Resources" section with a descriptive paragraph and a circular diagram. The diagram consists of a central blue circle labeled "Geospatial" surrounded by smaller circles in various colors (blue, orange, yellow) labeled with terms like "health", "GIS", "data", "community", "place", "disease", "environment", "social", "determinants", "public", "health", "resources", "GIS", "data", "resources", "social", "determinants", "health", "data", "resources", "environmental", "health", "data", "resources". Below the diagram, there are four expandable sections: "Public Health Resources", "GIS Data", "Social Determinants of Health Data Resources", and "Environmental Health Data Resources". At the bottom of the main content area, there is a contact information section for the GeoSWG Executive Committee and a "Page last reviewed" date of October 20, 2017. The footer of the page includes the SAMHSA logo and the text "Substance Abuse and Mental Health Services Administration".

Other Examples-CDC 500 Cities Project

- <https://www.cdc.gov/500cities/index.htm>

The screenshot shows the CDC 500 Cities Project website. At the top, there is a navigation bar with the CDC logo and the text "Centers for Disease Control and Prevention". Below this is a search bar and a green header with the text "500 Cities: Local Data for Better Health". The main content area is divided into several sections. On the left, there is a colorful graphic of a city skyline with the text "500 Cities: Local data for better health". Below this is a paragraph describing the project's purpose: "The 500 Cities project is a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation. The purpose of the 500 Cities Project is to provide city- and census tract-level small area estimates for chronic disease risk factors, health outcomes, and clinical preventive service use for the largest 500 cities in the United States. These small area estimates will allow cities and local health departments to better understand the burden and geographic distribution of health-related variables in their jurisdictions, and assist them in planning public health interventions. See bottom of page for the note for data users. [Learn more about the 500 Cities Project.](#)". On the right, there is a call-to-action box titled "How are you using 500 Cities data?" with a graphic that says "LET US KNOW!". Below this is a paragraph: "Please tell us how you are using 500 Cities data and the 500 Cities website. Your feedback is valued and greatly appreciated." and a "More" button. At the bottom, there is a map titled "500 Cities Project Interactive Map" with the text "View data across the United States for the largest 500 cities". The map shows the United States with numerous red dots indicating the locations of the 500 largest cities.

Other Examples-RWJF/University of Wisconsin Population Health Institute-County Health Rankings

- <https://www.countyhealthrankings.org/>

The screenshot shows the homepage of the County Health Rankings & Roadmaps website. The browser address bar displays <https://www.countyhealthrankings.org/>. The website has a dark blue header with the logo and navigation links: 'About Us' and 'News & Events'. Below the header is an orange navigation bar with links: 'Explore Health Rankings', 'Take Action to Improve Health', 'Learn From Others', 'What Is Health?', and 'Reports'. The main content area features a large image of a family (a man, a woman, and a baby) with the text '2019 County Health Rankings Key Findings Report'. Below this is a purple banner with the text '2020 RWJF Culture of Health Prize applications are now available!'. Underneath is a section titled 'How Healthy is Your Community?' with a sub-header 'The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. They provide a starting point for change in communities.' and a search box with the text 'Find your state or county' and a 'Search' button. At the bottom of this section is a map of the United States with a legend for 'Choose a state or search above to begin'.

Other Examples-RWJF and others-City Health Dashboard

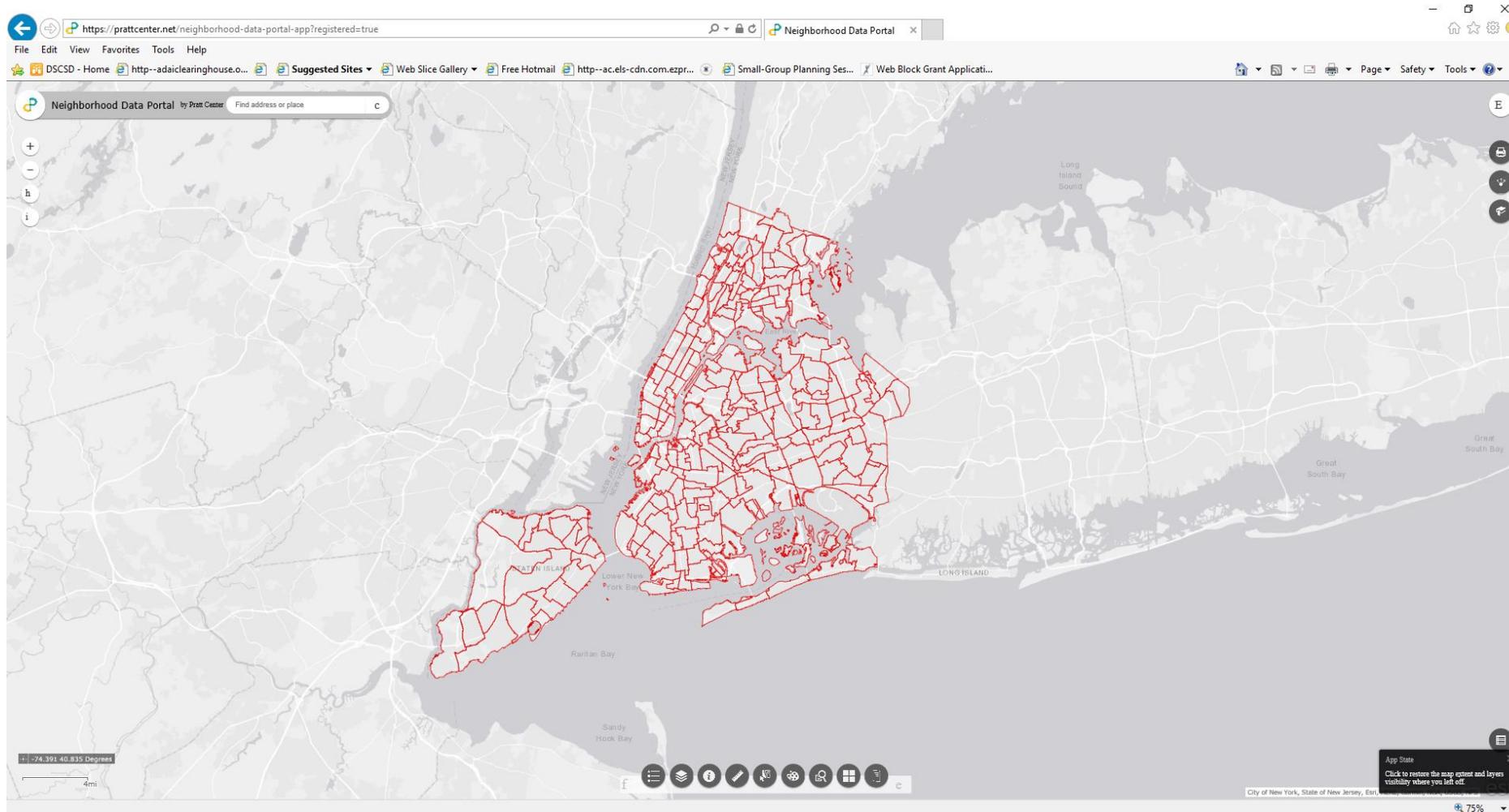
<https://www.cityhealthdashboard.com/about>

The screenshot shows a web browser window displaying the 'About Us' page of the City Health Dashboard. The browser's address bar shows the URL 'https://www.cityhealthdashboard.com/about'. The page features a dark blue sidebar on the left with a 'MENU' icon and social media icons for Twitter, Facebook, and a 'SUBSCRIBE' button. The main content area has a light gray header with the 'City Health DASHBOARD' logo. Below the header, the 'About Us' section is titled in blue. It includes a sub-section 'Why City Health Dashboard?' with a paragraph explaining the dashboard's purpose: 'More than 80 percent of U.S. residents live in urban areas. But until recently, few measures have been available for cities to assess health, the factors that shape it, and the drivers of health equity. That's where the City Health Dashboard comes in. Our goal is to provide city leaders with an array of regularly refreshed data to support health-related decision-making.' A second paragraph states: 'The City Health Dashboard launched in early 2017 with 26 measures for four pilot cities: Flint, Michigan, Kansas City, Kansas, Providence, Rhode Island, and Waco, Texas. With support from the Robert Wood Johnson Foundation, the City Health Dashboard has expanded to offer data on 37 measures for the 500 largest U.S. cities - those with populations of about 66,000 or more - representing approximately one-third of the U.S. population. Equipped with these data, local leaders have a clearer picture of the challenges facing their communities and how to address them. See our [project one-pager](#), [FAQ](#), or [Technical Document](#).' Below this is a sub-section 'Tour the City Health Dashboard' with the text 'Exploring the City Health Dashboard just got easier! Take the virtual tour to learn more about all that the Dashboard has to offer.' A large black video player is embedded, with the title 'Tour the City Health Dashboard' and 'Watch later' and 'Share' buttons in the top right corner. The browser's status bar at the bottom right shows a zoom level of 75%.



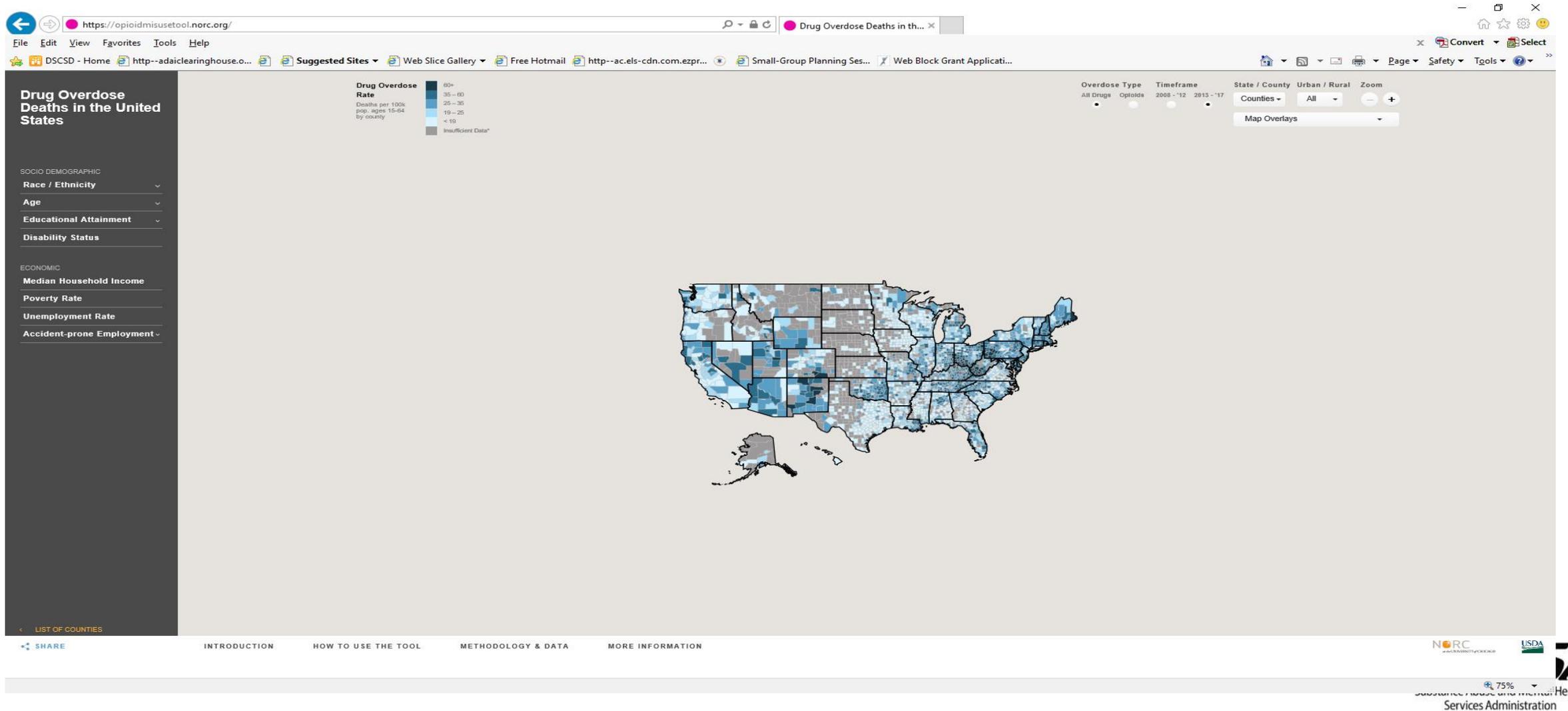
Other Examples- Pratt Center, Neighborhood Data Portal

- <https://prattcenter.net/neighborhood-data-portal-app>



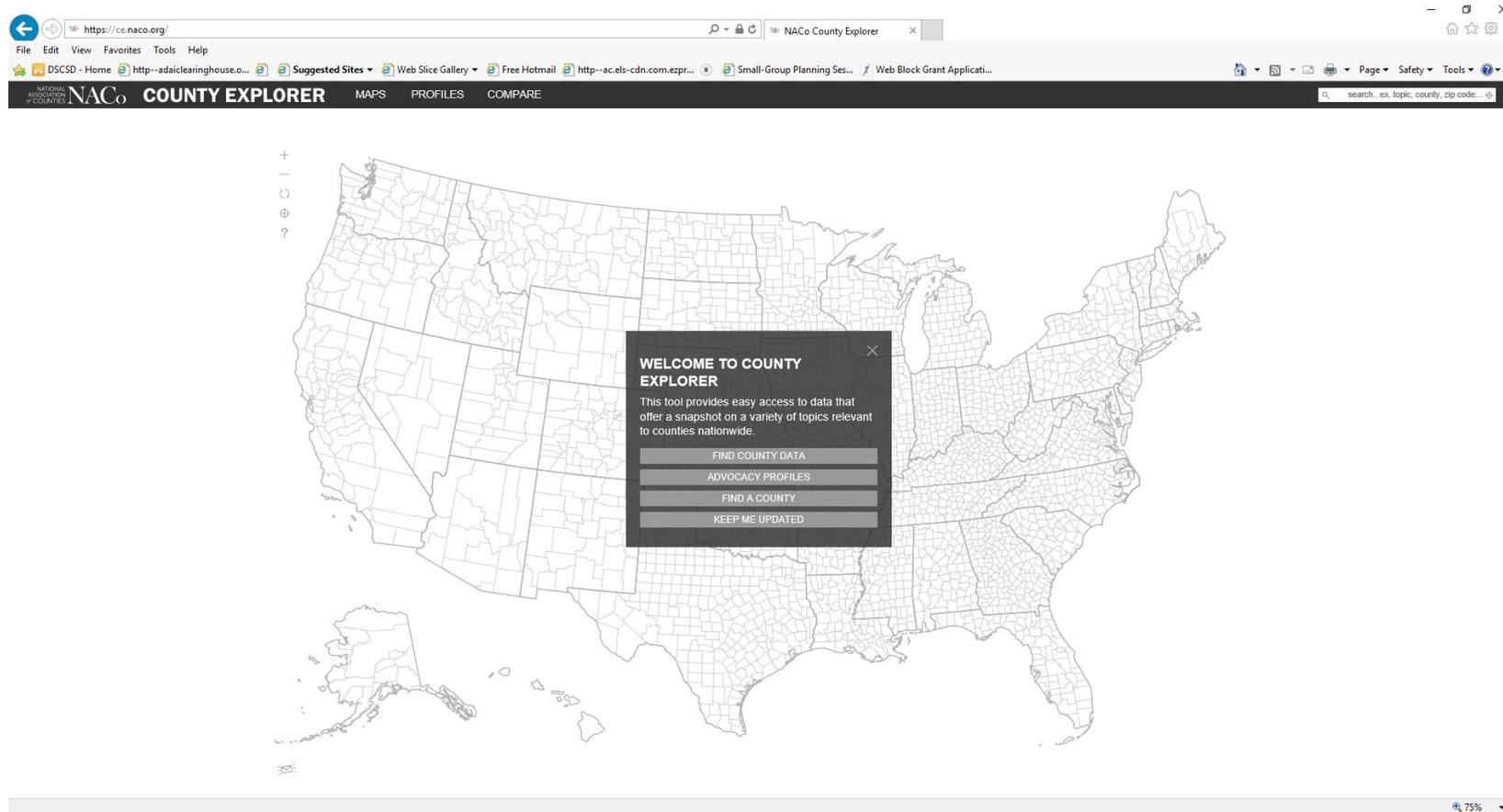
Other Examples- NORC Opioid Misuse Tool

• <https://opioidmisusetool.norc.org/>



Other Examples- National Association of Counties, County Explorer

- <https://ce.naco.org/>



Other Examples- American Academy of Family Physicians Health Landscape

- <https://www.healthlandscape.org/About.cfm/>

The screenshot shows a web browser window displaying the 'About' page of HealthLandscape. The browser's address bar shows the URL 'https://www.healthlandscape.org/About.cfm'. The website's navigation menu includes 'Home', 'About', 'Capabilities', 'Applications', 'Featured Projects', and 'Get Started'. The main heading is 'ABOUT HEALTHLANDSCAPE', followed by the tagline 'MORE THAN JUST MAPS . . .'. The text describes HealthLandscape as an interactive web-based mapping tool for health professionals, policy makers, and researchers. It also includes sections for 'PROJECT TEAM BIOS', detailing the roles of the American Academy of Family Physicians (AAFP) and the Robert Graham Center. At the bottom, there is a call to action: 'CONTACT US FOR MORE INFORMATION ON GEOSPATIAL ANALYSIS OR CUSTOM APPLICATION DEVELOPMENT'. The footer contains the copyright notice: 'COPYRIGHT HEALTHLANDSCAPE © 2019'.

