

Attachment A - E1

**Federal Register notice
(April 22, 2005)
and comments received**

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1044, 1 Chokey Cherry Road, Rockville, MD 20850. Written comments should be received by June 21, 2005.

Dated: April 14, 2005.

Anna Marsh,

Executive Officer, SAMHSA.

[FR Doc. 05-7988 Filed 4-21-05; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the

quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Drug and Alcohol Services Information System (DASIS)—(OMB No. 0930-0106)—Revision

The DASIS consists of three related data systems: the Inventory of Substance Abuse Treatment Services (I-SATS); the National Survey of Substance Abuse Treatment Services (N-SSATS), and the Treatment Episode Data Set (TEDS). The I-SATS includes all substance abuse treatment facilities known to SAMHSA. The N-SSATS is an annual survey of all substance abuse treatment facilities listed in the I-SATS. The TEDS is a compilation of client-level admission data and discharge data submitted by States on clients treated in facilities that receive State funds. Together, the three DASIS components provide information on the location, scope and characteristics of all known drug and alcohol treatment facilities in the United States, the number of persons in treatment, and the characteristics of clients receiving services at publicly-funded facilities. This information is needed to assess the nature and extent of these resources, to identify gaps in services, to provide a database for treatment referrals, and to assess demographic and substance-related trends in treatment.

The request for OMB approval will include several changes to the 2006 N-SSATS questionnaire, including:

modification of the treatment categories to better reflect the practices and terminology currently used in the treatment field; modification of the detoxification question, including the addition of a follow-up question on whether the facility uses drugs in detoxification and for which substances; the addition of nicotine replacement therapy and psychiatric medications to the pharmacotherapies list; the addition of questions on treatment approaches and behavioral interventions; the addition of new services to the list of services provided; the addition of a question on quality control procedures used by the facility; and, the addition of a question on whether the facility accepts Access to Recovery (ATR) vouchers and how many annual admissions were funded by ATR vouchers. The remaining sections of the N-SSATS questionnaire will remain unchanged except for minor modifications to wording. The OMB request will also include the addition of several new data elements to the TEDS client-level record. To the extent that states already collect the elements from their treatment providers, the following elements will be included in the TEDS data collection: number of arrests, substances used at discharge, employment at discharge, and living arrangement at discharge. The additional data elements are being requested by the Center for Substance Abuse Treatment, SAMHSA, for use in estimating national treatment outcomes. No significant changes are expected in the other DASIS activities.

Estimated annual burden for the DASIS activities is shown below:

Type of respondent and activity	Number of respondents	Hours per respondent	Hours per response	Total burden hours
STATES:				
TEDS Admission Data	52	4	6	1,248
TEDS Discharge Data	40	4	8	1,280
TEDS Discharge Crosswalks	5	1	10	50
I-SATS Update ¹	56	67	.08	300
State Subtotal	56	2,878
FACILITIES:				
I-SATS Update ²	100	1	.08	8
Pretest of N-SSATS revisions	200	1	.37	74
Augmentation Screener	500	1	.08	40
N-SSATS Questionnaire	19,000	1	.67	12,730
Mini N-SSATS	700	1	.4	280
Facility Subtotal	20,500	13,132
TOTAL	20,556	16,010

¹ States forward to SAMHSA information on newly licensed/approved facilities and on changes in facility name, address, status, etc. This is done electronically by nearly all States.

² Facilities forward to SAMHSA information on new facilities and on changes to existing facilities. This can be done by fax or e-mail.

Send comments to Summer King, SAMHSA Reports Clearance Officer, OAS, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. Written comments should be received by June 21, 2005.

Dated: April 15, 2005.

Anna Marsh,

Executive Officer, SAMHSA.

[FR Doc. 05-8093 Filed 4-21-05; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[USCG-2005-21002]

Towing Safety Advisory Committee; Vacancies

AGENCY: Coast Guard, DHS.

ACTION: Request for applications.

SUMMARY: The Coast Guard seeks applications for membership on the Towing Safety Advisory Committee (TSAC). TSAC advises the Coast Guard on matters relating to shallow-draft inland and coastal waterway navigation and towing safety.

DATES: Application forms should reach us on or before May 27, 2005

ADDRESSES: You may request an application form by writing to Commandant (G-MSO-1), U.S. Coast Guard, 2100 Second Street, SW., Washington, DC 20593-0001; by calling (202) 267-0214; or by faxing (202) 267-4570. Send your original completed and signed application in written form to the above street address. This notice is available on the Internet at <http://dms.dot.gov> in docket USCG-2005-21002 and the application form is also available at <http://www.uscg.mil/hq/g-m/advisory/index.htm> (click on "ACM Application").

