

Integrating Assessment Technology with Treatment—the DENS Project

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Although over 1 million Americans enter addiction treatments each year (ONDCP, 2001a), there is little known about this population. In particular, there is no ongoing, generalizable, descriptive information on such basic characteristics as demographics, types and amounts of substances used prior to treatment entry, or the nature and severity of “addiction related” problems in the areas of medical health, employment, criminal activity, family relationships, or psychiatric status. The gaps created by this lack of information on the population of substance abusing or dependent individuals in our nation’s treatment system, as well as limited information at state and local levels on the treatment provided, has been recognized as a problem by the Office of National Drug Control Policy (ONDCP, 2001b).

This gap is due, in large part, to a lack of collaborative systems between researchers and clinicians. There has been no system developed that was beneficial to treatment programs, clinicians and patients while also providing ongoing, timely and useful information for policy makers or researchers. In response to this information gap, and with the support of the Office of National Drug Control Policy, we have designed and initiated the Drug Evaluation Network System (DENS). In the text that follows, we first review and discuss both clinicians’ and researchers’ goals and needs in participating in and evaluating substance abuse treatment. Next, we present the rationale of the DENS project, and one of the several studies built onto the DENS - “Linking Assessment Technology to Improved Patient Care” (TECH grant). This project was designed to meet the goals and needs of both researchers and treatment providers. Finally, we discuss practical implementation issues when working in “real-world” treatment settings, and how DENS and the corresponding studies have tried to address the needs of clinicians, treatment providers, and researchers.

Researchers and therapists must blend their efforts to evaluate and improve outcomes in substance abuse treatment. This can be most effectively achieved through linking findings and developments in research and practice, and providing research protocols that have clinical value to treatment programs and their staff. Improving addiction treatment requires researchers, clinicians and policy makers to establish and maintain a network of true collaboration for the benefit of the patient.

I. Researchers Goals and Needs in Evaluating Substance Abuse Treatment AND Treatment Providers/Clinicians Goals and Needs in Participating in Research

A. Need for a policy-relevant information system on treatment programs

Trends - There is a need for an ongoing, nation-wide, scientifically valid clinical information system that focuses on treatment programs and their patients. Early, accurate reporting on the emergence of new types of drug problems would allow for proactive clinical efforts. Information regarding the use of welfare, criminal justice and/or mental health resources by those entering addiction treatment would allow local, state, and national policy makers to identify differences between types of programs and communities, and to plan more coordinated and efficient programs to deal with the multiple problems of substance abusers.

B. Need for comprehensive information on treatment seeking individuals and treatment programs

Patient Information - Co-existing problems such as unemployment, crime, mental and physical health problems influence the course and outcomes of treatment and are significant public health concerns in their own right. Research indicates that addiction treatment outcomes improve when patients are provided with services to meet these co-existing problems (McLellan, et al., 1998). A National system should include information relevant to the multiple clinical,

administrative, fiscal, evaluative, and policy questions that arise regarding the sequela of substance dependence.

Program Information - there is little information on specifically what is offered in treatment programs, the field has long believed treatment provision to be a “black box” with little known about exactly what is happening in the delivery of treatment for substance abusers. There is a need to quantify the activities of treatment as well as the components delivered during treatment.

C. Need for more timely, sensitive and responsive reporting

There has been substantial change in the characteristics of drug problems and the nature of drug treatment over the past decade. In the years to come, there will be an even greater need for “real time” information about patient characteristics, their “addiction related” problems to inform those planning and administering our nation’s substance abuse treatment system.

Although there is invaluable information revealed in many research studies, by the time the findings become available, they may no longer be pertinent. Thus, there is a need for a system that provides information on a timely basis so that corresponding modifications can be made to meet patients’ needs.

D. Need for ongoing, available framework for other studies

An ongoing data collection system is also needed to establish a common ground and available resource for researchers. For instance, if a group of researchers is interested in investigating amphetamine use in Hispanic males with coexisting legal problems, they can refer to the larger, ongoing system to design the study in a more timely and cost efficient manner.

Admission data provided by this system will make it possible to direct study recruitment at those programs most likely to admit the patients that are the focus of the specific outcome study, thus preventing a large, slow, costly and fragmented effort at collecting outcome information on a

general sample.