Other Examples- Enterprise Community Partners, Opportunity 360

- <https://www.enterprisecommunity.org/opportunity360/measure>

Opportunity360 Measurement Report

Opportunity360 Measurement Reports provide the information necessary to determine where action is most needed and where established programs and policies have been most successful in any neighborhood in the country.

Ready to get started? Follow the directions below to create your report.

- Create a report for any neighborhood in the United States just by entering a location or address in the map below.
- Then click on the map and click again on "Get Enterprise Opportunity Report" in the pop-up.
- Use the "Download PDF" option to save a copy of the report.
- Use the "Add Data" feature on the map to see how outcomes and neighborhood characteristics vary across places.

Housing Stability

- Home Ownership
- Housing Cost Burden
- Housing Affordability

Education

- High School Completion
- Higher Education Attainment

Health and Well-Being

- Access and affordability of health care
- Health status

Economic Security

- Income, Wealth, and Savings
- Poverty Rate
- Employment

Mobility

- Transit and Vehicle Access
- Commute Time

Enterprise Opportunity Report (tract) - Click once on map to open report. PROVIDED BY: Census Tract, 2010

Washington Minnesota

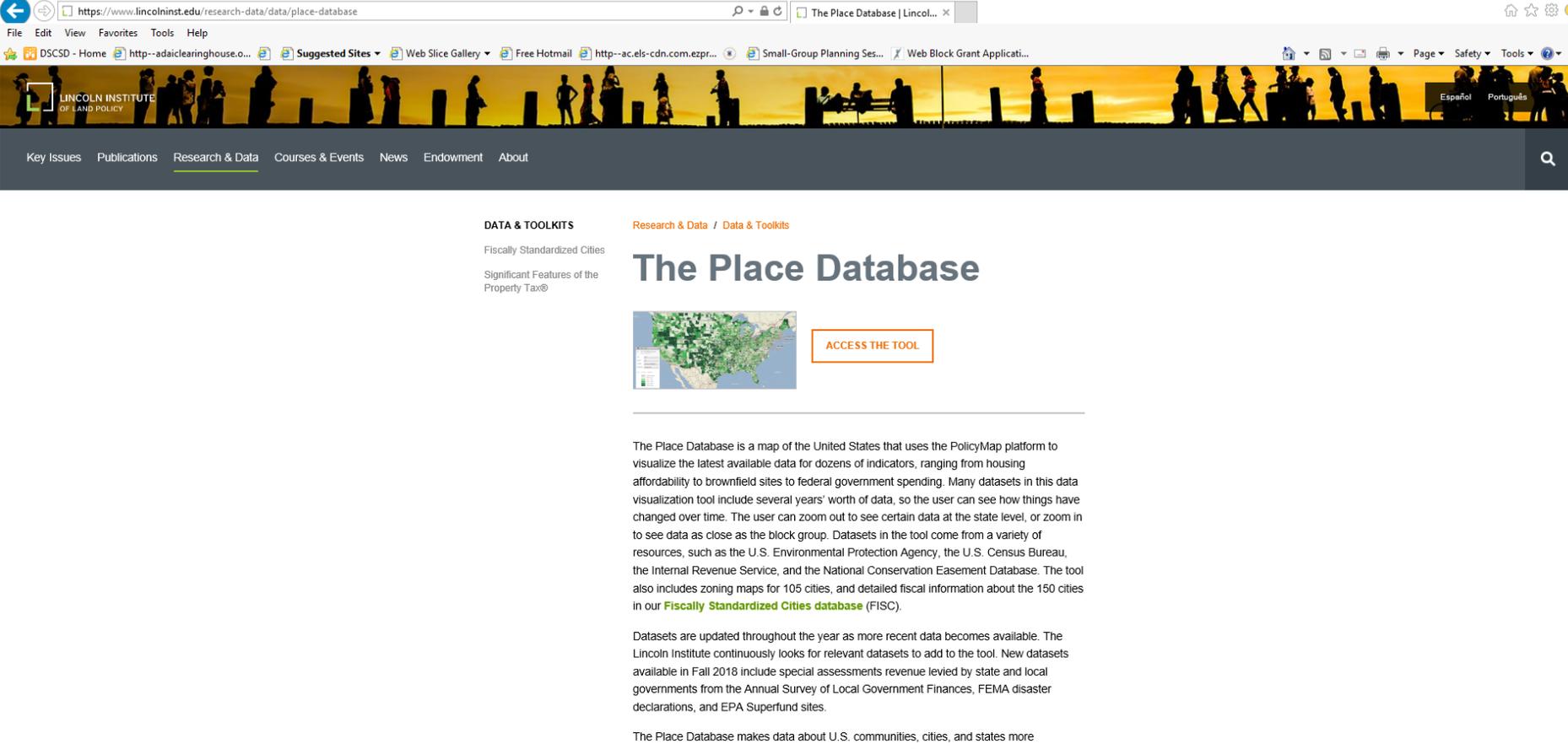
Location Address, City, County, State, Zip

EXPAND LEGEND

75%

Other Examples- Lincoln Institute of Land Policy, The Place Database

- <https://www.lincolnst.edu/research-data/data/place-database>



The screenshot shows a web browser window displaying the Lincoln Institute of Land Policy website. The address bar shows the URL: <https://www.lincolnst.edu/research-data/data/place-database>. The page header includes the Lincoln Institute of Land Policy logo and a navigation menu with links for Key Issues, Publications, Research & Data, Courses & Events, News, Endowment, and About. The main content area is titled "The Place Database" and includes a breadcrumb trail: "Research & Data / Data & Toolkits". Below the title is a map of the United States and a button labeled "ACCESS THE TOOL". The text below the map describes the database as a map of the United States that uses the PolicyMap platform to visualize the latest available data for dozens of indicators, ranging from housing affordability to brownfield sites to federal government spending. It also mentions that datasets are updated throughout the year as more recent data becomes available.

DATA & TOOLKITS

Research & Data / Data & Toolkits

Fiscally Standardized Cities

Significant Features of the Property Tax®

The Place Database

[ACCESS THE TOOL](#)

The Place Database is a map of the United States that uses the PolicyMap platform to visualize the latest available data for dozens of indicators, ranging from housing affordability to brownfield sites to federal government spending. Many datasets in this data visualization tool include several years' worth of data, so the user can see how things have changed over time. The user can zoom out to see certain data at the state level, or zoom in to see data as close as the block group. Datasets in the tool come from a variety of resources, such as the U.S. Environmental Protection Agency, the U.S. Census Bureau, the Internal Revenue Service, and the National Conservation Easement Database. The tool also includes zoning maps for 105 cities, and detailed fiscal information about the 150 cities in our [Fiscally Standardized Cities database \(FISC\)](#).

Datasets are updated throughout the year as more recent data becomes available. The Lincoln Institute continuously looks for relevant datasets to add to the tool. New datasets available in Fall 2018 include special assessments revenue levied by state and local governments from the Annual Survey of Local Government Finances, FEMA disaster declarations, and EPA Superfund sites.

The Place Database makes data about U.S. communities, cities, and states more

We use cookies on this site to enhance your user experience. By using this site, you are giving your consent for us to set cookies. [View our privacy policy.](#)

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Other Examples-Healthiest Communities, US News and Aetna

- <https://www.usnews.com/news/healthiest-communities>

The screenshot displays the 'Healthiest Communities' page for Chester County, PA, on the US News and Aetna website. The page features a map of Pennsylvania counties with Chester County highlighted in blue. A data box for Chester County, PA, provides the following information:

- Chester County, PA**
- #117 in Overall Rankings, Peer Group: #83 in Urban, High-Performing
- POPULATION: 498,886
- LAND AREA: 751 SQ MI

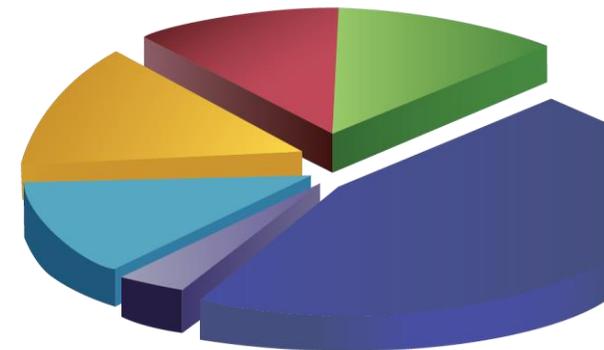
The page also includes a navigation menu with options like Overview, Population Health, Equity, Education, Economy, Housing, Food & Nutrition, Environment, and More. A table below the navigation menu shows the overall ranking and scores for various categories:

OVERALL RANKING	CATEGORY	SCORE
#117 Ranked #165 in 2018	Population Health	78
	Equity	38
	Education	82
	Economy	87

The page also features a 'Compare to other Counties' button and a 'Find Your County' search bar. A logo for 'HEALTHIEST COMMUNITIES USNews 2019' is visible. The page is in collaboration with Aetna Foundation. A 'Today's Home Refinance Rates' advertisement is also present.

Geographic Information Systems in State Behavioral Health Authorities

Some Uses Reported by States



Preliminary State Responses

Out of 25 state responses, 12 state behavioral health agencies indicate that they use geographic information systems

Preliminary State Responses

Some of the uses of GIS states mentioned:

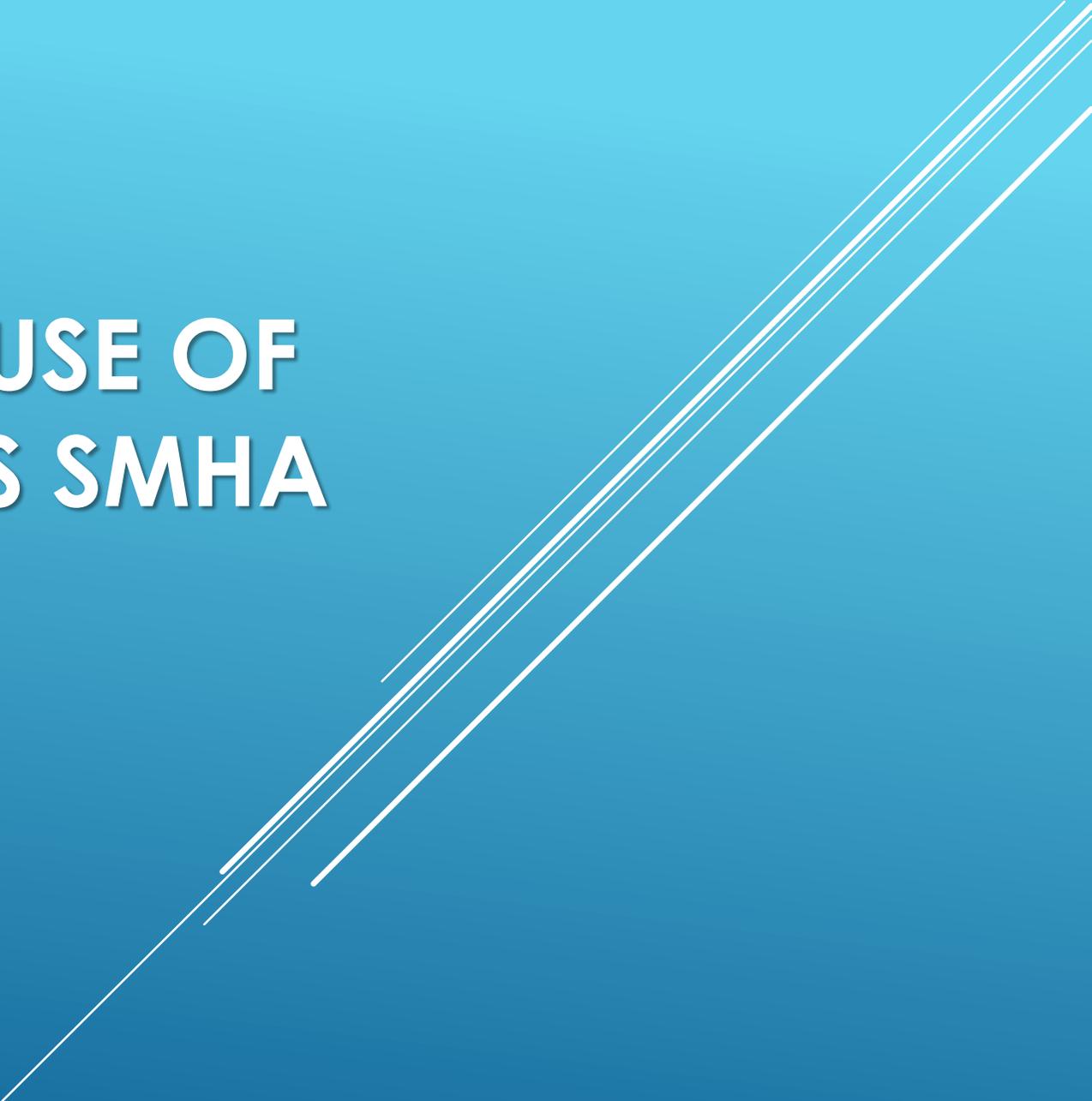
- Mapping service need and potential gaps in availability
- Mapping hotspots of opioid use
- Drive-time analyses to measure service accessibility
- Mapping service utilization
- Mapping the reach of telepsychiatry

Preliminary State Responses

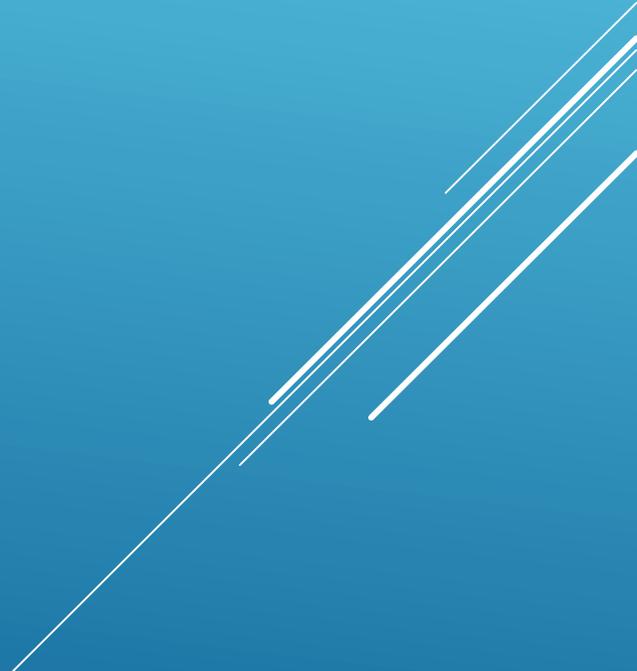
GIS software used:

- Of states that mentioned what GIS software they use, ArcGIS was the most common
- Some states also make use of Tableau, which allows for easier creation of data dashboards