FOR FURTHER INFORMATION CONTACT: Mr. Gerald Miente; Assistant Executive Director of TSAC, telephone (202) 267-0214, fax (202) 267-4570, or e-mail gmiente@comdt.uscg.mil.

SUPPLEMENTARY INFORMATION: The Towing Safety Advisory Committee (TSAC) is a Federal advisory committee mandated by Congress and operates under 5 U.S.C. App. 2, (Pub. L. 92-463, 86 Stat. 770, as amended). It advises the Secretary of Homeland Security on matters relating to shallow-draft inland and coastal waterway navigation and towing safety. This advice also assists the Coast Guard in formulating the position of the United States in advance

of meetings of the International Maritime Organization.

TSAC meets at least once a year at Coast Guard Headquarters, Washington, DC, or another location selected by the Coast Guard. It may also meet for extraordinary purposes. Its working groups may meet to consider specific issues as required. The 16-person membership includes 7 representatives of the Barge and Towing Industry (reflecting a regional geographical balance); 1 member from the Offshore Mineral and Oil Supply Vessel Industry; and 2 members from each of the following areas: Maritime Labor; Shippers (of whom at least one shall be engaged in the shipment of oil or hazardous materials by barge); Port Districts, Authorities, or Terminal Operators; and the General Public.

We are currently considering applications for two positions from the Barge and Towing Industry, one position from Port Districts, Authorities, or Terminal Operators, one position from Labor, and one position from the General Public. To be eligible, applicants should have particular expertise, knowledge, and experience relative to the position in towing operations, marine transportation, or business operations associated with shallow-draft inland and coastal waterway navigation and towing safety. Each member serves for a term of up to 4 years. A few members may serve consecutive terms. All members serve at their own expense and receive no salary, reimbursement of travel expenses, or other compensation from the Federal Government.

In support of the policy of the Department of Homeland Security on gender and ethnic diversity, we encourage qualified women and members of minority groups to apply.

Dated: April 18, 2005.

Howard L. Hime,

Acting Director of Standards, Marine Safety, Security and Environmental Protection.

[FR Doc. 05-8077 Filed 4-21-05; 8:45 am]

BILLING CODE 4910-15-P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[USCG-2005-21001]

Towing Safety Advisory Committee

AGENCY: Coast Guard, DHS.

ACTION: Notice of meeting.

SUMMARY: The Towing Vessel Inspection Working Group of the Towing Safety Advisory Committee (TSAC) will meet

to discuss matters relating to specific issues of towing safety. The meetings will be open to the public.

DATES: The Towing Vessel Inspection Working Group will meet on Wednesday, May 4, 2005 from 1:30 p.m. to 4:30 p.m. and on Thursday, May 5, 2005 from 8:30 a.m. to 2 p.m. The meetings may close early if all business is finished. Written material and requests to make oral presentations should reach the Coast Guard on or before April 27, 2005. Requests to have a copy of your material distributed to each member of the Working Group should reach the Coast Guard on or before April 27, 2005.

ADDRESSES: The Working Group will meet at the Arlington Hilton, 950 North Stafford Street, Arlington, VA 22203. Send written material and requests to make oral presentations to Mr. Gerald Miente, Commandant (G-MSO-1), U.S. Coast Guard Headquarters, 2100 Second Street SW., Washington, DC 20593-0001. This notice and related documents are available on the Internet at <http://dms.dot.gov> under the docket number USCG-2005-21001.

FOR FURTHER INFORMATION CONTACT: Mr. Gerald Miente, Assistant Executive Director of TSAC, telephone 202-267-0214, fax 202-267-4570, or e-mail gmiente@comdt.uscg.mil.

SUPPLEMENTARY INFORMATION: Notice of these meetings is given under the Federal Advisory Committee Act, 5 U.S.C. App. 2 (Pub. L. 92-463, 86 Stat. 770, as amended).

Agenda of Working Group Meetings

The agenda for the Towing Vessel Inspection Working Group tentatively includes the following items:

(1) Which items should be included in every towing vessel safety management system and should be part of the regulatory requirement defining an acceptable SMS?

(2) Which items should be required as part of the towing vessel inspection regime, but fall into the category of ?standards? or regulation rather than elements of a safety management system?