E. Need for easy implementation and “streamlined” paperwork

Easy implementation of studies is particularly necessary because the turnover rate for substance abuse treatment personnel is estimated to be approximately 50% per year. The clinician’s job becomes even more difficult and required tasks are harder to complete due to lack of adequate staffing and resources.

A more streamlined paperwork process would be beneficial. Treatment providers could work more efficiently if the reporting requirements mandated by federal, state, local, and accreditation agencies were standardized and easier to fulfill. A single system that integrates and captures all the required information should be developed and implemented to overcome redundancy and allow treatment providers to invest their time in clinical care.

F. Need for clinically useful information

Treatment providers need information that is clinically useful and applicable to the treatment process. Data collected at treatment programs is more valuable for counselors when it is presented in a format that provides further insight about patient problems and needs, such as clinically relevant reports. Such a system will expedite assessment and treatment planning, and result in more time spent with the patient and more cost-efficiency in the treatment process.

We have so far presented some of the needs in the substance abuse treatment and research fields. In the following section, we discuss how we have responded to the needs presented above, and how research and practice can combine to create a workable, even desirable system.

II. Designing Projects to Meet the Needs of Researchers and Clinicians – Examples from the Drug Evaluation Network System (DENS)

A. Meeting the need for policy relevant information on addiction treatment

We reasoned, that to meet the above needs in a cost efficient manner, random sampling of our nation's treatment programs would be necessary, and to provide ease of data collection and speed of data transfer, an interactive computer system would be important. The system should provide information that would be useful to clinical staff in patient placement decisions, treatment planning and administrative reporting, and that is available rapidly and continuously. Here, we discuss some of the specific elements of DENS that were designed to meet these needs.

It is not feasible to implement a data collection system that requires regular reporting from the entire population of treatment programs, thus, we decided early on that the system would attempt to represent the most prevalent treatment modalities and sample heavily from the geographic areas of greatest treatment utilization. The decision was made to implement DENS in both alcohol and drug treatment programs providing residential treatment, methadone maintenance, and various abstinence-oriented outpatient treatment modalities in primarily urban areas. While lack of inclusion of rural areas is a clear limitation of the current DENS system, it was felt that expanding to the largest cities in the United States would allow for maximum comparison to other national databases and would allow us to provide a picture of the majority of patients entering treatment across the country. It is hoped that in the future, we will be able to include rural areas.

Trends - DENS was designed to provide the framework to fill the need for an ongoing, nationally representative data collection system. DENS currently collects data on both treatment programs and their patients in approximately 100 programs. DENS provides scientifically valid

clinical information that can be used to document trends in a timely manner, including early, accurate reporting on the emergence of new types of drug problems, criminal justice and/or mental health resources used by those entering addiction treatment, etc. Questions to gather additional information can be added to the DENS system at any time resulting in timely, valuable information on emergent trends.

B. Meeting the need for comprehensive information on treatment seeking individuals

Patient Information - The Addiction Severity Index (ASI) is the primary source of patient information in the DENS. The ASI includes information on the nature, number, and severity of drug and alcohol problems. In addition, the ASI characterizes the severity of patients' medical, legal, employment, family/social, and psychiatric problems. Our decision to focus on the ASI followed more than 20 years of replicated reliability, validity, and utility evaluation of the instrument with a very wide range of substance abusers (McLellan et al, 1992, 1985; McLellan, Luborsky, O'Brien, & Woody, 1980). Most of the participating treatment programs use the ASI as the intake or evaluation instrument, and use the information to make clinical decisions regarding patient placement and treatment care planning.

Usefulness of patient information - DENS is designed to include tools for increasing the usefulness of collected data for treatment program administrators, counselors and policy makers. For example, program administrators can make use of data collected at their site with the four automated comparison reports generated by the DENS ASI software such as a comparison of patients currently involved in the criminal justice system vs. those not involved in the criminal justice system, or an automated comparison of demographics and treatment needs by gender.

Each treatment program is also given quarterly reports that compare their site-specific data to comparable programs in the DENS database (i.e. a methadone treatment program to all other

methadone programs). These quarterly reports provide numerous comparisons of patients from all DENS participating sites. Program administration staffs place a high value on these reports, which they have used to justify funding, help with accreditation proceedings, and reallocate staff. Finally, we have all non-identifying data from all DENS sites available in various formats such as ASCII, SPSS, and SAS files. All of this information is also available on the DENS website at www.densonline.org.