CASE STUDY OF THE USE OF GIS BY OKLAHOMA'S SMHA

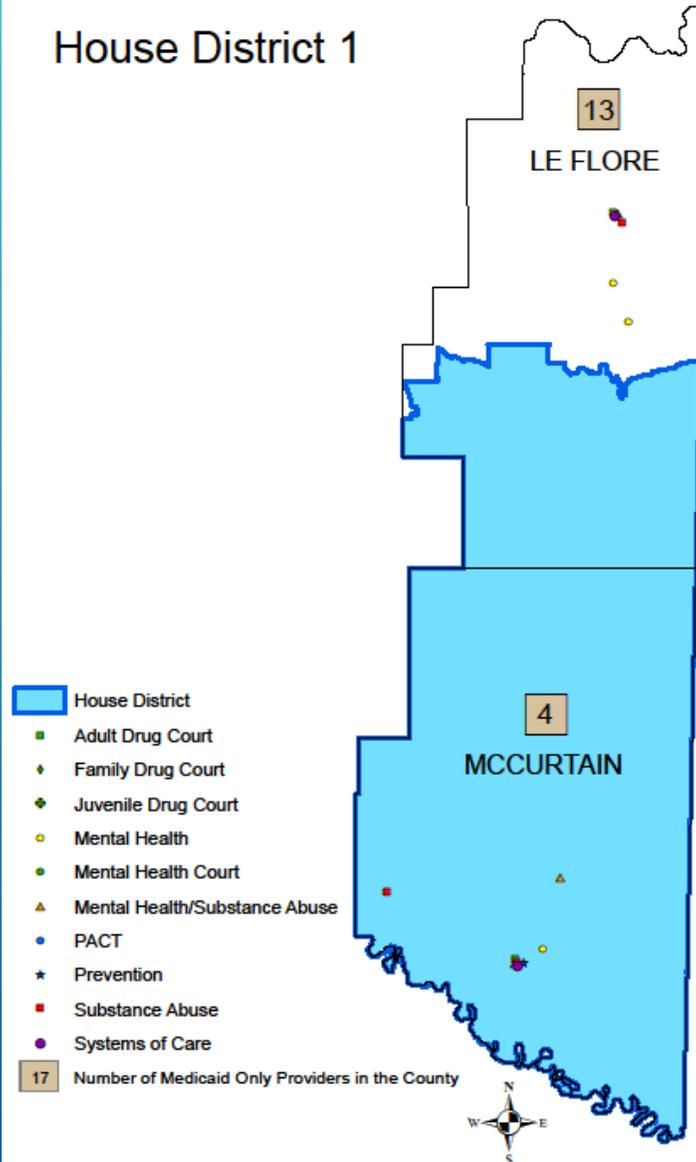
A decorative graphic consisting of several parallel white lines of varying thicknesses, slanted diagonally from the bottom-left towards the top-right, located in the lower right quadrant of the slide.

Maps of Behavioral Health Services for Legislators



Oklahoma Department of Mental Health
and Substance Abuse Services
ODMHSAS Funded Service Provider Locations

House District 1



ODMHSAS Contacts

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Jeff Dismukes
Director Communications
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@ODMHSASinfo
@TerriWhiteOK

Hotlines

Statewide
Community Resource
Call 2-1-1
24-hour, statewide
assistance supported
by ODMHSAS

Suicide Prevention Lifeline
1-800-273-8255

Problem Gambling Hotline
1-800-522-4700

Mission:

To promote healthy communities
and provide the highest
quality care to enhance
the wellbeing of all
Oklahomans

Oklahoma Department of Mental Health and Substance Abuse Services
Service Provider Locations for House District 1

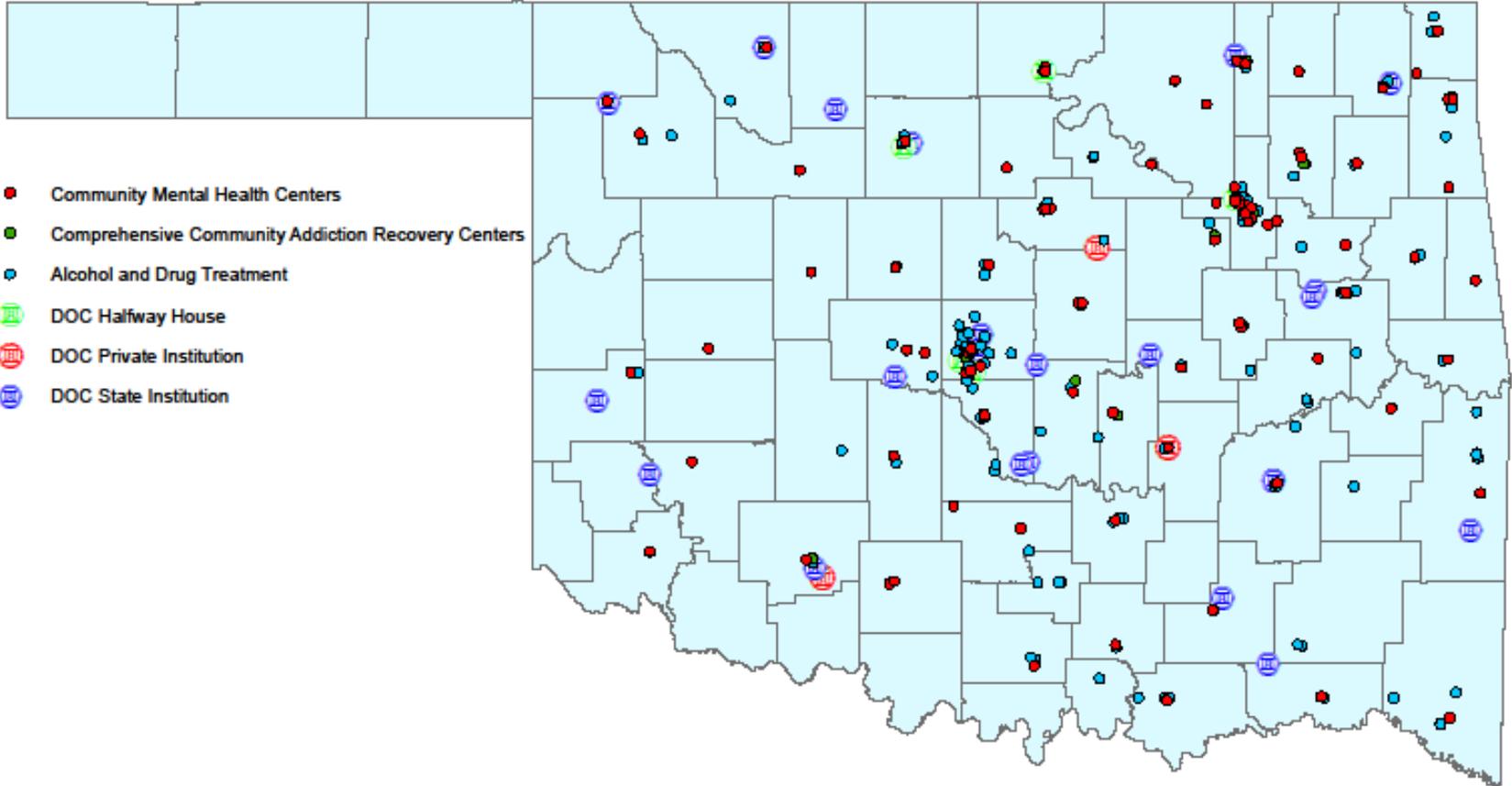
Representative Johnny Tadlock

Service Type/Service Provider	Address	City	Telephone
Adult Drug Court			
✓ McCurtain Adult Drug Court	14 NE Martin Luther King Ave	Idabel	(580) 286-5777
LeFlore/Lattimer/Haskell Adult Drug Court	110 Front Street	Poteau	(918) 647-4535
Mental Health			
Meadow Brook Residential Care Facility LLC	21226 Meadow Lane	Howe	(918) 658-2509
✓ Carl Albert CMHC	2000 E Lincoln Rd	Idabel	(580) 286-6639
Mental Health/Substance Abuse			
✓ Carl Albert CMHC	511 E 2nd St	Heavener	(918) 653-7718
✓ Sequelcare of Oklahoma	411 S Central Ave	Idabel	(580) 286-5045
Sequelcare of Oklahoma	401 N Church St Suite F	Poteau	(918) 649-1492
✓ Sequelcare of Oklahoma	100 N Broadway St	Broken Bow	(580) 584-3079
Prevention			
✓ Forest Grove Public Schools	1941 Forest Grove Rd.	Garvin	(580)286-3961
Substance Abuse			
✓ Kiamichi Council On Alcoholism	104 NE Ave a	Idabel	(580) 286-3301
✓ Valliant House LLC	300 N Dalton St	Valliant	(580) 933-7031
The Oaks Rehabilitative Services Center	204 Wall St Suite A	Poteau	(918) 647-2155
Systems of Care			
✓ McCurtain County Systems of Care	411 S Central Ave	Idabel	(580) 298-2830
LeFlore County Systems of Care	401 S Church St	Poteau	(580) 298-2830

of people served in FY18 from District: 2,609

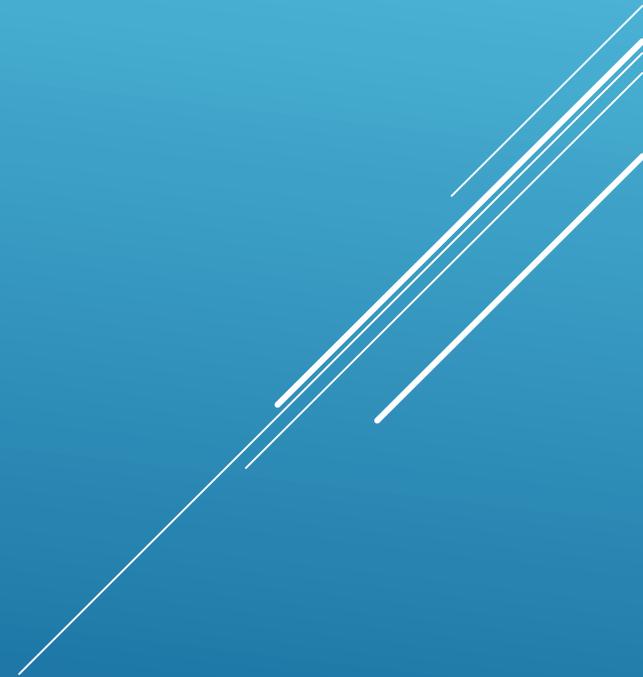
✓ Indicates service provider located in ZIP code of district

ODMHSAS Certified Alcohol and Drug Treatment Providers and DOC Facilities 2019

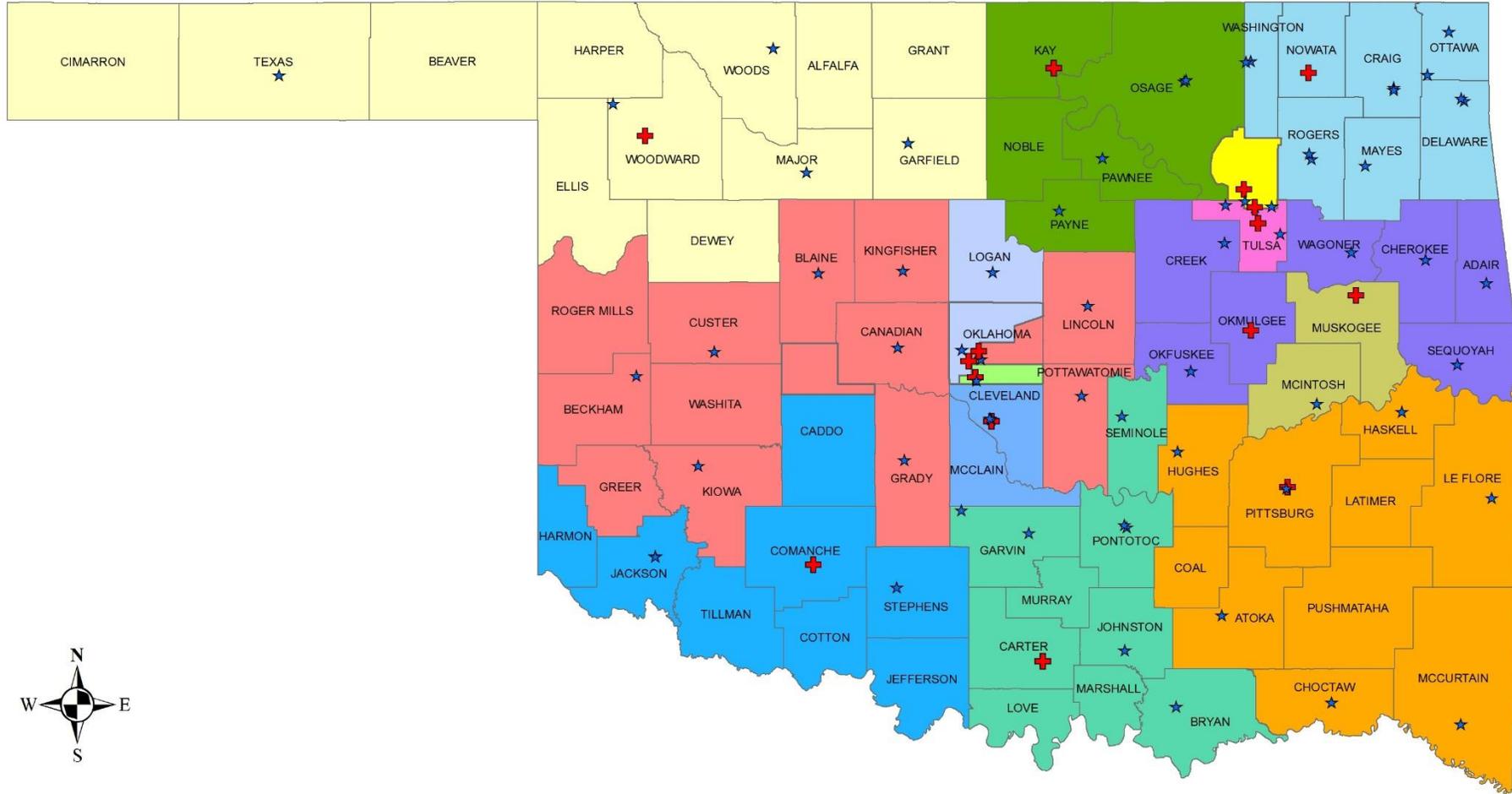


Prepared by ODMHSAS Decision Support Services July 2019
Data from ODMHSAS and Oklahoma Department of Corrections