(3) What, if anything, is missing (either in terms of a safety management system element or standards) that should be required as part of the new towing vessel inspection regime?

Procedural

The meetings are open to the public. Please note that the meetings may close early if all business is finished. At the Chair's discretion, members of the public may make oral presentations during the meeting. If you would like to

Comment 1 received in response to Federal Register notice:

-----Original Message-----

From: Michael Quirke [<mailto:quirkma@dhfs.state.wi.us>]

Sent: Monday, May 16, 2005 12:26 PM

To: King, Summer (SAMHSA/OAS)

Subject: Comments on Federal Register TEDS Data Collection Requirements

Hello. For Wisconsin alone, the estimated annual new TEDS reporting burden including local gathering, local keying, computer programming, and transmitting the new data to SAMHSA would be as follows:

of arrests

number of annual records - 36,000

time per record - .03 hours

total annual hours - 1,060

Living arrangement

number of annual records - 36,000

time per record - .03 hours

total annual hours - 1,060

Thank you.

Michael Quirke

State of Wisconsin

Department of Health and Family Services Division of Disability and
Elder Services Bureau of Mental Health and Substance Abuse Services

1 W. Wilson St. #437

P.O. Box 7851 Madison, WI 53707

(608) 266-7584 fax: 266-1533 tdd: 266-6819

e-mail: quirkma@dhfs.state.wi.us

Visit us online at www.dhfs.wisconsin.gov/substabuse/index.htm

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Comment 2 received in response to Federal Register notice:



(717) 783-8200

June 21, 2005

Ms. Summer King
SAMHSA Reports Clearance Officer
Substance Abuse and Mental Health Services Administration
Parklawn Building, Room 16-105
One Choke Cherry Road
Rockville, Maryland 20857

Dear Ms. King:

The Pennsylvania Department of Health is responding to the April 22, 2005 Federal Register Notice that requested comments on proposed Revisions to the Drug and Alcohol Services Information System (DASIS) – OMB No. 0930-0106. We understand the importance of improving accountability based on performance measures and support the goals of the National Outcome Measures (NOMS).

Unfortunately, Pennsylvania is in a situation in which our current data system is outdated and we cannot enhance it to collect and report on new and modified data elements. We are making plans to replace the DOS-based reporting system currently used for client treatment services and are taking steps to acquire a completely new web-based platform. Federal funding is grossly inadequate to modify, and create the data new systems that will be necessary to produce the necessary data for NOMS reporting.

At the present time, SAMHSA has not yet identified the specific data elements to be added to the TEDS data set, except in very general terms, such as number of arrests and substance use, employment status, and living arrangements at discharge. It is our understanding that SAMHSA will publish an additional Federal Notice in a few weeks to identify these data elements, and we will review the proposed changes to provide additional comments on the individual data elements to you.

In May 2005, we received a letter from Dr. Clark that described SAMHSA's plans for implementation of the NOMS for substance abuse treatment and prevention. Within the past few weeks, additional information has also been posted on SAMHSA's NOMS website. As we enter this new phase of the relationship between Pennsylvania and SAMHSA, we wish to express several concerns.

Because we need to develop a new system, it is unlikely that additional measures can be ready within a three-year period. Two of the ten measures will require more time than the others, because, in addition to hardware and software, regulatory and administrative changes will be needed

to support them. The estimated annual reporting burden for the TEDS Discharge data items presented in the April 22, 2005 Federal Register Notice is unrealistic. In all good faith, we expect to move toward that goal in phases and incremental steps.

We are also concerned over the use of the Treatment Episode Data Set (TEDS) discharge data. We have contributed TEDS admission data for many years. Discharge data will not be as easy to interpret. Service systems and the units of service which are to be associated with outcomes are not standard even within a single state such as Pennsylvania, let alone from state to state. The NOMS outcome focus seems to assume an acute disease, treatable in a single episode with a little aftercare. Often, however, we have something more like a chronic disease.

For years, SAMHSA has been posting the admissions data submitted through TEDS on the Internet in tables formatted identically for each state, with no provision for explanatory notes from the individual states. For all the reasons just described, similar presentation of discharge data will not be interpretable. Pennsylvania cannot be responsible for explaining unedited data presented in such standard formats.