Program Information - The Addiction Treatment Inventory (ATI) is a standardized measure that we developed as the primary source of information on 'service delivery units' (Carise, McLellan, & Gifford, 2000). The ATI provides descriptive information on important structural, organizational, and service delivery aspects of the treatment programs. It was designed to be compatible with earlier surveys of treatment programs. ATI information is gathered each year and includes type of facility, services and referrals provided, types of patients accepted, background of staff, and funding sources.

C. Meeting the need for more timely, sensitive and responsive reporting

A significant value of data collected through DENS, to the substance abuse treatment and policy development effort, is the availability of 'real time' information on patients entering the treatment system. Treatment programs participating in the DENS transfer their data biweekly via high-speed modem to the DENS (SQL-Server) workstation at the Treatment Research Institute in Philadelphia, where data across the nation are received and stored.

The DENS was designed with the capability to repeatedly add and change up to 35 additional questions, thus allowing collection of specific, contemporary information in a timely manner. The system involves a two-way transfer, permitting the central system to change additional questions as the need arises. This feature of the DENS keeps the information current, and

streamlined by asking targeted questions, of administrative and clinical significance, getting answers for a desired period of time, and then discontinuing those questions in favor of other areas of interest that will inevitably arise.

D. Meeting the need for an ongoing, available framework for other studies: Examples from the TECH study

Linking Assessment Technology to Improved Patient Care (TECH study) - One of the studies that the DENS was able to provide a framework for is the National Institute of Drug Abuse (NIDA) funded grant, “Linking Assessment Technology to Improved Patient Care”. The primary goal of this study is to improve patient assessment and increase the number and “match” of services received in treatment by providing clinicians with relevant, reliable, and user-friendly assessment technology, the DENS ASI software, and resources and tools to aid them in treatment planning; such as the DENS Resource Guide (RG).

The DENS RG provides information about ‘wrap-around’ services (e.g., employment, housing, legal, medical) available in Philadelphia to assist clinicians in developing individualized treatment care plans that will lead to better patient needs-services matching. We have developed the DENS RG software as well as a hard copy of the RG in a binder form. A total of 50 counselors from 10 substance abuse treatment centers in Philadelphia are participating. Preliminary results show a better needs-services match, and a higher number of services delivered in patients whose counselors received the enhanced training and DENS-RG in comparison to those whose counselors were in the standard training condition. The DENS provided the framework on which to easily build the TECH study, including providing access to treatment sites, the DENS ASI software, data collection procedures, and an established assessment training protocol.

E. Meeting the need for easy implementation

User-friendly DENS software - We have designed the DENS ASI and the Resource Guide software to aid in making comprehensive and clinically relevant assessments and in developing individualized treatment care plans for patients in a time-efficient manner. Programs participating in the DENS network receive a laptop computer with software that collects ASI assessment information and prints a clinically useful narrative report on each patient. Because the burden for DENS data collection was often added to treatment staff admissions personnel, the system needed to be as simple and as clinically useful as possible. Ideally, the data collected will replace much of the program's current intake package, not simply add further data collection. The laptops allow the interviewer to establish good rapport with the patient by maintaining appropriate posture, eye contact, and body language as would occur in a typical paper and pencil format. To increase the accuracy of coding in the ASI software, we included a hint box that gives relevant coding information for each question. There is also a comprehensive manual that includes the intent of each question, coding conventions and 'probes'. Finally, all clinicians are provided with our toll free number to receive help from the DENS staff.

To encourage clinicians to send data as regularly as possible, we designed the data transfer to be as easy as saving a word processing document. By clicking on "send data", the collected ASIs are automatically sent via pre-programmed modem to TRI in only 3-5 minutes. If there are any questions during the data transfer process, or at any other time, there is a toll free number for support.

Another software program designed to meet the need for easy implementation of clinically useful research studies was developed as a part of the TECH study. We designed the DENS RG software to assist clinicians in tailoring their treatment care plans in a time-efficient and

competent way. This software locates services offered at other agencies and programs in Philadelphia using simple keywords, with a click of a button. Information about the selected agency or program, its address, phone/fax numbers, kind of services offered, eligibility criteria, gender and ages served, languages in which services are offered, whether the facility is handicap accessible, as well as fees, and transportation information are displayed, and can easily be printed. We believe that the RG is a tool that will significantly save time for clinicians and result in increased services received and better ‘services-need’ matching.