Service Provider Maps



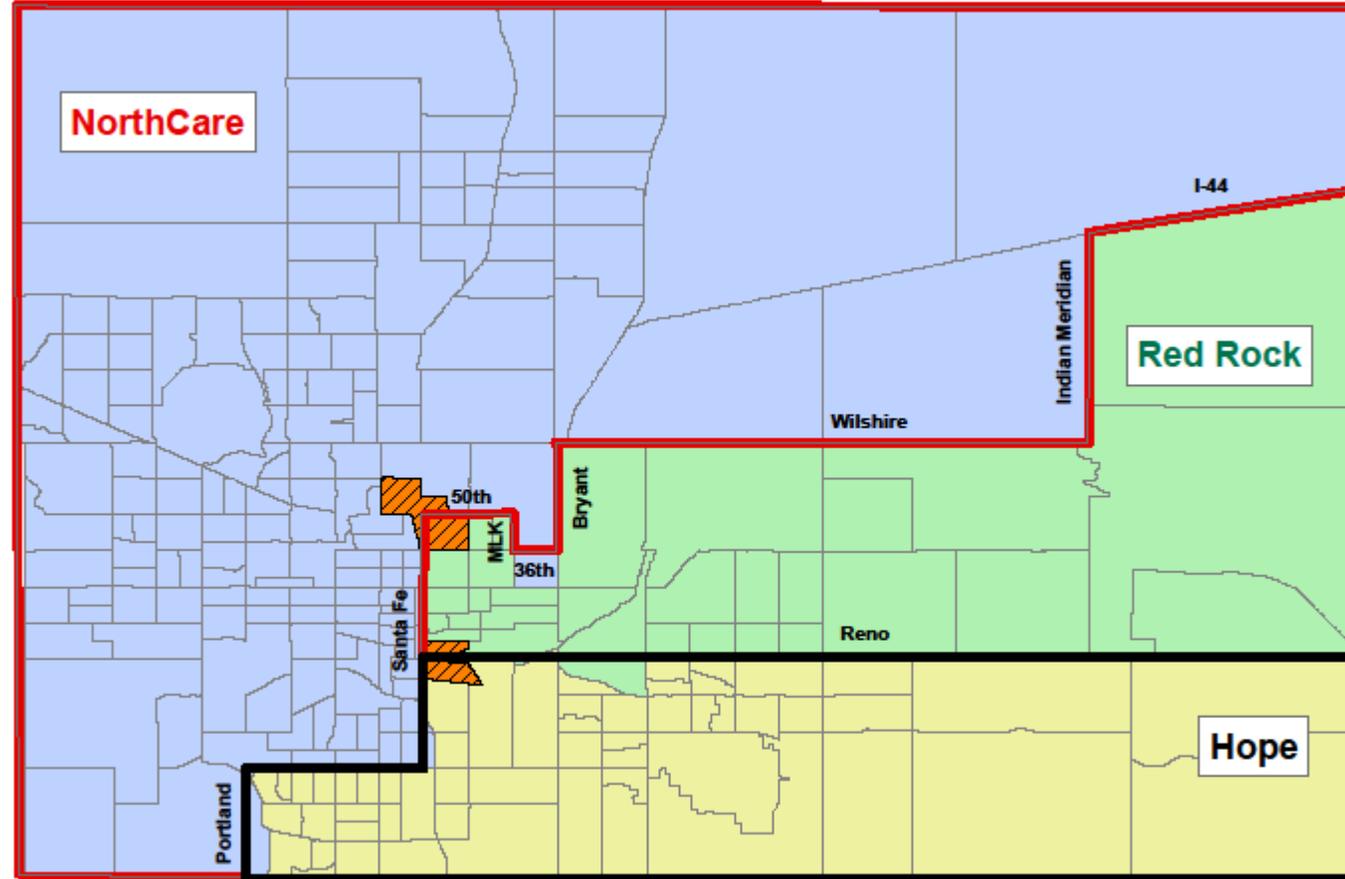
Statewide CMHC Services



- | | | |
|--|--|-------------|
| CREOKS | Jim Taliaferro MH Center | Main Office |
| Carl Albert | MH&SA Centers of Southern Oklahoma | Satellite |
| Central Oklahoma | NorthCare | |
| Edwin Fair | Hope | |
| Counseling & Recovery Services of Oklahoma | Northwest Center for Behavioral Health | |
| Grand Lake | Red Rock | |
| Green Country | Family and Children's Services | |

Prepared by ODMHSAS
Decision Support Services
July 2018

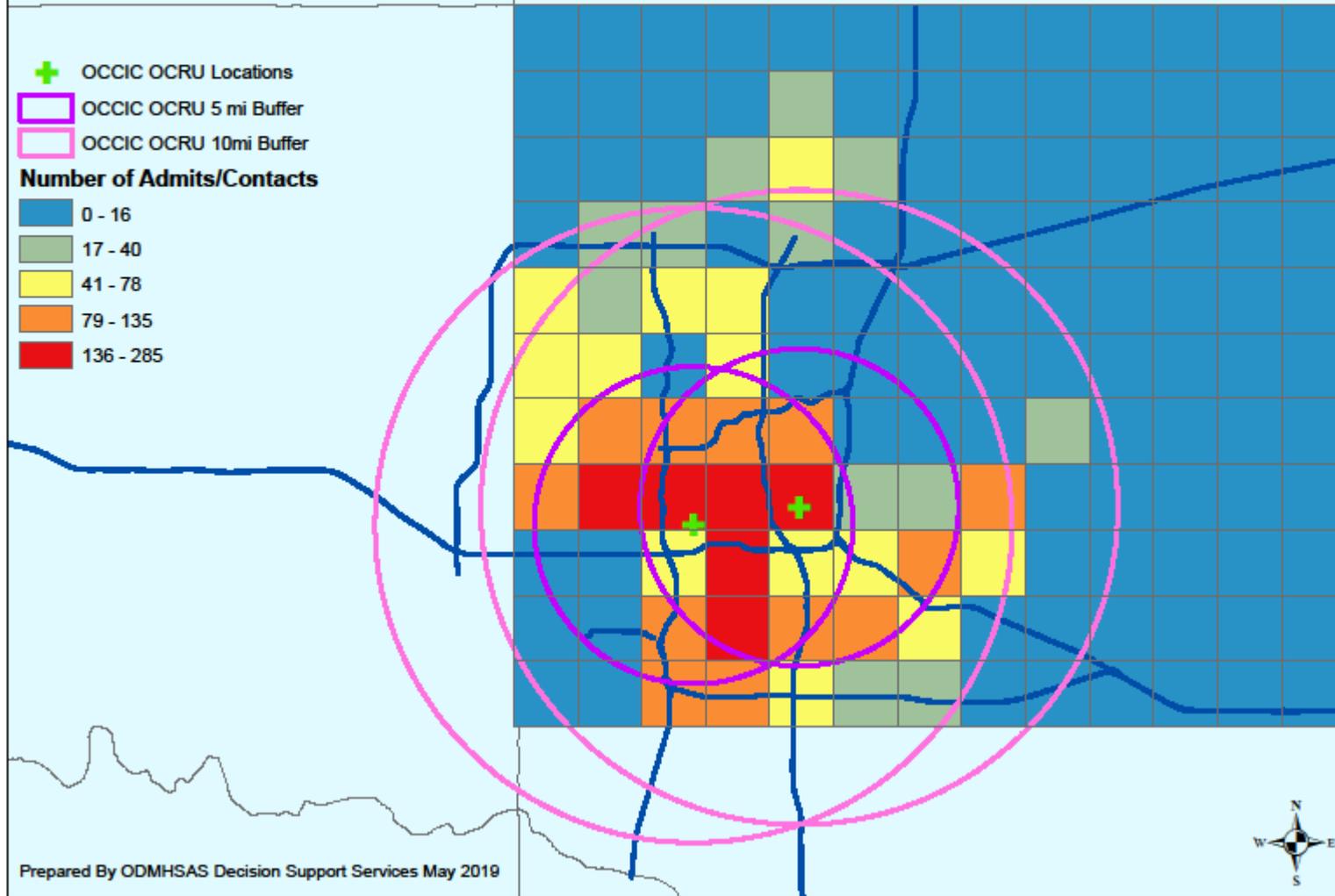
Oklahoma County CMHC Service Areas and Census Tracts



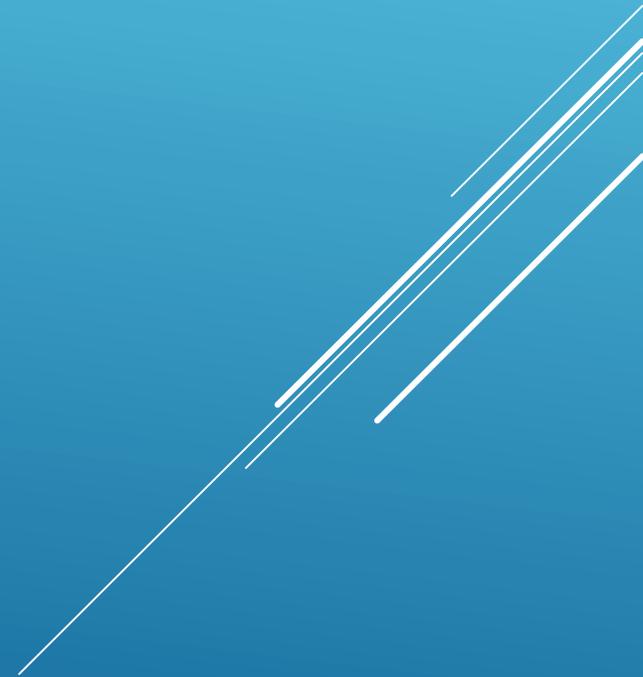
-  Shared Tracts
-  Hope
-  Red Rock
-  NorthCare



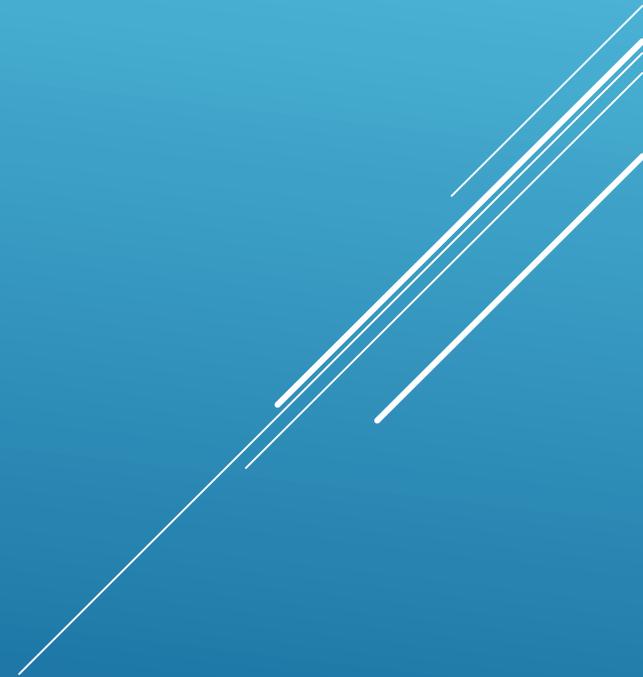
Crisis Centers in Oklahoma County with Number of Admits/Contacts



Visualizing the Magnitude of the Opioid Crisis



Maps of Clients Affected by Natural Disasters



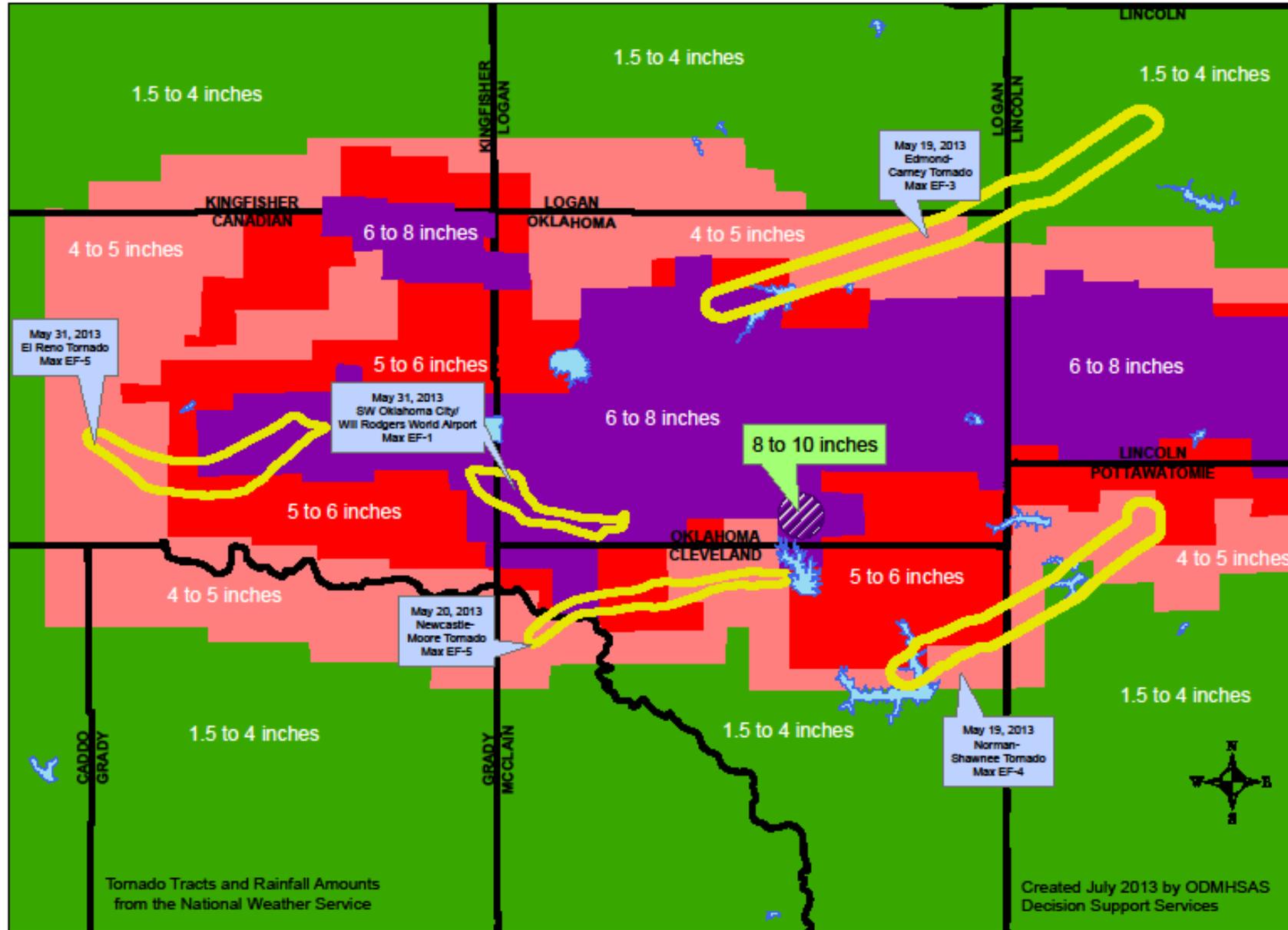
In May 2013 Central Oklahoma experienced several large scale tornado events. The May 20th Moore tornado was an EF5 with peak winds estimated at 210 mph. The tornado stayed on the ground for 37 minutes over a 17-mile path, crossing through a heavily populated section of Moore killing 24 people and injured 212 others. The tornado was 1.08 miles wide at its peak.

https://en.wikipedia.org/wiki/2013_Moore_tornado



By Ks0stm/Wikimedia Commons, CC BY-SA 3.0,
<https://commons.wikimedia.org/w/index.php?curid=26208536>

Central Oklahoma Tornadoes and 24HR Rainfall on May 31 2013



Tornado Tracts and Rainfall Amounts from the National Weather Service

Created July 2013 by ODMHSAS Decision Support Services

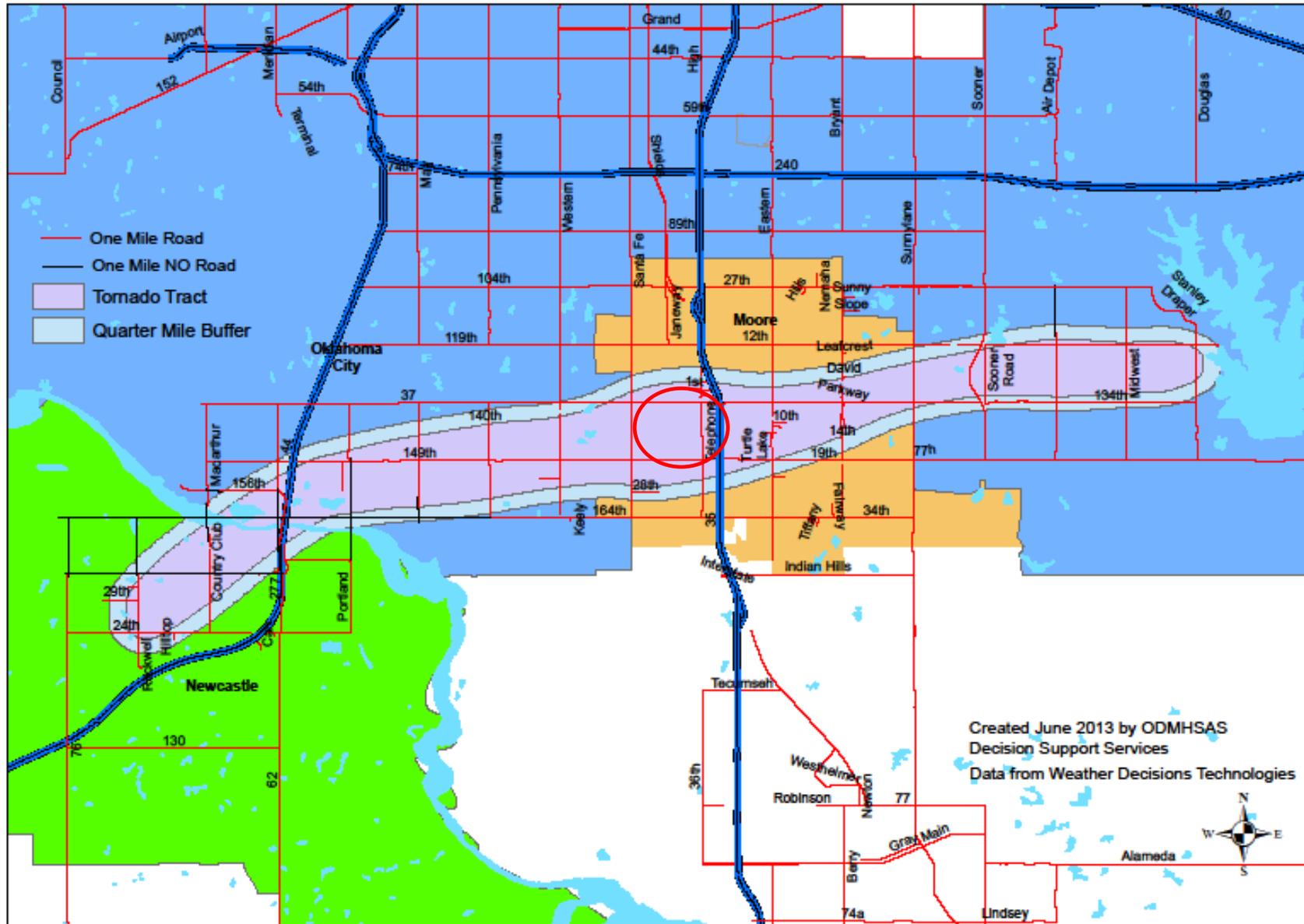
As a result of these devastating storms the Governor of Oklahoma requested that the Oklahoma Department of Mental Health and Substance Abuse Services take the role of psychiatric care for victims. This lead to:

