



Behavioral Health is Essential To Health • Prevention Works • Treatment is Effective • People Recover

# FY 2012

## Block Grant Reporting Section

CFDA 93.959 (Substance Abuse Prevention and Treatment)

Reducing the impact of substance abuse and mental illness on America's communities.



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## A. Introduction

Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C. 300x-52(a)) requires the Secretary of the Department of Health and Human Services, acting through the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to determine the extent to which States and Jurisdictions have implemented the State plan for the prior fiscal year. The purpose of the Annual Report is to provide information to assist the Secretary in making this determination.

States and Jurisdictions are requested to prepare and submit their reports for the last completed fiscal year in the format provided in this guidance. The report will address the purposes for which the SABG funds were expended, the recipients of grant funds, and the authorized activities and services purchased with such funds. Particular attention should be given to the progress made toward accomplishing the goals and performance indicators identified in the States' and Jurisdictions' plans.

All States and Jurisdictions are required to prepare and submit their respective reports utilizing SAMHSA's Web Block Grant Application System (BGAS). The report must be received by SAMHSA not later than December 1 in order for State or Jurisdiction to receive a grant for the subsequent Federal fiscal year. If the due date falls on a weekend or Federal holiday, the report will be due on the next business day. The following schedule provides specific due dates for annual reports:

Plan and Report Receipt Dates				
Application for Federal fiscal year	Plan Receipt Date	Planning Period	Report Receipt Date	Report Period
2012	9/01/2011	10/01/2011 – 06/30/2013	12/01/2011	10/01/2010 - 09/30/2011
2013			12/01/2012	07/01/2011 - 06/30/2012
2014	04/01/2013	07/01/2013 - 06/30/2015	12/01/2013	07/01/2012 – 06/30/2013
2015			12/01/2014	07/01/2013 – 06/30/2014
2016	04/01/2015	07/01/2015 – 06/30/2017	12/01/2015	07/01/2014 – 06/30/2015
2017			12/01/2016	07/01/2015 - 06/30/2016

States/Territories are required to prepare and submit a report comprised of the following sections:

*Section B: Annual Report* - In this first section, States and Jurisdictions are required to provide a brief review of the extent to which their respective plans were implemented, the progress towards the priorities and goals identified in the Block Grant application. The report should also include a brief review of areas that the State and Jurisdiction identified in Block Grant Application as needing improvement and changes that the State and Jurisdiction would propose to achieve the goals established for the priorities.

*Section C: State Agency Expenditure Report* - In this section, States should provide information regarding expenditures for authorized activities and services for mental health, substance abuse prevention, and substance abuse treatment. States should provide a description of SAPTBG expenditures for authorized activities to prevent and treat substance abuse and related services for tuberculosis and other communicable diseases and if a “designated State,” a description of SAPTBG expenditures for early intervention services for HIV. In addition, States should identify the SAPTBG expenditures made available to intermediaries, administrative service organizations, and community- and faith-based organization who received amounts from the SAPTBG to provide authorized activities to prevent and treat substance abuse

*Section D: Populations and Services Report* - In this section, States and Jurisdictions must provide specific information regarding the number of individuals that were served with SAPTBG funds. In addition, States and Jurisdictions should provide specific information regarding the services these individuals received.

*Section E: Performance Indicators and Accomplishments* - In this section of the report, States and Jurisdictions are required to complete the Performance Indicator tables. Performance indicators should be reported using the table format provided in this document. The purpose of the performance indicator tables is to show progress made over time as measured by SAMHSA’s National Outcome Measures (NOMS) for substance abuse prevention, treatment, and recovery support services as well as any State- or Jurisdiction-selected performance indicators.

## B. Implementation Report

As part of the planning section, States identified their priorities in addition to the joint planning areas and the statutorily required priorities. This table should be filled out for all priority areas that the State will focus on during the planning period. The same table will be used to capture progress reporting.

At the end of each priority area, the State should clearly indicate whether or not the particular goal identified in the State Plan for the prior fiscal year was “achieved” or “not achieved.” If a target was “not achieved,” explain why.

Table 2	
Report Year(s):	
State Identifier:	
State Priorities	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
	Add more priority areas as needed

Table 3, *Priority Area by Goal, Strategy, and Performance Indicator*, should be completed for each priority areas identified by States and Jurisdictions in their respective State plans and for which fiscal resources were expended during the prior State fiscal year.

At the end of each priority area, States and Jurisdictions should clearly indicate whether or not the particular goal identified in the State plan for the prior State fiscal year was “achieved” or “not achieved.” If a target was “not achieved,” a detailed explanation must be provided.