Training of providers to increase the clinical usefulness of data – DENS staff have provided over 100 DENS ASI trainings to clinicians throughout the nation, averaging 15 attendees at each training. Clinicians at all participating DENS and TECH study sites have been trained on administering the ASI using the DENS software. Our primary goal during training is to develop or enhance clinician skills in using the ASI for patient assessment and treatment care planning. We hope to increase the clinical usefulness of data and decrease paper work by training counselors on the DENS ASI software package and summarizing patient needs with the reports.

F. Meeting the need for clinically relevant information

In the DENS ASI software, there is a comment box where the interviewer can type comments for every question, as well as a section comment box at the end of every section. DENS software transforms the ASI data into three reports to have immediate clinical value at the time of admission. The ‘Narrative Report’ is a six to nine page clinical narrative suitable for use as an intake or admission summary and as a guide to initial treatment planning for each patient. Interviewer comments are integrated with the ASI data, and problem areas are ordered from most severe to least severe. The Narrative Report does not read as a stilted-computer generated program, and is used by many providers to satisfy state requirements for an individualized intake

evaluation or as the beginning of the “biopsychosocial” assessment.

The second report is the ‘Treatment Care Plan Problem List’, which lists patients’ problems organized by section (medical, employment, etc.) along with a template for treatment care planning. This report helps clinicians in treatment planning because it allows them to easily prioritize the need for treatment in each of the ASI sections. A third printout, the ‘ASI Report’, is the full ASI interview printed out question by question with the corresponding answers and comments as well as graphs that represent the severity rating profiles. All three reports are easily exportable to a Word Processing document for editing and expanding.

In the previous sections, we have detailed how we planned to make our data collection system, DENS, meet the needs of researchers and clinicians who are partnering in data collection efforts. In the following sections, we will discuss the practical implication issues that arose when implementing DENS in “real-world” treatment settings, and finally, how we have addressed these issues while attending to the needs of clinicians, administrators, and researchers.

III. “Real-World” or Practical Implementation Issues - The Researcher and Provider Perspectives

To address the needs of policy makers, treatment providers and researchers, we developed the DENS data collection system. We hope this is a substantial step towards accomplishing our goal of improving substance abuse treatment and providing national, real-time, policy relevant information. However, various ‘real-time/real-world’ implementation issues arose throughout the project, particularly regarding the recruitment of treatment programs, implementing computerized data collection, and providing ongoing training to clinicians to utilize the system accurately and fully. Researchers and treatment providers must work in collaboration to resolve problems and to develop methods of preventing the potential problems seen in the following

areas:

A. Recruitment of sites

Multiple reporting requirements - When we approach treatment directors and clinicians to be involved in DENS, a major concern at each site is the multiple, required reporting and data collection procedures at the treatment programs. Clinicians are required to prepare multiple assessment and progress reports that often overlap and make the process cumbersome and time consuming. As a result, clinicians spend a significant amount of time completing paper work to meet various requirements from federal, state, local, and accreditation agencies. This serves to decrease their motivation and willingness to become a part of an additional data collection system that may require them to invest time in receiving training and in utilizing the tools of the system.

Use of other data collection systems - Another barrier to participation is the existence of data collection systems already built into procedures at treatment programs such as ‘VISTA’, the system at the Veterans Affairs Medical Center, or other provider purchased software systems. Providers see this (essentially “double data-entry”) as a significant factor when getting involved in another system due to time and staffing concerns. In addition, many systems are not built to be interchangeable or compatible with other systems, thus making participation less practical. This highlights the need to design methods to blend different systems and make them compatible with each other at the technical and content levels to allow for programs to meet reporting requirements in a more efficient way, as well as adding clinical value to the data collection process.

Lack of personnel - In addition to the structural and organizational difficulties encountered in implementing a new system, site recruitment is also affected at the personnel level by motivation

and willingness of treatment providers and counselors to participate. An environment in which clinicians are motivated helps create regular users of DENS, and as a result, clinicians quickly integrate DENS information into their clinical decision making process. Our experience in recruiting sites shows that a motivated program director/clinical supervisor is very important in developing a team of counselors willing to collect the specified information in a timely and accurate manner. Counselors are the most important participants in these systems, and their level of involvement has real, sometimes total, impact on the ability to adequately implement any data collection effort within 'real-world' community-based treatment programs. Implementation of such a system is impacted by a staff turnover rate of approximately 50% per year.