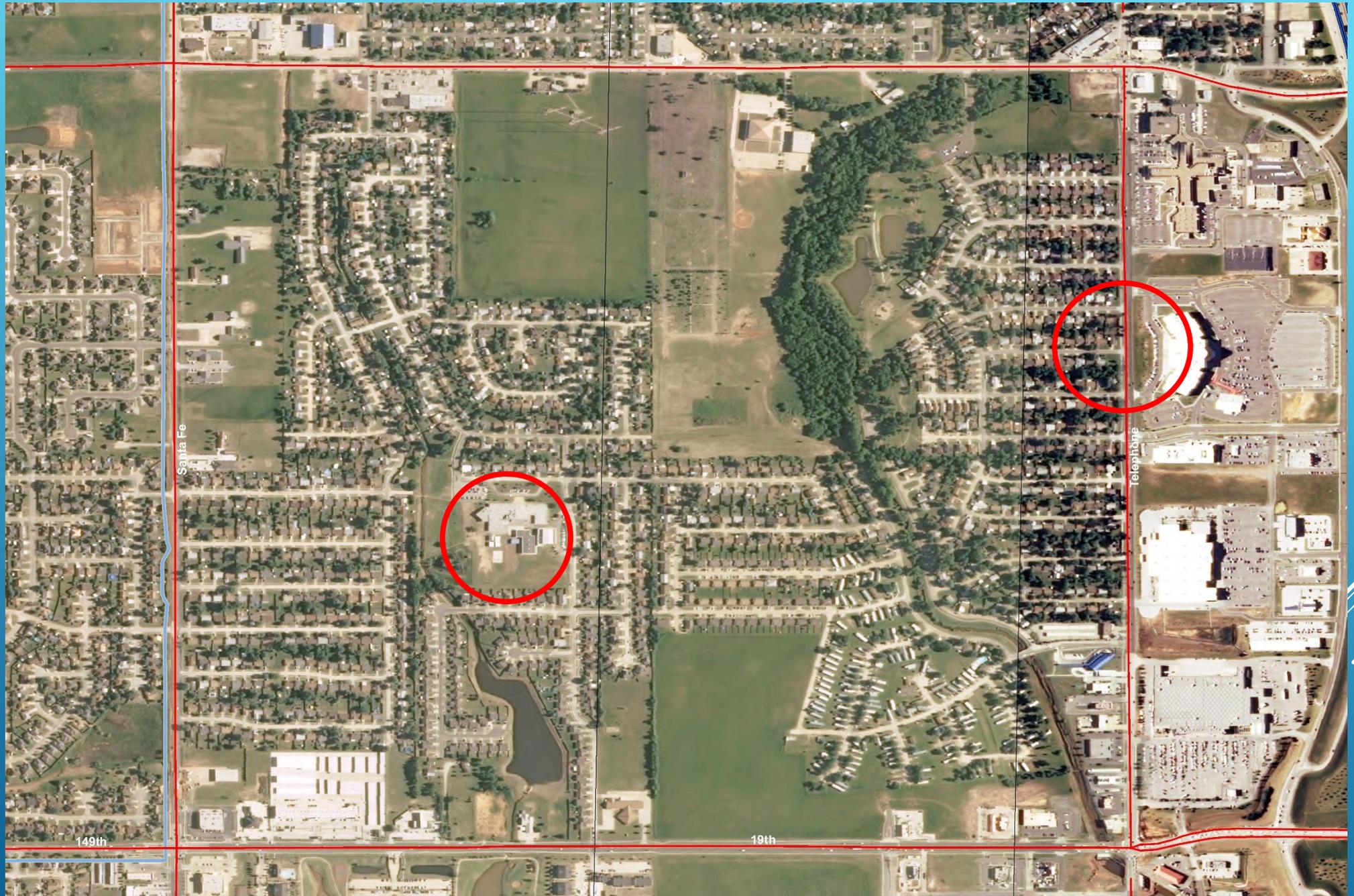
- Partnering with the Red Cross to conduct mass trainings
- Training and Badging over 600 Volunteers
- Opening a temporary command center in Moore where volunteers could be dispatched from and where those in need could receive assistance

- Dispatching volunteers across all 5 damage zones up to 24 hours a day for weeks
 - Establishing a more permanent disaster response unit
 - Hiring a disaster response coordinator
 - Maintaining disaster aid to those impacted to present
 - Special emphasis was given to the schools
 - Child Trauma Specialists were deployed to the schools
 - Specialized services were directed to children and families in the impact zone
 - Drop In Centers were established
- 

ODMHSAS needed to be able to determine which of their consumers had been directly affected by the tornados. A map was produced showing a radar image of the tornados tracks. We then extracted clients from our database whose ZIP code was overlapped by the tornado track. After geocoding these clients I kept those clients whose residence was in the tornado track or who lived within one quarter mile of the track. The names and addresses of the consumers were then sent to the field office where they were mixed in with other people that the field staff had encountered and the field staff tried to make contact with them as part of their field work.

May 2013 Moore Tornado With Mile Roads











Kate Davis



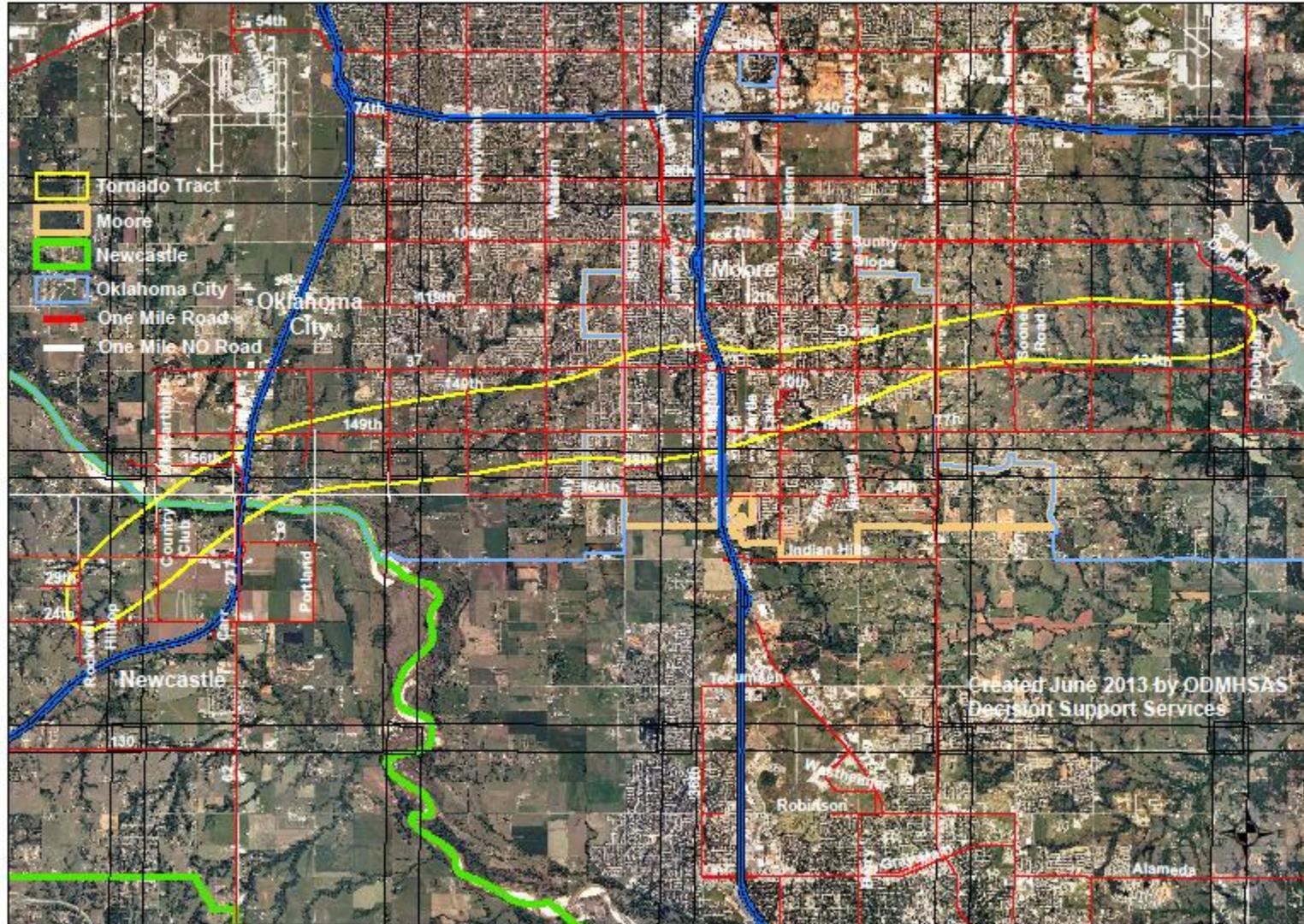
Kate Davis



Kate Davis

Wall Size Poster Used At ODMHSAS Field Office

May 2013 Moore Tornado With Mile Roads and Photos



Handouts Used By Field Staff



GIS in Washington State Behavioral Health Programs

NASMHPD Webinar



SEPTEMBER 5, 2019

Barb Lucenko, PhD • Alice Huber, PhD
Washington State Department of Social and Health Services
Research and Data Analysis Division (RDA)



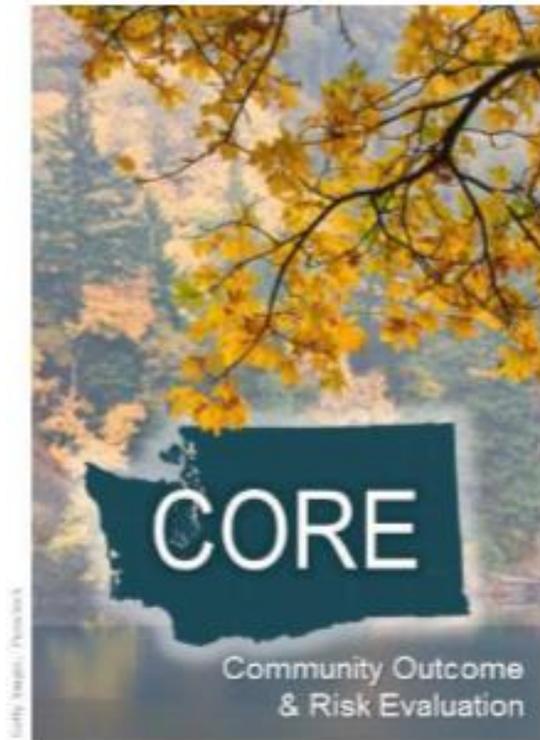
Part

1

GIS in Washington Behavioral Health Community Outcome and Risk Evaluation

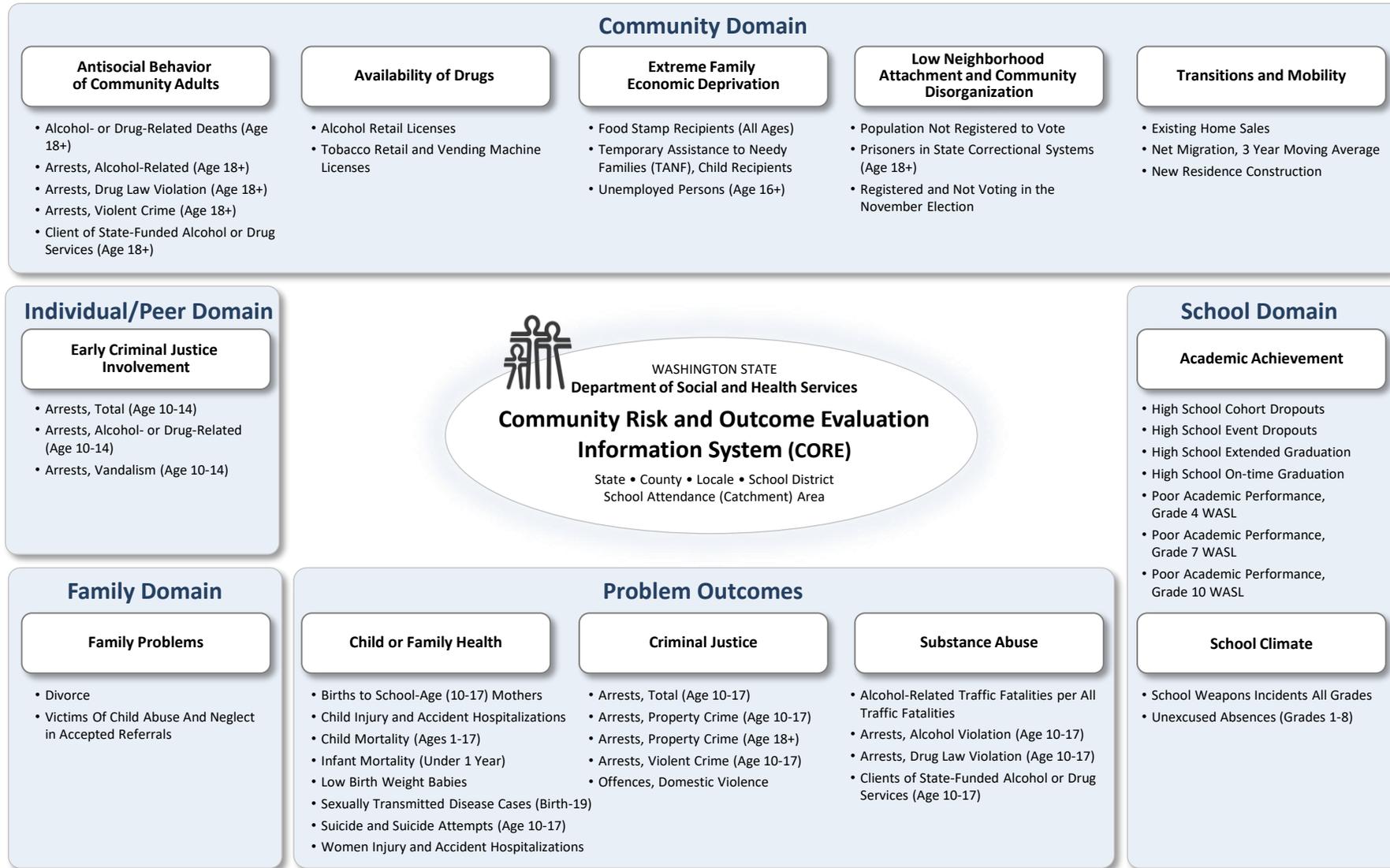
GIS in Washington Behavioral Health: CORE

The Community Outcome and Risk Evaluation Information System (CORE)



- A comprehensive collection of social indicators that are highly correlated with adolescent substance use, and the risk factors that predict substance use.
- Based on the risk and protective factors (RPF) framework by Hawkins & Catalano.
- Developed by RDA to assist DSHS and its state and local partners in prevention planning and needs assessment, particularly with regard to substance abuse among youth.
- Began in 1993 with the Six State Consortium for Prevention Needs Assessment Project funded by SAMHSA, in collaboration with the Social Development Research Group at the University of Washington.