<b>Table 3</b>
<b>Report Year(s):</b>
<b>State Identifier:</b>
<b>Priority Area:</b>
<b>Goal:</b>
<b>Strategy: (use as many lines as needed for each strategy)</b>
<b>Performance Indicator:</b>
<b>Description of Collecting and Measuring Changes in Performance Indicator:</b>
<b>Report of Progress toward goal attainment in prior State Fiscal Year:</b> ____ Achieved                      ____ Not Achieved (if not achieved, explain why)
<i>Changes Proposed to Meet Goal</i>

## C. Expenditure Reports

### ***Substance Abuse Treatment and Prevention Block Grant Spending***

States and Jurisdictions are requested to provide information regarding SAPT Block Grant and State general revenue funds expended for authorized activities to prevent and treat substance abuse and for related public health services, e.g., tuberculosis services and early intervention services for HIV, if applicable, during the prior State fiscal year. Please complete the tables described below:

- Table 4 - *State Agency Expenditure Report*. This table provides a description of SAPTBG expenditures for authorized activities to prevent and treat substance abuse pursuant to section 1921 of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. 300x-21), tuberculosis services and early intervention services, if applicable, pursuant to section 1924 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-24) and administration pursuant to section 1931 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-31(a)(1)(F)).
- Table 5 - *SAPT Block Grant Expenditures By Service*. This table provides a description of SAPT Block Grant expenditures by unduplicated individual and specific services.
- Table 6- *Primary Prevention Expenditures Checklist*. This table provides a description of SAPT Block Grant expenditures on primary prevention strategies funded by State Substance Abuse Authority.
- Table 7 - *Resource Development Expenditure Checklist*. This table provides a description of the SAPT Block Grant expenditures for non-direct activities and/or services that are sponsored, or conducted by the State Substance Abuse Authority.
- Table 8 – *Statewide Entity Inventory*. This table provides a description of the recipients of SAPT Block Grant funds including intermediaries, e.g., administrative service organizations, and community- and faith-based organizations which provided substance abuse prevention activities and treatment services during the prior State fiscal year. The table has been amended to include recipients of MHBG Block Grant funds for those states submitting one application.
- Table 9a - *Maintenance of Effort for State Expenditures for Substance Abuse Prevention and Treatment*. This table provides a description of non-Federal expenditures for authorized activities to prevent and treat substance abuse flowing through the State Substance Abuse Authority during each fiscal year.
- Table 9b - *Base and Maintenance of Effort for State Expenditures for Tuberculosis Services*. This table provides a description of non-Federal funds expended for tuberculosis (TB) services made available to individuals in substance user disorder (SUD) treatment during each fiscal year (FY).
- Table 9c - *Base and Maintenance of Effort for State Expenditures for Early Intervention Services for HIV Disease*. This table provides a description of non-Federal funds expended for early intervention services for HIV disease provided to individuals in substance use disorder treatment at the sites at which such individuals received SUD treatment services during each fiscal year (FY).
- Table 9d - *Base and Maintenance of Effort for Expenditures for Services Designed for Substance Using Pregnant Women and Women with Dependent Children*. This table provides a description of SAPT Block Grant and State general revenue expenditures for

services designed to address the treatment and recovery support needs of substance using pregnant women and women with dependent children during each fiscal year (FY).



*Table 4 - State Agency Expenditure Report.* This table provides a description of SAPT Block Grant expenditures for authorized activities to prevent and treat substance abuse. Note: This table may also be used to describe CMHS Block Grant expenditures for authorized activities regarding mental health services for seriously emotionally disturbed (SED) adolescents and seriously mentally ill (SMI) adults.

<b>Table 4</b>							
<b>Report Year:</b>							
<b>State Identifier:</b>							
<b>State Agency Expenditure Report</b> (Include ONLY funds expended by the executive branch agency administering the SAPT Block Grants and the CMHS Block Grant*)							
<b>Source of Funds</b>							
<b>ACTIVITY</b> (See instructions for using Row 1.)	<b>A.</b> Substance Abuse Block Grant	<b>B.</b> Mental Health Block Grant.	<b>C.</b> Medicaid (Federal, State, and local)	<b>D.</b> Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	<b>E.</b> State funds	<b>F.</b> Local funds (excluding local Medicaid)	<b>G.</b> Other
1. Substance Abuse Prevention** and Treatment							
2. Primary Prevention							
3. Tuberculosis Services							
4. HIV Early Intervention Services							
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Administration (excluding program / provider level)							
9. Subtotal (Rows 1, 2 3, 4, and 8)							
10. Subtotal (Rows 5, 6, 7, and 8)							
11. Total							

\* States and Jurisdictions may utilize a single table to report expenditures for the SAPT and CMHS Block Grants if a State or Jurisdiction submits a single report to SAMHSA\*\*Prevention other than Primary Prevention