An additional concern is, that if SAMHSA intends to treat outcomes from different states as comparable, and if the outcomes are formulated in the acute disease paradigm which seems implied, pressure will be created to give less attention to our most vulnerable populations, with the severest and most complex impairments, and to focus more attention on the addictions of the employed middle class, which are far more capable of achieving outcomes identifiable with the kinds of measures included among the NOMS. If comparisons are going to be done it is vitally important to do case mix adjustment. By taking factors into consideration such as client demographics, socioeconomic status, severity of addiction, and medical functioning, a more fair comparison can be made. Pennsylvania's Federal Substance Abuse Block Grant dollars are dollars of last resort. Without case mix adjustment it will leave a state like Pennsylvania appearing to be poor performing in outcomes. All of the clients treated through private insurance and employee assistance programs will not show in Pennsylvania's outcome. In December 2000, CSAT released a NEDS Fact Sheet 59 on "Making Fair Comparisons of Substance Abuse Treatment Providers"; it is our hope that SAMHSA will use case mix adjustment when reporting state data.

These concerns certainly do not invalidate the ten NOMS outcomes, but, rather, indicate that some thought needs to be given to how the data we send will be used. The most constructive approach will be to supplement quantitative analysis with a generous amount of analysis and dialogue over the nature of the service system in each state. Recognizing that we work within a federal system where it is expected that each state will be different, it is appropriate that the federal oversight agency come to an understanding of the plans each state has for instituting appropriate evidence-based changes in services and for dealing with the many other circumstances which may affect needed change.

As we move forward with data collection and reporting, we are respectfully requesting that SAMHSA and its respective centers reevaluate the need for infrastructure dollars. These dollars must be sufficient to support states with both prevention and treatment data systems. In order for SAMHSA to assure that dollars are wisely spent on systems that will provide national outcome measures, SAMHSA could develop criteria for data systems. In addition, the dollars could be tied

Ms. Summer King

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June 21, 2005

to the data the states are then able to report. By providing data infrastructure dollars, SAMHSA would be assuring a winning solution for both the states and SAMHSA. We look forward to working through these issues with SAMHSA, as we set out in pursuit of National Outcome Measures.

Sincerely,

Gene R. Boyle
Director
Bureau of Drug and Alcohol Programs

GRB/GEG/geg:mst:slc

bcc: Mr. Boyle
Ms. Cleaver
Mr. Powell
Ms. Rothermel
Mr. Kauffman
Mr. Gladfelter
Mr. Matulevich
Mr. Small
Mr. Anderson (NASADAD)
Chron

Comment 3 received in response to Federal Register notice:



**NEW YORK STATE
OFFICE OF ALCOHOLISM
AND
SUBSTANCE ABUSE SERVICES**
1450 Western Avenue
Albany, New York 12203-3526

June 21, 2005

Ms. Summer King
Reports Clearance Officer
Substance Abuse and Mental Health Services Administration
Room 71-1044, One Choke Cherry Road
Rockville MD 20857

Dear Ms. King:

The April 22nd notice in the Federal Register highlighted proposed changes to the Drug and Alcohol Services Information System (DASIS) related data systems: the Inventory of Substance Abuse Treatment Services (I-SATS); the National Survey of Substance Abuse Treatment Services (N-SSATS), and the Treatment Episode Data Set (TEDS).

The changes proposed to I-SATS and N-SSATS, as reflected in the proposed survey document that you provided, are not anticipated to be onerous and should assist in the analysis of New York's provider treatment services.

Through TEDS, other DASIS changes are requested to advance the National Outcomes Measures System (NOMS) initiative. The Substance Abuse and Mental Health Services Administration (SAMHSA) has proposed that certain TEDS data elements be changed; SAMHSA has additionally indicated that TEDS data will be used to relieve the application reporting burden currently shouldered by the States as part of their annual application for the Substance Abuse Prevention and Treatment (SAPT) Block Grant.

New York State welcomes this proposal. We are the largest single reporter to TEDS, with over 1,200 program reporting units submitting information; we currently voluntarily report most of the proposed NOMS treatment measures as part of our SAPT Block Grant application. The proposed use of TEDS in development of the SAPT Block Grant should substantially reduce New York's burden in preparing the SAPT Block Grant application.

There is insufficient information provided in the Notice, however, on the precise changes to TEDS data elements. This makes it difficult, as requested in the Notice, to estimate the collection burden; quality, utility and clarity of information; and/or the

additional burden on respondents.

Some final TEDS data elements are likely to require reprogramming of State and provider information systems. Given the size of New York's system, we would not initiate a redesign of our information systems to incorporate such changes until the data elements are clearly defined and agreed upon.