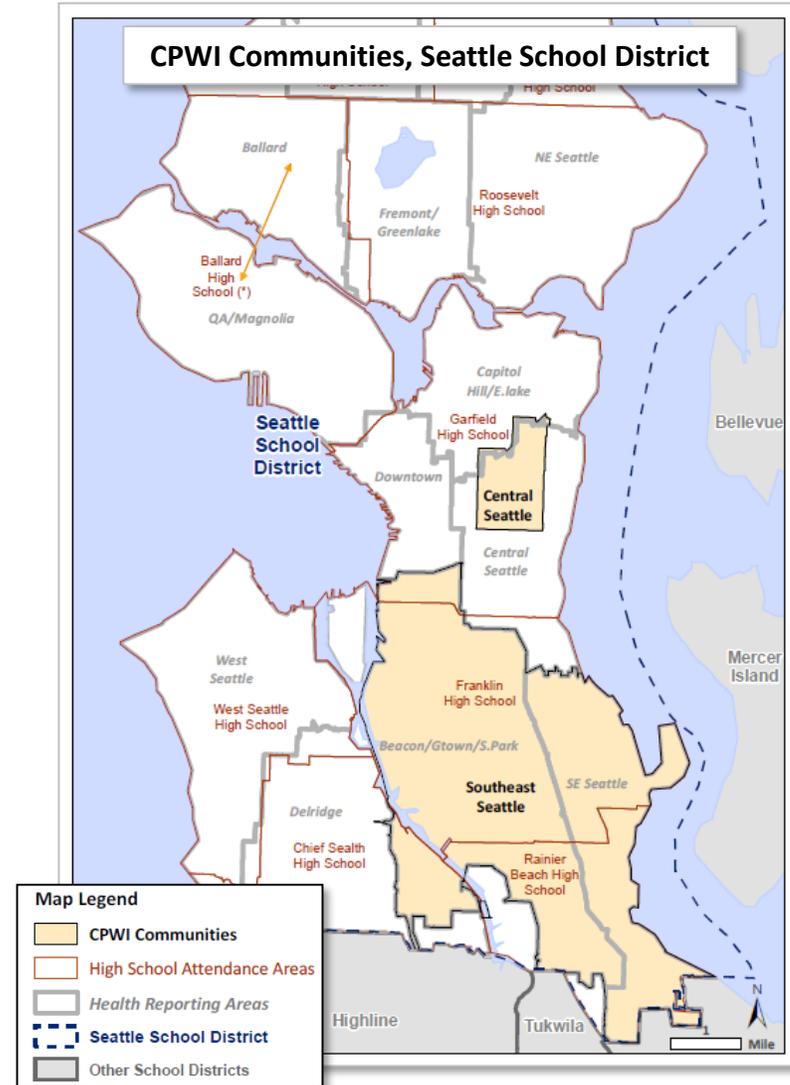
CORE Indicators



CORE Communities

Five geographic levels

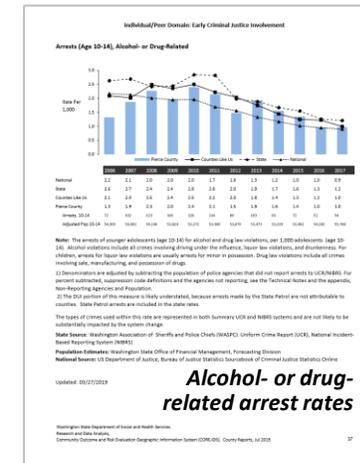
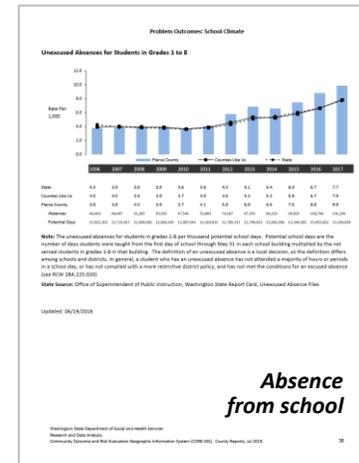
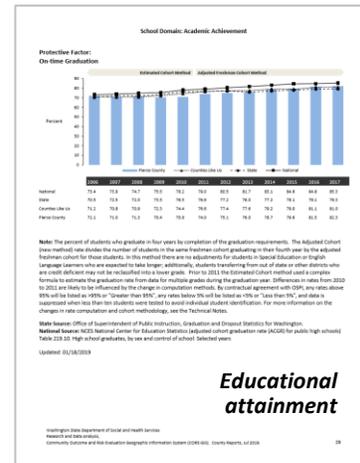
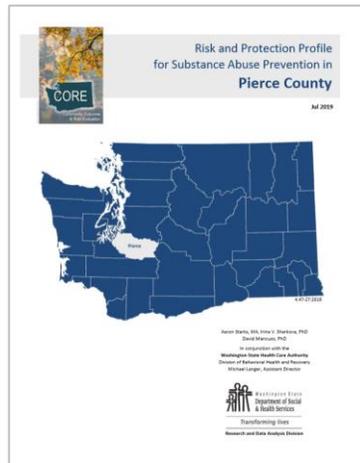
- **Washington State**
- **Counties** (39) <https://www.dshs.wa.gov/sesa/research-and-data-analysis/county-and-state>
- **Locales** (118) <https://www.dshs.wa.gov/sesa/rda/4/53/locale>
 - Locales are school districts or groups of school districts that, when added together, include 20,000+ residents. At this threshold we are able to report rare events.
- **School districts** (295) <https://www.dshs.wa.gov/sesa/rda/4/53/school-districts>
 - Most average-size school districts encompass a single town or city and are named accordingly. Thus, we use school districts as a geographic approximation of their town or city community. Exceptions: big cities may have multiple school districts, the largest school districts may recognize multiple neighborhoods or communities within their boundaries, and many rural school districts include vast areas beyond the main town proper. Yet overall, school district boundaries serve as a good proxy for many Washington communities.
- **Small areas** (special tabulations)
 - High school attendance areas for largest urban school districts and other CPWI communities.
 - Other custom geographies.



GIS in Washington Behavioral Health: CORE

CORE Data and Profiles

- Data come from 50+ state and national sources, such as DOH, DSHS, OSPI, Uniform Crime Report
- When individual-level source data are available, they are reported in aggregate only
- 48 indicators reported at the lowest feasible geography level: state, county, school district/community, and locale
- Trends and normalized comparisons
- Over 450 reports published online twice a year and include graphs, maps and tables
- CORE Profiles are available in PDF and Excel at <https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles>.



GIS in Washington Behavioral Health: CORE-II



Yakima County Behavioral Health Treatment Needs and Outcomes

MARCH 2017

About this Report

This report provides local information for Washington counties to monitor the behavioral health treatment needs and outcomes of individuals receiving Medicaid. For each county and the state as a whole, we present information on two population groups: 1) disabled adults and children on Medicaid, 2) non-disabled classic Medicaid adults.

These measures were produced by the DSHS Research and Data Analysis Division *Community Outcomes and Risk Evaluation* project in collaboration with:

- DSHS Division of Behavioral Health and Recovery
- RDA Well Being Work Group

RDA REPORT NUMBER
4.95.39

DSHS | Services and Enterprise Support Administration

Yakima County Behavioral Health Treatment Needs and Outcomes

Any Behavioral Health Treatment Need

INDICATOR
Proportion of Medicaid population having an indicator of Mental Illness Treatment Need and/or Substance Use Disorder Treatment Need in at least one month of the SFY or prior SFY. See Technical Notes for details.

COUNTY:

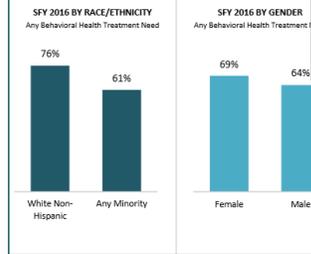
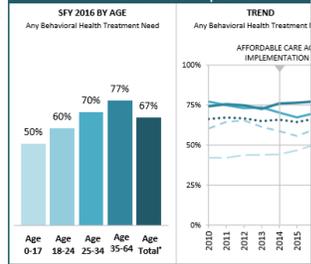
- Age 0-17
- Age 18-24
- Age 25-34
- Age 35-64
- Age Total*

STATE:

- Age 0-17
- Age 18-24
- Age 25-34
- Age 35-64
- Age Total*

SOURCE & POPULATION
DSHS Integrated Client Database. Population residing in geographic area as of June 30 of the year, with at least one month of Disabled-Medicaid coverage in the year. Disabled-Medicaid category includes adults and children.

*Those age 65 and older have been excluded due to incomplete data.



DSHS | Services and Enterprise Support Administration | Research and Data Analysis Division

PAGE 3

Any Behavioral Health Treatment Need Rates Among Medicaid-Children, by County

MARCH 2017

SFY 2016

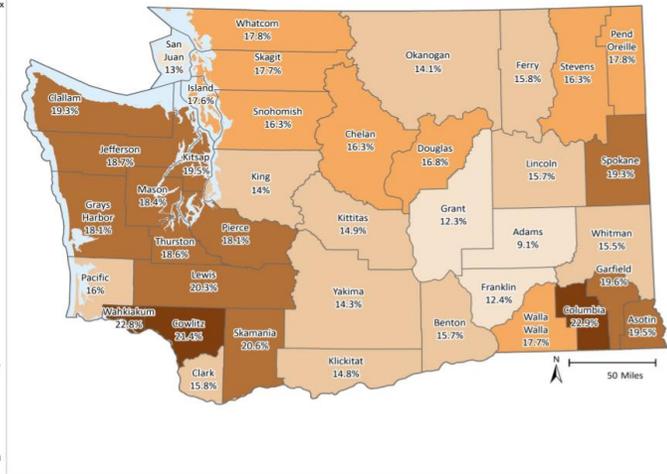
INDICATOR
Proportion of Medicaid population having an indicator of Mental Illness Treatment Need and/or Substance Use Disorder Treatment Need in at least one month of the SFY or prior SFY. See Technical Notes for details.

Percent of Medicaid-Children with Any Behavioral Health Tx Need

9.1% - 13%
13.1% - 16%
16.1% - 18%
18.1% - 21%
21.1% - 22.9%

SOURCE & POPULATION
DSHS Integrated Client Database. Population residing in geographic area as of June 30 of the year, with at least one month of Child-Medicaid coverage in the year. Adults are not included in the Child-Medicaid category.

*Those age 65 and older have been excluded due to incomplete data.



DSHS | Services and Enterprise Support Administration | Research and Data Analysis Division

PAGE 14

SOURCE: *Behavioral Health Treatment Needs and Outcomes for Washington Counties*. DSHS Research and Data Analysis Division, March 2017, Sharkova, et.al. <https://www.dshs.wa.gov/ffa/rda/research-reports/behavioral-health-treatment-needs-and-outcomes-washington-counties>



Part **2**

**GIS in Washington Behavioral Health
Community Prevention and Wellness**

GIS in Washington Behavioral Health: CPWI

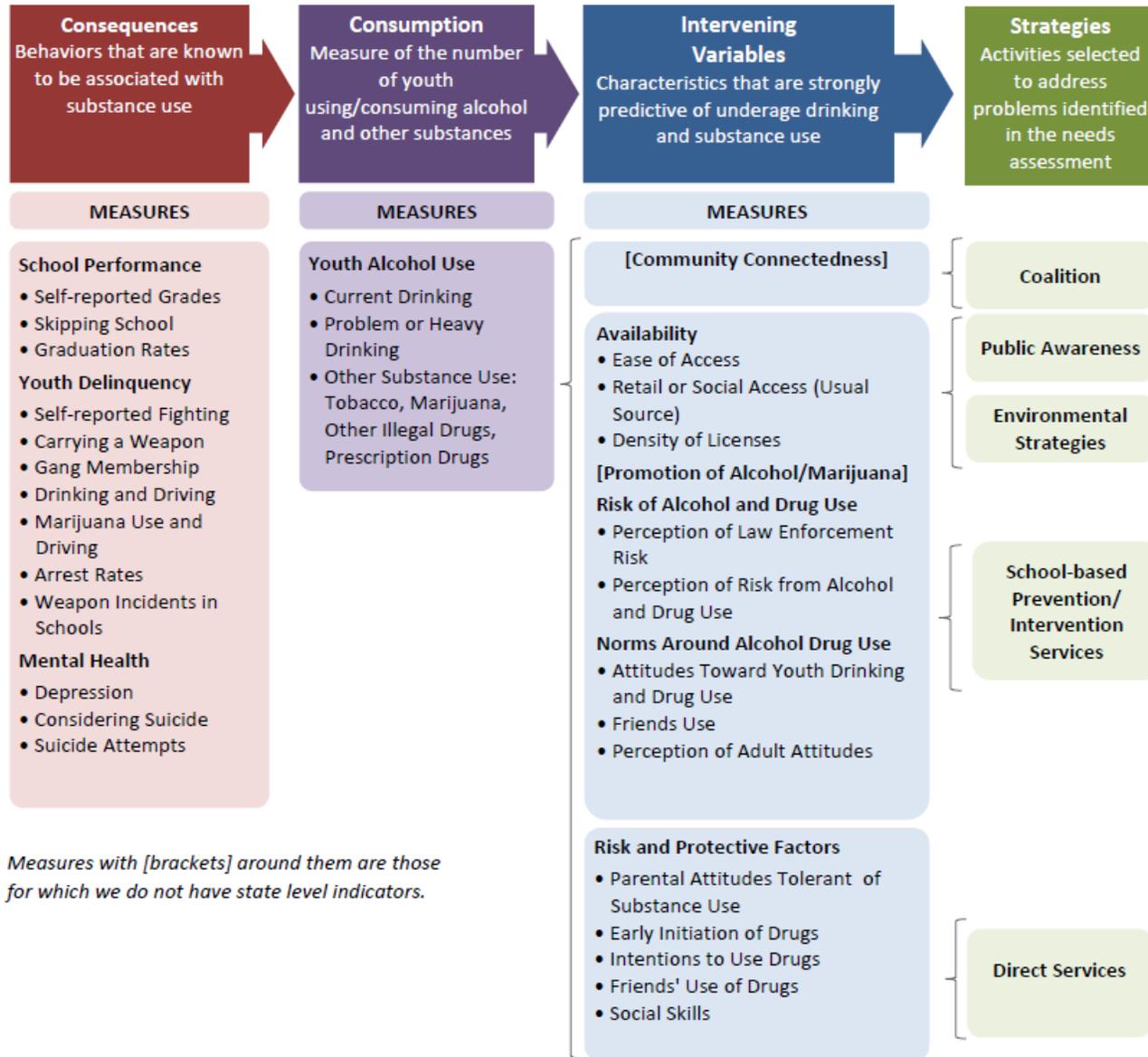
- **History**

- The behavioral health program in WA contracted with counties and OSPI to provide community and school based prevention services to reduce youth substance use, and the problem behaviors associated with substance use.
- The Prevention Redesign Initiative (PRI) began in 2009-2010.
 - Communities such as school districts rather than counties;
 - Concentrates services in *high need* communities.
- Changed to Community Prevention and Wellness Initiative (CPWI) in 2012.

- **CPWI Community Needs Assessment Data Books are**

- A portrait of the indicators most relevant for community-level prevention planning;
- Organized around Prevention Coalition Logic Model;
- Used in the assessment phase of the Strategic Prevention Framework;
- Data trends allow Coalitions to evaluate their progress toward chosen goals.
- Goal: to make data-driven decision-making as user-friendly as possible.