B. Computerized data collection

Counselor/Patient Concerns - Some clinicians are hesitant to use computers during intake assessment for several reasons. They may believe that their patients will be uncomfortable while being interviewed with a computerized assessment tool and may fear that some patients harbor concern for the confidentiality of the information they provide. Additionally, clinicians themselves may be uncomfortable with using the computers.

Lack of Hardware - The lack of computer hardware also plays a role in hindering computerized data collection at treatment sites. Clinicians are often reluctant to transition to a computerized system, even if it has benefits to them such as the printed summaries and treatment care plans. Since many programs are not equipped to keep up with technological advancements, clinicians at these programs are generally unfamiliar with computerized assessment and the corresponding computer technology. They have often developed other techniques of performing their tasks, mainly using paper-pencil forms. The result is a more difficult transition to utilization of new computerized systems.

C. Training issues

For clinicians to accurately and effectively use any new system or to participate in a new research study, there must be corresponding training. Program directors or clinical supervisors often find it difficult to encourage employees to attend trainings due to a lack of adequate staff coverage and/or financial limitations. Often, scheduling and completing trainings is a tough task even if the training team is highly flexible in arranging logistics and is ready to accommodate for the majority of program and clinician needs. There is also the issue of skill level differences among participating clinicians or counselors. Thus, additional, sometimes extensive training is often needed to bring all clinicians to a similar competency level. This affects data collection quality as well as overall implementation of the study.

In the following sections, we discuss how we tried to resolve these difficulties, and how research and practice can combine to create a system that works.

IV. DENS Attempts to Resolve Practical Implementation Issues

A. Resolving difficulties in recruitment of sites -

Multiple reporting requirements - In order to minimize the amount of time necessary to collect required intake and mandated biopsychosocial information, we developed a supplementary form for programs to enable use of the DENS ASI as the biopsychosocial assessment. This supplementary form includes questions required in most biopsychosocial interviews that are not covered in the ASI. In order to improve site recruitment, we also tried to obtain permission from state regulators and build supplements to help sites fulfill state requirements or accreditation requirements such as those of the JCAHO.

Use of other data collection systems - When programs are using other data collection systems, we make every effort to blend the two systems or provide ample incentives to increase

the benefits and make-up for the extra work in implementing dual-data entry systems. We have also been flexible with our requirements in DENS such as developing a shortened version of the ASI (the ASI *Lite*) software.

Lack of personnel - As we mentioned earlier, treatment programs often operate with limited or minimal staff, often resulting in difficulty keeping staff motivated, particularly for participating in additional data collection efforts. To enhance participant competency, motivation and involvement, we developed materials the counselors seem to value, such as our training binder containing a question-by-question ASI manual, articles, vignettes and other information as well as a Fast Answers Manual for the DENS ASI software. We also provide continuing education credits and certificates for counselors who attend our training and pass competency measures. We send quarterly reports and hold meetings with the program directors and counselors to discuss recent developments and findings. These efforts have increased clinician motivation and facilitated clinicians' application of research in the clinical arena significantly.

B. Resolving difficulties in computerized data collection

Counselor/Patient concerns - Some counselors expressed their concern that patients would be uncomfortable using computerized data collection, particularly with regards to confidentiality of the information. However, based on our interactions with clinicians who have been using the DENS ASI software, we know that the interview flows very naturally and efficiently, especially after the administration a couple of practice interviews. With regard to the confidentiality concern, we inform the clinicians about data transfer procedures, specifically, that when data are transferred to the central server at the Treatment Research Institute, no identifying information is included. No one outside the treatment program receives identifying information about patients.

Lack of Hardware - Many treatment programs are not adequately equipped to participate in a computerized data collection system. In DENS, we have provided laptops to participating sites to help address hardware problems and we have lent laptops or desktops to the TECH study sites for data collection purposes. All types of computers, however, are susceptible to technical problems, and all DENS staff typically spends several hours per week on the telephone assisting over 200 counselors using the system with a variety of computer-related difficulties from “frozen” screens to installation of new printers.

Two ongoing projects to enhance the use of DENS are the Self-Administered ASI and a web-based ASI system, which will also assist users and update them with new developments. More information can be found on the Treatment Research Institute’s web-site www.tresearch.org or the DENS website at www.densonline.org.