For example, while New York collects and reports arrest data, New York uses a different time period than the one currently proposed for NOMS. In other instances, we anticipate a healthy exchange of views before agreement is reached on a new data element. A specific example is the proposed change regarding abstinence versus other substance use at discharge. If the final NOMS decision is to measure only abstinence in the past 30 days, there would no reason to ask about frequency of use at discharge, as proposed.

Given the complexity of this effort, we would anticipate a continued need for State input into SAMHSA's deliberations. To advance this dialogue and the NOMS initiative, New York would encourage the involvement of as many State partners as possible. As you may know, the original TEDS' data set was created in the early 1990's through such a process, with State interests represented by the National Association of State Alcohol and Substance Abuse Directors (NASADAD). New York believes that NASADAD would be well suited to assisting SAMHSA in this current effort to achieve NOMS goals through changes in TEDS.

Thank you for the opportunity of commenting on the proposed changes to DASIS. Questions related to these comments should be directed to Mr. Robert Ball, Director, at 518/457-5989 or, by e-mail, at BobBall@oasas.state.ny.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Reba', followed by a long, horizontal, sweeping flourish.

Reba Architzel
Director-Grants Management & Policy Analysis

cc: R. Ball



National Association of State Alcohol and Drug Abuse Directors, Inc.

June 21, 2005

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Lewis E. Gallant, Ph.D.

Ms. Summer King

Substance Abuse and Mental Health Services

Administration (SAMHSA)

SAMHSA Reports Clearance Officer

OAS, Room 7-1044

One Choke Cherry Road

Rockville, MD 20857

Dear Ms. King:

On behalf of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), we are writing to comment on Proposed Project: Drug and Alcohol Services Information System (DASIS) – (OMB No. 0930-0106) – Revision, which appeared in the Federal Register on Friday, April 22, 2005. We appreciate the opportunity to offer input on this extremely important issue.

Overview of Federal Register Comment Request

The comment request appearing in the April 22, 2005 Federal Register seeks feedback regarding revisions related to the Drug and Alcohol Services Information System (DASIS) which is composed of three related data systems. First, the Inventory of Substance Abuse Treatment Services (I-SATS) includes all substance abuse facilities known to the Substance Abuse and Mental Health Services Administration (SAMHSA). Second, the National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of all substance abuse treatment facilities listed in the I-SATS. Third, the Treatment Episode Data Set (TEDS) is a compilation of client-level admission data and limited discharge data submitted by States on clients treated in publicly funded facilities. Together, the three DASIS components provide information on the location, scope, and characteristics of all known drug and alcohol treatment facilities in the United States, the number of persons in treatment, and the characteristics of clients receiving services at publicly-funded facilities.

Primary Focus of NASADAD Comments: Proposed Changes to the Treatment Episode Data Set (TEDS)

NASADAD would like to focus comments on the proposed changes to TEDS. In particular, the Federal Register Notice (FRN) notes on page 20922:

“The OMB request will also include the addition of several new data elements to the TEDS client-level record. To the extent that states already collect the elements from their treatment providers, the following elements will be included in the TEDS data collection: number of arrests, substances used at discharge, employment at discharge, and living arrangement at discharge. The additional data elements are being requested by the Center for Substance Abuse Treatment

(CSAT), SAMHSA, for use in estimating national treatment outcomes. No significant changes are expected in the other DASIS activities.”

Top Priority: Implementation of National Outcome Measurement System (NOMS)

NASADAD is pleased to be working with the SAMHSA to implement the National Outcome Measurement System (NOMS) over a three year period. The purpose of the initiative is to create a system whereby all SAMHSA grants – including the Substance Abuse Prevention and Treatment (SAPT) Block Grant – provide information on a core set of measures to help improve our system and better serve persons in need of services.

In December 2004, SAMHSA and NASADAD reached consensus on guiding principles for implementing NOMS. Some examples of these guiding principles included:

- SAMHSA will implement NOMS transparently and in collaboration with States and other grantees.
- NOMS will be reported by all States and other grantees.
- SAMHSA’s data strategy will eliminate unneeded or duplicate data elements and consolidate information technology.
- States may use alternative data items so long as they demonstrate that the measure tracks the NOMS measure.
- SAMHSA agrees to redirect technical assistance (TA) resources to support State NOMS implementation.