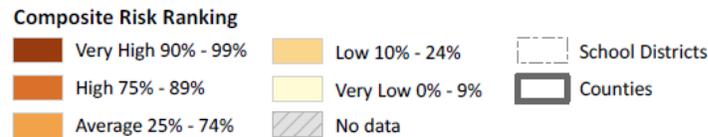
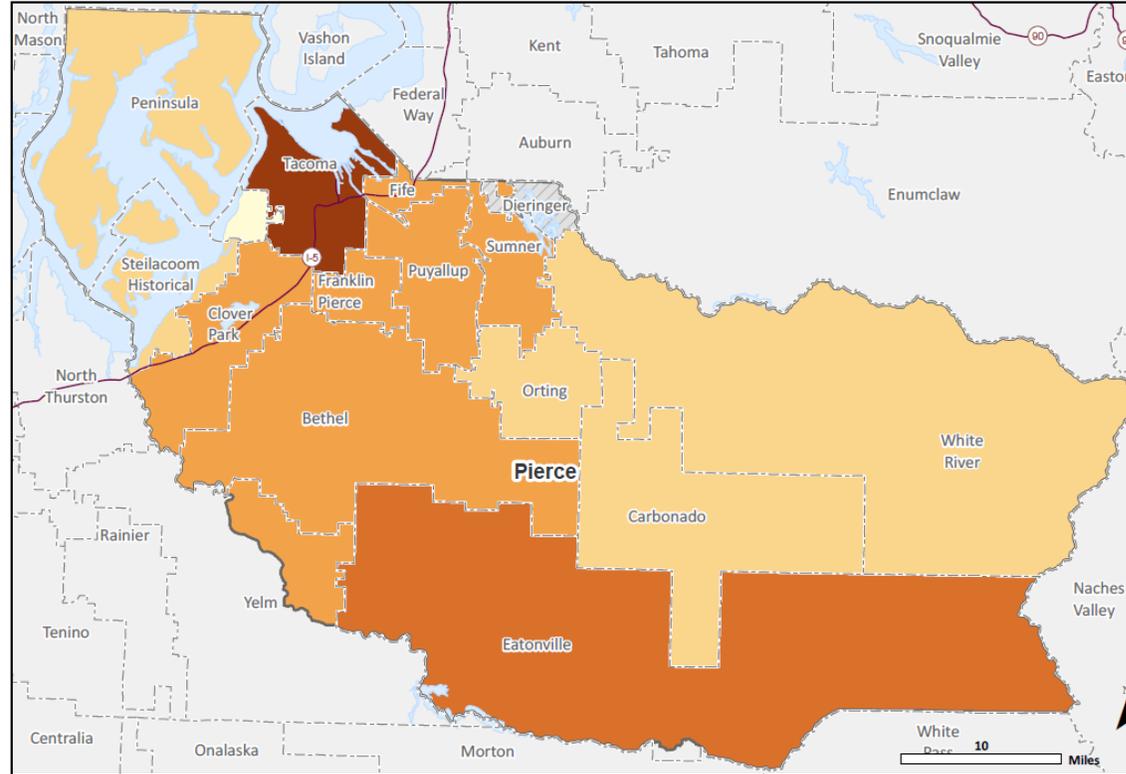
CORE measures in the CPWI Data Books



How do CPWI communities get chosen?

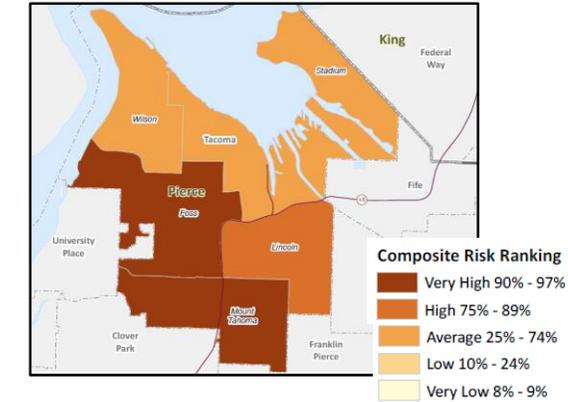
COUNTY LEVEL RISK | Alcohol, Tobacco, and Other Drug Use

Pierce County Composite Risk Ranking by School District (2017)



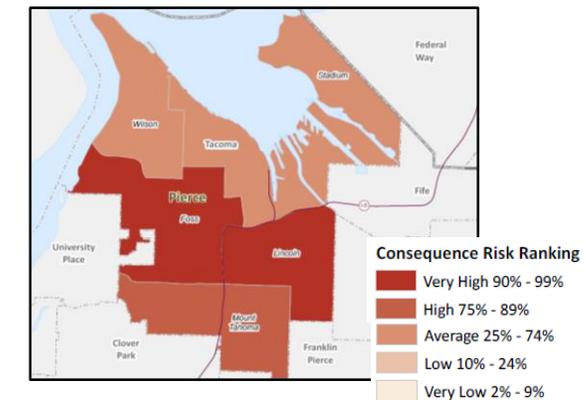
DETAIL | Neighborhood Level

Composite Rank, Tacoma School District (2017)



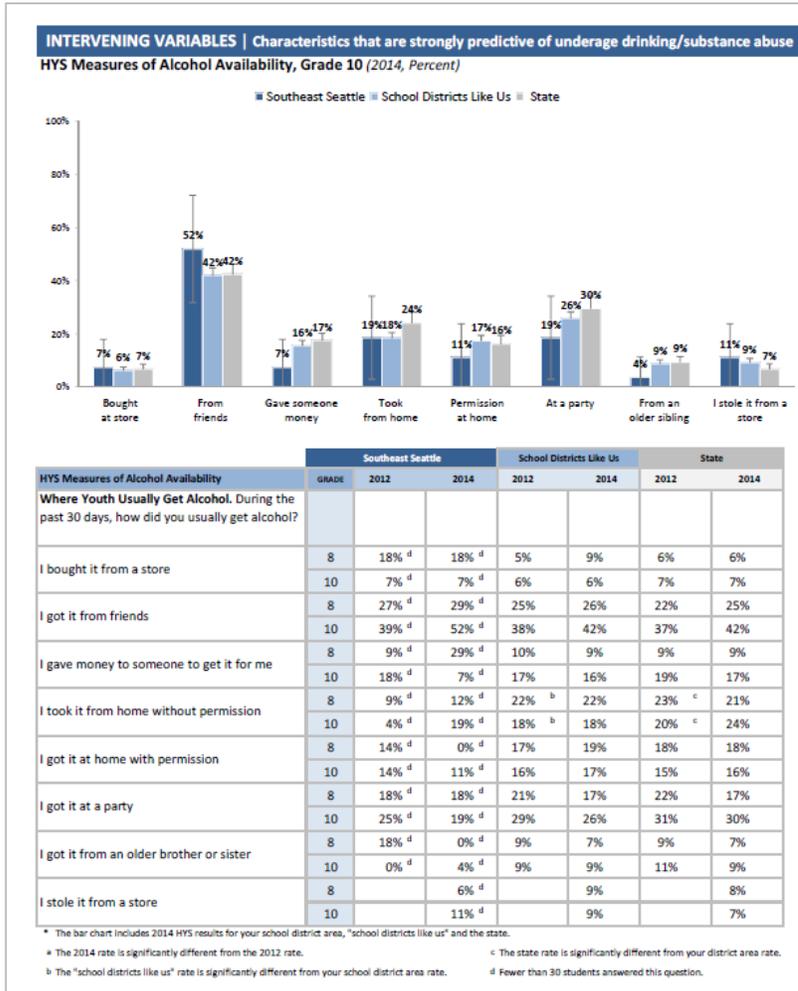
DETAIL | Neighborhood Level

Consequence Rank, Tacoma School District (2017)



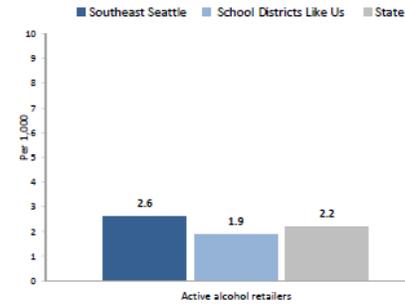
DATA NOTES: The percentile of the composite and consequence risk scores. Composite risk scores were calculated using standardized indicators in the alcohol, tobacco and other drugs (ATOD) consumption and consequence. Consequence risk scores were calculated using standardized indicators in three sub-domains: school performance, youth delinquency, and mental health. DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Information System (CORE).

CPWI Community Needs Assessment Data Books



Southeast Seattle

INTERVENING VARIABLES | Characteristics that are strongly predictive of underage drinking/substance abuse
CORE Measures of Alcohol Availability (2013, Rate per 1,000)

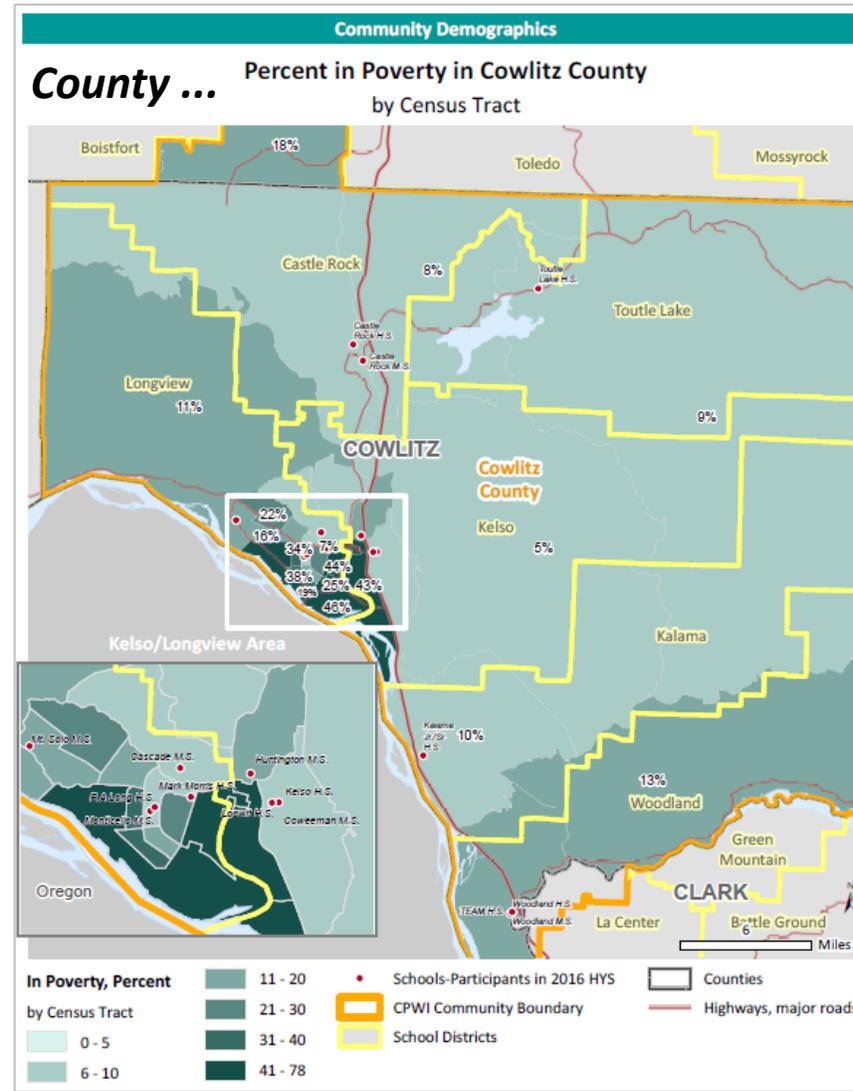
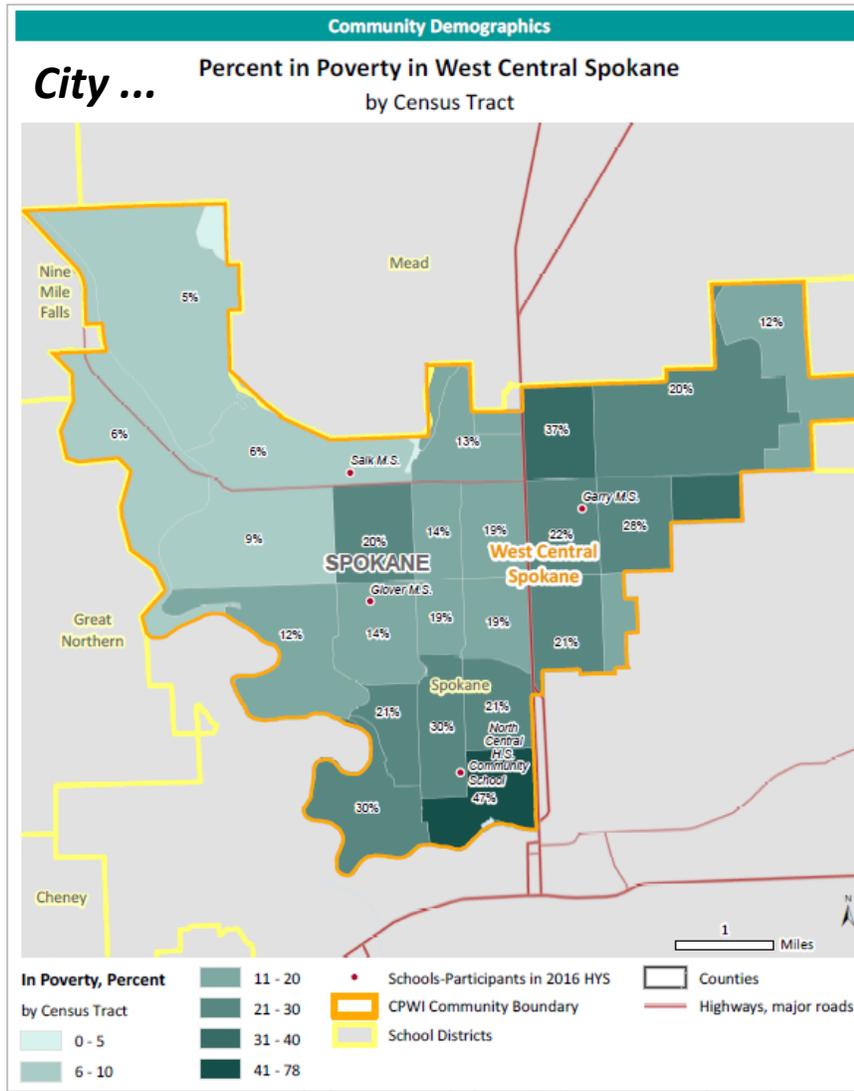


CORE Measures of Alcohol Availability	Southeast Seattle		School Districts Like Us		State	
	2012	2013	2012	2013	2012	2013
Active Alcohol Retailers. The number of alcohol retail licenses active during the year, per 1,000 persons (all ages). Retail licenses include restaurants, grocery stores, and wine shops but do not include state liquor stores and agencies. Retail alcohol facilities on military bases and reservations are not licensed by the State and therefore are not included in these data.	2.6	2.6	1.9	1.9	2.2	2.2

Alcohol Compliance Checks**
 **Need to find compliance rates from local source.

Promotion of Alcohol
 Promotion of alcohol refers to the advertising of alcohol sales in magazines, television, and other media, as well as store windows, give-away promotions, and product placement. We also think of the role alcohol plays in celebrations, and in the movies and television stories as promoting alcohol use. Measures of promotion of alcohol are not available at the state level and so are not included in this data book. Coalitions can develop measures locally—and those measures should be collected on a regular (perhaps annual) basis.

