

**Attachment A - E5**

**SAMHSA CSAT-CSAP Letter to States**

**Attachment E5 –  
SAMHSA CSAT/CSAP letter to States (NY version)  
May 2, 2005**

Ms. Shari Noonan  
Acting Commissioner  
New York State Office of Alcoholism and  
Substance Abuse Services  
1450 Western Avenue  
Albany, New York 12203-3526

Dear Ms. Noonan:

In early December of 2004, the Substance Abuse and Mental Health Services Administration (SAMHSA) and Single State Authority (SSA) Directors from 10 States met to build consensus and kick off the agreement and a plan for implementation of National Outcome Measures (NOMS) for substance abuse treatment and prevention. SAMHSA and the participating States reached agreement on a list of treatment and prevention outcome measures in 10 domains, under which States would collect data at admission and discharge and implement a unique client identifier.

It was agreed that, starting in fiscal year (FY) 2005, SAMHSA will begin reporting to Congress on NOMS for substance abuse. The implementation plan outlined by the group calls for States to work toward full reporting of NOMS over the next 3 years, and for SAMHSA to redirect technical assistance resources to support that effort. I am pleased to inform you that SAMHSA is able to redirect the following resources beginning this fiscal year to support the implementation plan:

1. SAMHSA is modifying the Drug and Alcohol Services Information System/Treatment Episode Data Set (TEDS) contract to initiate a new State subcontract program this fiscal year that will provide fiscal support for data collection by up to 30 States currently able to collect and report most of the NOMS data. Enclosed is a list of the measures to be reported through TEDS. This new State subcontract and related efforts are referred to as the State Outcomes Measurement and Management System (SOMMS) in the President's budget request for FY 2006. We anticipate that we will be able to add support for an additional 16 States next fiscal year and bring all States on board in FY 2007.
2. An important component of SOMMS is SAMHSA's ability to purchase NOMS data from the States according to specific timeframes and quality standards. Those States that are able to produce the NOMS data may provide it as a deliverable to SAMHSA for a fixed price of \$150,000. This deliverable and the associated increase in the total State Payment will be added as a modification to your existing State Agreement. To further reduce the reporting burden on States, SAMHSA will use the NOMS data to populate the Substance Abuse Prevention and Treatment Block Grant Application forms. SAMHSA's Office of Applied Studies and Center for Substance Abuse Treatment will provide the implementing details including eligibility criteria for this support through the DASIS contract.

3. For those States who are not able to fully report NOMS data according to specified standards, SAMHSA will offer the appropriate technical assistance over the next 3 years to accomplish full reporting. SAMHSA has agreed to redirect its current technical assistance resources for this purpose. As a State is able to report the NOMS data and meet SAMHSA quality standards, the NOMS payments will commence.

The Center for Substance Abuse Prevention is also redirecting resources to support an epidemiology work group in as many States as possible in accordance with the implementation plan negotiated in December. This support for collection of prevention NOMS will be implemented this fiscal year through modification to the Strategic Prevention Framework State Incentive Grant evaluation contract.

SAMHSA is pleased to join with the States to collect and report on the outcomes of services as identified through NOMS. We are committed to continued progress resulting in full reporting over the next 3 years and expect that our joint efforts will result in improved services as well as demonstrating their effectiveness.

Sincerely,

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM  
Director  
Center for Substance Abuse Treatment

Beverly Watts Davis  
Director  
Center for Substance Abuse Prevention

Enclosure

cc: Governor George Pataki

# SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION NATIONAL OUTCOME MEASURES

OUTCOME	TREATMENT		PREVENTION
	Mental Health	Substance Abuse	Substance Abuse
Abstinence from Drug/ Alcohol Abuse	NOT APPLICABLE	Reduction in/no change in frequency of use at date of last service compared to date of first service	No use in the prior 30 days
			Perceived risk of use
			Age of First Use
			Perception of Disapproval
Decreased Mental Illness Symptomatology/Functioning	<i>Developmental</i>	NOT APPLICABLE	NOT APPLICABLE
Increased/Retained Employment or Return to/Stay in School	Profile of adult clients by employment status. Increased school attendance (children)	Increase in/no change in number of employed or in school at date of last service compared to first service	ATOD suspensions/ expulsions; school attendance over enrollment; workplace AOD use
Decreased Criminal Justice Involvement	Profile of client involvement in criminal and juvenile justice systems	Reduction in/no change in number of arrests in past 30 days from date of first service to date of last service	Drug-related crime; alcohol-related car crashes and injuries
Increased Stability in Housing	Profile of clients' change in living situation (including homeless status)	Increase in/no change in number of clients in stable housing situation from date of first service to date of last service	<i>Developmental</i>
Increased Access to Services (Service Capacity)	Number of persons served by age, gender, race and ethnicity	Unduplicated count of persons served; Penetration rate – Numbers served compared to those in need	Number of persons served by age, gender, race and ethnicity
Increased Retention in treatment – substance abuse	NOT APPLICABLE	Length of Stay - from date of first service to date of last service	Total number of evidence-based programs and strategies
		Unduplicated count of persons served	
Reduced utilization of psychiatric inpatient beds – mental health	Decreased rate of readmission to state psychiatric hospitals within 30 days and 180 days	NOT APPLICABLE	NOT APPLICABLE
Increased Social Supports/Social Connectedness <sup>2/</sup>	<i>Developmental</i>	<i>Developmental</i>	<i>Developmental</i>
Client Perception of Care <sup>1/</sup>	Clients reporting positively about outcomes	<i>Developmental</i>	NOT APPLICABLE
Cost Effectiveness (Average Cost) <sup>1/</sup>	Number of persons receiving evidence-based services/ Number of evidence-based practices provided by state	Number of States providing substance abuse treatment services within approved cost per person bands by the type of	Increase services provided within cost bands within universal, selective, and indicated programs
Use of Evidence-Based Practices <sup>1/</sup>		<i>Developmental</i>	Total number of evidence-based programs and strategies

<sup>1/</sup> Required by 2003 OMB PART Review; <sup>2/</sup>For ATR, this is measured by client participation in voluntary recovery/self-help groups and interaction with supportive family and/or friends.