Status Report on NOMS Implementation: Excellent Progress Already Made

To date, SAMHSA and NASADAD have made excellent progress already in implementing NOMS. First, NASADAD and SAMHSA have reached consensus on the majority of treatment measures to be reported. Second, solid progress has been made on the prevention measures to be reported. Third, in March of this year, NASADAD independently undertook an assessment of each State’s ability to report measures based on the NOMS domains. The results of NASADAD’s assessment were then used, in conjunction with archival data held by the Center for Substance Abuse Treatment (CSAT), to develop a jointly verified report on State reporting capabilities. Finally, NASADAD and SAMHSA have continued meeting under the umbrella of NASADAD’s Performance Data Workgroup to continue moving the process forward. The Performance Data Workgroup has served as a critical component of NOMS implementation – providing a consistent forum for dialogue on complex issues that require constant adjustments and investigations.

Next Steps: Collaborative Work on TEDS

NASADAD’s Performance Data Workgroup, which has worked closely with SAMHSA/CSAT over a number of years, has consistently recommended that, whenever appropriate, performance measures be built on existing TEDS data elements or that TEDS be augmented with new elements viewed as necessary. We are pleased that the FRN confirms SAMHSA’s adoption of that general recommendation.

In June 2005, the Performance Data Workgroup, and SAMHSA representatives met by conference call to discuss the TEDS component of the FRN. The membership noted that it was difficult to react to the FRN as no additional details on the proposed changes were available for consideration. SAMHSA representatives on the call noted that the FRN’s intent was not to “freeze” TEDS elements in detail but rather the Notice is a necessary first step in gaining the authority needed to accept data beyond that included in the current TEDS framework. SAMHSA

further explained that it was their intent to continue it's collaboration with the Performance Data Workgroup and other forums to refine and evolve the NOMs measures to address issues of the

nature discussed on the call. That continued partnership is consistent with the primary recommendation of the workgroup membership.

A number of recommendations for improving the quality and utility of TEDS data were offered by the workgroup members with the belief that these modifications would facilitate NOMS implementation with an improved level of consistency. For example, the FRN simply referenced the addition of information to be collected at discharge on substances used. It is NASADAD's understanding that that information would be used in conjunction with similar information obtained at admission to measure changes in abstinence between those two points in time (a National Outcome Measure). Admission data in this area is actually derived through a number of questions designed to identify the primary, secondary and tertiary substance abuse problem with which a client may present. Subsequent questions then determine the clients' frequency of use for the primary, secondary and tertiary substance abuse problems. There was considerable discussion around the pros and cons of replicating that process in its entirety for each client at discharge if a more straight forward set of questions might be appropriate. The membership also noted that the abstinence measure should take two parts – one for alcohol and one for any other drug.

Questions were also raised regarding client subpopulations which might be excluded to improve the interpretability of results for abstinence and other measures. Clients that receive only detoxification services and others who exit treatment within a few days of admission were two the subpopulations brought up as examples. Would it be reasonable to expect changes in employment status, for example, among clients that receive such limited services? Those distinctions are currently made in instructions that apply to SAPT Block Grant Applications.


A number of the State representatives from NASADAD's Performance Data Workgroup felt that the changes in TEDS should be expanded expressly to capture more precise information on the educational enrollments status of youthful clients at admission and discharge. Currently TEDS only allows the selection of "Student" from a breakdown of those placed in the "Not in Workforce" category among those States which also submit the TEDS Supplemental Data Set. It is the sense of those members that such an inclusion would produce results more consistent with the NOMs domain, "Increased/Retained Employment or Return to/ Stay in School."

SAMHSA also reiterated its plans to reallocate technical assistance (TA) and other resources to meet the needs of the States in becoming NOMs compliant over the next three years. The availability of significant levels of TA and other resources in various forms is considered by the States to be absolutely critical to reporting NOMs within that agreed upon time frame.

Both SAMHSA and the NASADAD Performance Data Workgroup agreed that the issues raised in discussion were to be expected in an initiative such as NOMs and were highly resolvable. NOMs implementation is a highly desirable objective for the Single State Authorities (SSAs) as well as SAMHSA. A collaborative process is now in place which has allowed significant progress to be made. Continuation of that process and the provision of adequate technical assistance resources should result in the full and timely implementation of NOMs.

The State AOD Agencies appreciate the importance of NOMs implementation and its evolution and remain prepared to work closely with SAMHSA to achieve that end.

Sincerely,


Lewis E. Gallant, Ph.D.
Executive Director

cc: Dave Wanser, Ph.D., NASADAD President
Mr. Charles Curie, Administrator, SAMHSA
Ms. Stephenie Colston, Senior Advisor to the Administrator, SAMHSA
H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM, Director, CSAT, SAMHSA