Community Demographics: Poverty





Getty Images

Part

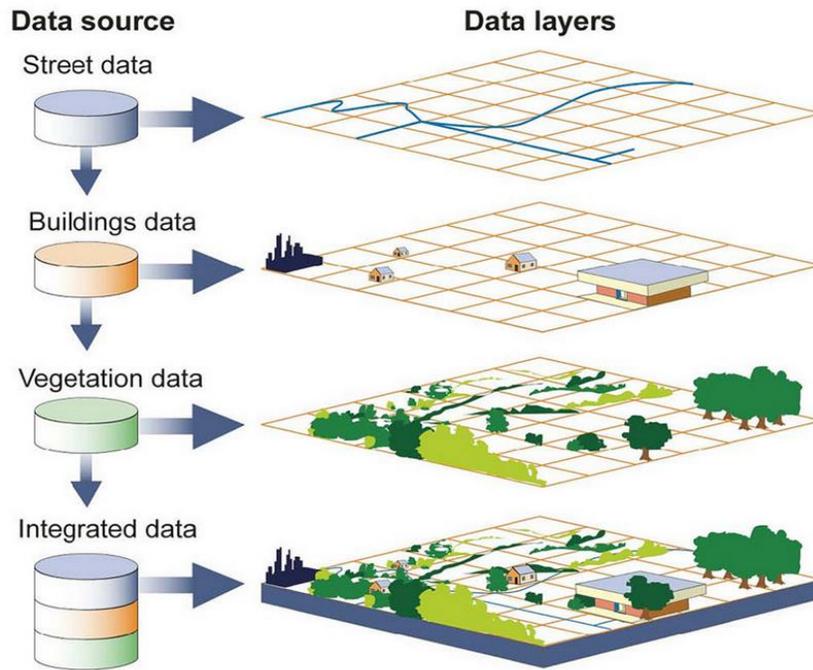
3

GIS in Washington Behavioral Health Enterprise GIS

DSHS Enterprise GIS Services

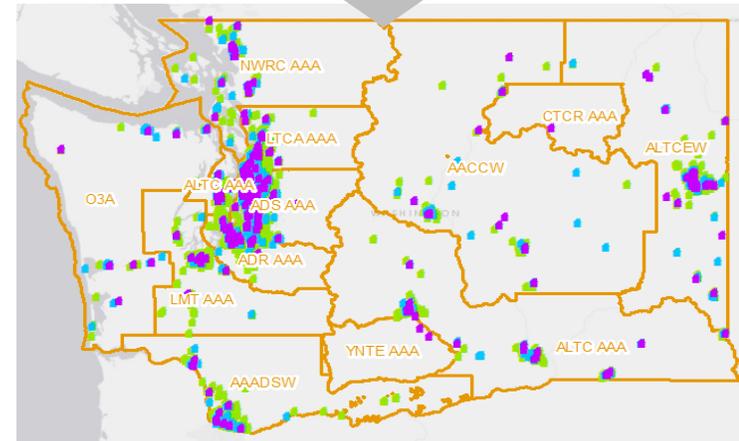
The DSHS Enterprise GIS team is housed in RDA and provides department-wide access to GIS software, training, and application development support

Enterprise GIS tools allow users to select data layers for custom-built analysis . . .



For instance, layers might include . . .

- Nursing Homes
- Assisted Living Facilities
- Adult Family Homes
- Area Agencies on Aging Planning Service Areas
- These can be overlaid on street maps or other standard boundary layers (e.g., counties)



Why is GIS Useful?

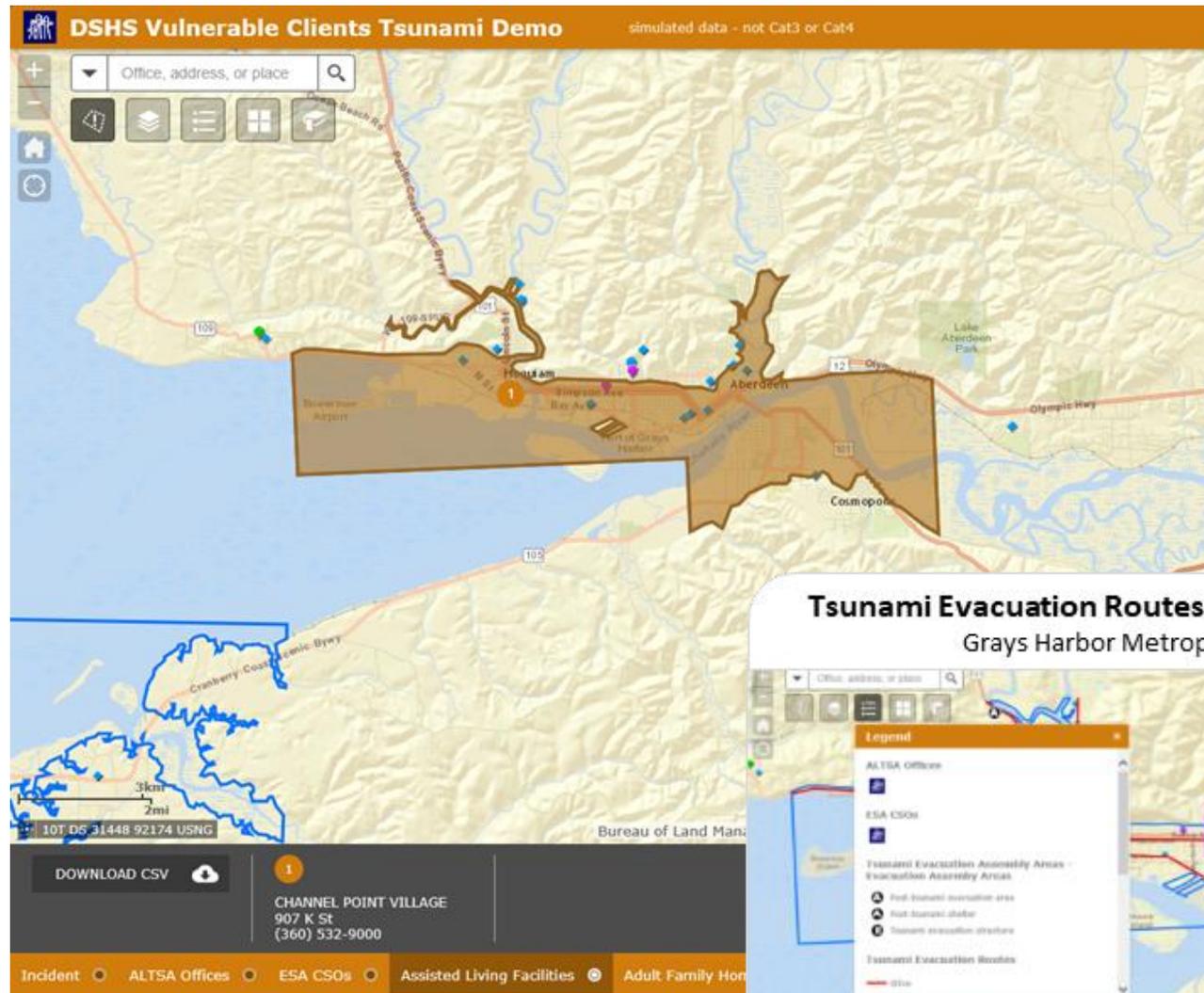
GIS tools help identify spatial risk factor, service, and outcome patterns, and help support operational business needs

Questions that can be answered using GIS data include . . .

- ▶ Where are different types of DSHS facilities located?
- ▶ Where are community service providers located?
- ▶ Where are stores that accept EBT cards?
- ▶ How are risk and protective factors distributed across communities?
- ▶ Where do vulnerable clients live?
- ▶ Which communities are at greatest risk of experiencing a natural disaster?
- ▶ Where do vulnerable DSHS clients live in communities after a fire, earthquake, flood, or tsunami occurs?



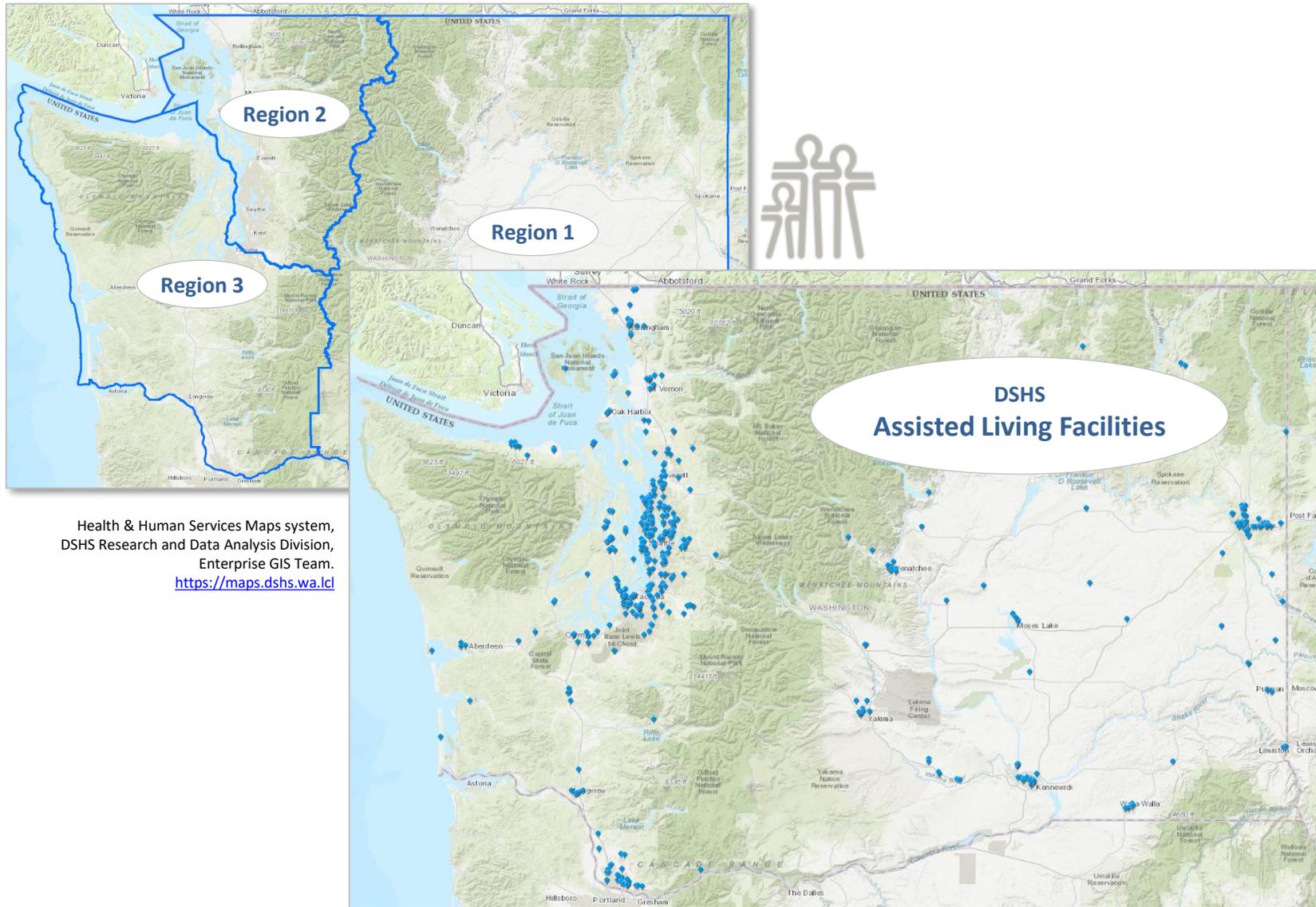
Emergency Planning and Response



Knowing where **DSHS facilities** and **vulnerable DSHS clients** are located



Identifying DSHS Regions and Service Locations



Health & Human Services Maps system,
DSHS Research and Data Analysis Division,
Enterprise GIS Team.
<https://maps.dshs.wa.lcl>

Accessing CORE Risk Profiles

Washington State Department of Social and Health Services

How may we help you?

Home > **FFA** > Research and Data Analysis > Community Risk Profiles

<https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles>

FFA

Research and Data Analysis

- Community Risk Profiles
 - County and State
 - Risk Profiles for Locale Areas
 - Risk Profiles for School Districts
 - Research Reports
 - Dashboards
 - Client Data
 - GIS & Maps
 - About RDA
 - Human Research Review Section

Capital Programs

Department Budget

Duty Station Report

Finance Services

Leased Facilities

Community Risk Profiles

Risk and Protection Profiles for Substance Abuse Prevention for Washington State and its Communities

CORE Handout: Overview and How-To-Use

Current Report: July 2019

- County and State
- Locale
- School District

A comprehensive time-series collection of data related to substance use and abuse, and the risk factors that predict substance use among youth. Data are organized and presented within a risk and protective factor framework used across the state by substance abuse prevention planners. Data are available at the school district, locale, county and state level.

These reports contain the most recent data available. Up to twelve years of historical data may be presented for each indicator. Please be aware that the earlier published data may have been updated - or superseded - by the current reports. Additionally, some indicators may have been updated or otherwise changed from earlier published reports, so be sure to read data notes under a chart or a table. For the reports published in 1996-2001, follow this link to the archive.

Each report includes information on:

Community Domain:

- Availability of Drugs
- Extreme Economic & Social Deprivation
- Transitions & Mobility
- Antisocial Behavior of Community Adults
- Low Neighborhood Attachment and Community Disorganization

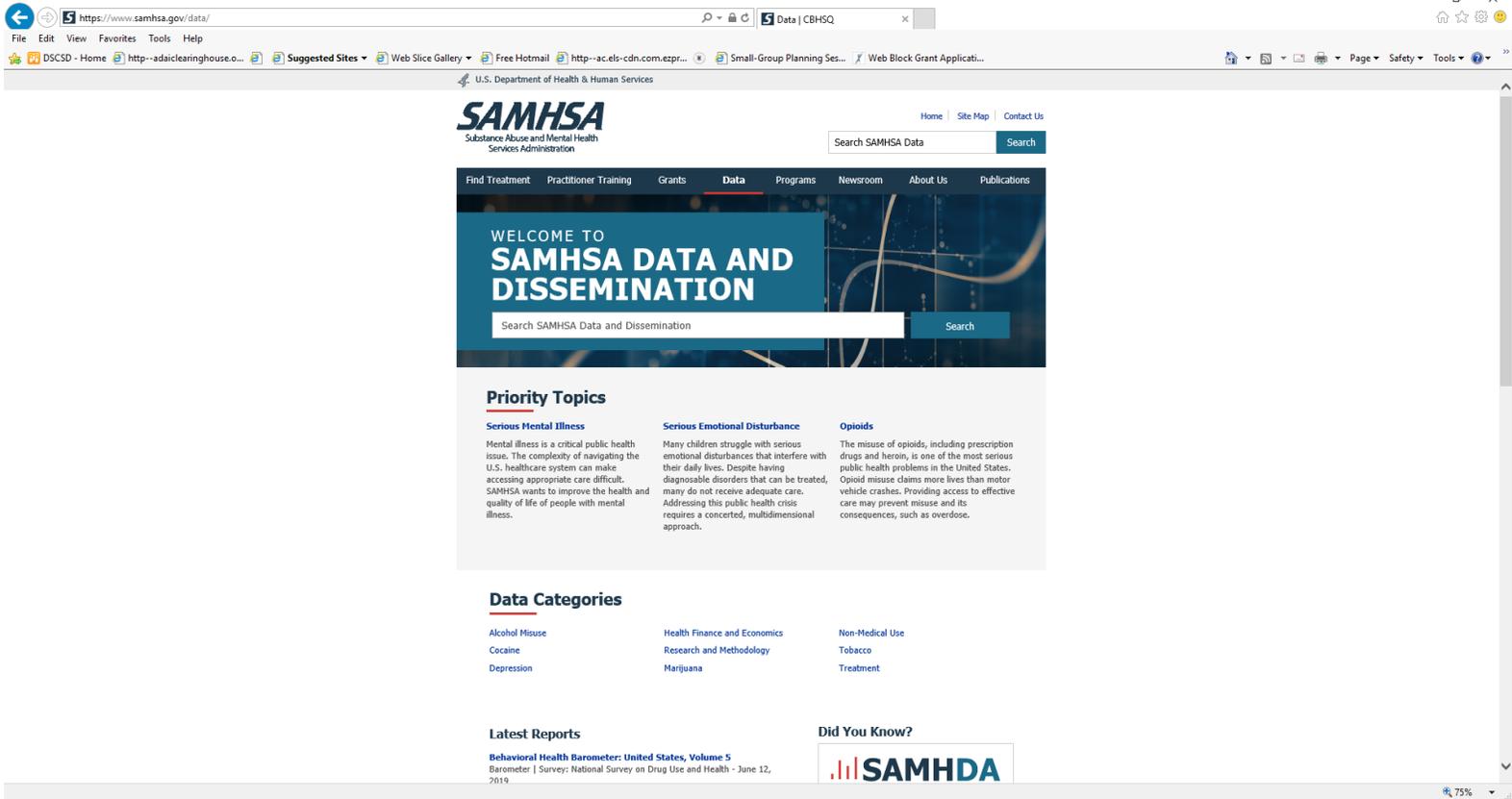
Family Domain:

- Family Problems

School Domain:

QUESTIONS OR COMMENTS?

THANK YOU!!!



Contact Information

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