Through our pilot and expansion phase of implementing the DENS, we have learned about the needs of sites, program administrators, and clinicians, and we have worked on accommodating to these needs. The DENS has proved to be successful not only at the implementation level but also at the maintenance level. Currently, data on over 20,000 patients entering substance abuse treatment through out the United States have been accumulated at the DENS central server in Philadelphia. We believe that the DENS has proved to be a powerful tool in many aspects discussed so far and will continue to expand to serve the needs of patients seeking treatment for substance abuse problems.

C. Resolving difficulties in training and data quality assurance

It was important to provide training for clinicians on administering the ASI correctly and on using the DENS ASI software package successfully. To accommodate for difficulty in allowing all staff to attend DENS trainings, we have offered to hold trainings numerous times so all staff

interested can develop the necessary skills to participate in the DENS. To resolve the problems inherent with the clinician skill level variability, we always offer further training to those who do not meet the required competency level.

Competency - Data quality is affected by DENS participants' level of knowledge of the system and skill in utilizing the software. Following a comprehensive training on the DENS ASI software, we administer competency measures to determine proficiency levels in the proper use of various tools, and protocols. We use two competency measures, the ASI Quiz and the ASI Video Coding Exercise. The Quiz assesses content knowledge of the ASI and the Video Coding Exercise measures ability to properly code an ASI by having clinicians watch a tape. The videotape is a simulated interview where a skilled interviewer administers the ASI to a fictitious patient. While watching the interview, the clinician uses a blank ASI instrument to code the "patient's responses". This coding is then compared to the properly coded ASI that corresponds to the videotaped interview.

Staff-Turnover - Staff turnover has posed a significant challenge to the collection of valid, consistent data. We expected some turnover and budgeted for shorter "booster" training in the following year, but the turnover rate was underestimated and there is a need for more extensive, ongoing training and site visits. This need prompted us to develop additional, easy to use training manuals and "quick reference guides". The toll-free hotline continues to be available, and is staffed approximately 8 hours each day.

Summary

There is a significant need for an ongoing "real-time" system for collecting clinical information from individuals entering addiction treatment programs in the United States. We designed and piloted a computer-based system of rapid, standardized, clinically and policy

relevant data collection in a sample of treatment programs in six cities. The pilot phase identified training and computer issues that have been resolved. The system has been well accepted and appreciated by most programs that have participated. Furthermore, we have been able to provide rapid, clinically relevant, policy-oriented information that has not been available to this point, that complements and enhances information from other systems, and that can provide a strategic framework for future outcome studies.

We are currently developing a national, random sample of treatment programs. Selected programs will include publicly and privately funded programs sampled from the known “universe” of treatment programs. Unfortunately, the current sampling strategy does not include adolescents, or those treated within correctional facilities. It is anticipated that the DENS system will include these populations as interest grows.

There are likely to be unforeseen benefits of a system like DENS. The DENS data can be used to track emergent phenomena (e.g. appearance of new drug problems) and therefore address issues of immediate policy interest. DENS can also document nationwide presence or increase in specific problems (e.g. new drug patterns, increased admission of welfare referrals, etc.) with a responsiveness that was previously unavailable. We hope this data will be used to inform policy making. For example, if the DENS system had been available 10-20 years ago, it is possible that the scientific community could have had earlier information on the spread of AIDS in the substance abusing community, and on the rapid spread of crack cocaine use.

Consistent with our view that this information is necessary for many purposes, the DENS database will continue to be publicly available. The DENS advisory board meets yearly to recommend the types of new questions to be added, the types and formats of reports, and the best methods for making the data accessible to scientists, students, policy makers, and administrative

agencies, and includes treatment researchers with expertise in sampling, survey design, addiction treatment evaluation, and policy research. In addition, this board will include treatment providers and patients. Finally, to maximize inter-agency information transfer and coordination, senior members of all federal agencies associated with alcohol or drug problems (Office of National Drug Control Policy, National Institute on Drug Abuse, Office of Applied Studies, the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, the Veterans Administration, the National Institute of Justice, National Institute on Alcohol Abuse and Alcoholism, etc.) will be invited to participate. This board will be charged with decisions regarding sampling, weighting, reporting, determining the additional questions, and making the DENS data available to researchers, clinicians and policy makers.

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