Table 5: SAPTBG Expenditures by Service

Table 5			
Report Year:			
State Identifier:			
SAPT Block Grant Expenditures by Service			
Service	Unduplicated Individuals	Units	Expenditures
<b>Healthcare Home/Physical Health</b>			
General and specialized outpatient medical services			
Acute Primary care			
General Health Screens, Tests and Immunizations			
Comprehensive Care Management			
Care coordination and Health Promotion			
Comprehensive Transitional Care			
Individual and Family Support			
Referral to Community Services			
<b>Prevention (Including Promotion)</b>			
Screening, Brief Intervention and Referral to Treatment			
Brief Motivational Interviews			
Screening and Brief Intervention for Tobacco Cessation			
Parent Training			
Facilitated Referrals			
Relapse Prevention/Wellness Recovery Support			
Warm Line			
<b>Engagement Services</b>			
Assessment			
Specialized Evaluations (Psychological and Neurological)			
Service Planning (including crisis planning)			
Consumer/Family Education			
Outreach			
<b>Outpatient Services</b>			
Individual evidenced based therapies			
Group therapy			
Family therapy			
Multi-family therapy			
Consultation to Caregivers			

**Table 5**  
**Report Year:**  
**State Identifier:**

<b>SAPT Block Grant Expenditures by Service</b>			
<b>Service</b>	<b>Unduplicated Individuals</b>	<b>Units</b>	<b>Expenditures</b>
<b>Medication Services</b>			
Medication management			
Pharmacotherapy (including MAT)			
Laboratory services			
<b>Community Support (Rehabilitative)</b>			
Parent/Caregiver Support			
Skill building (social, daily living, cognitive)			
Case management			
Behavior management			
Supported employment			
Permanent supported housing			
Recovery housing			
Therapeutic mentoring			
Traditional healing services			
<b>Recovery Supports</b>			
Peer Support			
Recovery Support Coaching			
Recovery Support Center Services			
Supports for Self Directed Care			
<b>Other Supports (Habilitative)</b>			
Personal care			
Homemaker			
Respite			
Supported Education			
Transportation			
Assisted living services			
Recreational services			
Trained behavioral health interpreters			
Interactive communication technology devices			
<b>Intensive Support Services</b>			
Substance abuse intensive outpatient (IOP)			
Partial hospital			

**Table 5**  
**Report Year:**  
**State Identifier:**

<b>SAPT Block Grant Expenditures by Service</b>			
<b>Service</b>	<b>Unduplicated Individuals</b>	<b>Units</b>	<b>Expenditures</b>
Assertive Community Treatment			
Intensive home based services			
Multi-systemic therapy			
Intensive Case Management			
<b>Out of Home Residential Services</b>			
Crisis residential/stabilization			
Clinically Managed 24 Hour Care (SA)			
Clinically Managed Medium Intensity Care (SA)			
Adult Substance Abuse Residential			
Adult Mental Health Residential			
Youth Substance Abuse Residential Services			
Children's Residential Mental Health Services			
Therapeutic foster care			
<b>Acute Intensive Services</b>			
Mobile crisis			
Peer based crisis services			
Urgent care			
23 hr. observation bed			
Medically Monitored Intensive Inpatient (SA)			
24/7 crisis hotline services			
<b>Other (please list)</b>			

## Primary Prevention Expenditures Checklists

*Table 6 (a and b): Detailing expenditures on primary prevention.*

There are six primary prevention strategies typically funded by principal agencies administering the SAPT Block Grant. Expenditures within each of the six strategies or Institute of Medicine (IOM) Model should be directly associated with the cost of completing the activity or task, for example information dissemination should include the cost of developing pamphlets, the time of participating staff or the cost of public service announcements etc. If a State employs strategies not covered by these six categories, please report them under “Other” in a separate row for each one in Form 3.

**Section 1926 – Tobacco:** Costs Associated with the Synar Program. Per January 19, 1996, 45 C.F.R. Part 96, Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants; Final Rule (45 C.F.R. §96.130), States may not use the Block Grant to fund the enforcement of their statute, except that they **may expend funds** from their primary prevention set aside of their Block Grant allotment under 45 C.F.R. §96.124(b)(1) for carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections.

States should include any non-SAPT Block Grant funds that were allotted for Synar activities in the appropriate columns.

Refer back to Form 1 and look at all the entries you made on row 2 primary prevention. Use the table below to indicate how much funding supported each of the six strategies on Form 1a or how much funding supported each of the IOM classifications, Universal, Selective or Indicated on Form 1b. Enter in whole dollar amounts. For sources of funds other than the SAPT Block Grant, report only those funds made available during the 24 month expenditure period identified on Form 1

.

Table 6: Primary Prevention Expenditures Checklist

<b>Table 6</b>						
<b>Report Year:</b>						
<b>State Identifier:</b>						
<b>Primary Prevention Expenditures Checklist</b>						
<b>Strategy</b>	<b>A. IOM Target</b>	<b>B. SAPT Block Grant</b>	<b>C. Other Federal</b>	<b>D. State</b>	<b>E. Local</b>	<b>F. Other</b>
1. Information Dissemination	<b>Universal</b>	\$	\$	\$	\$	\$
	<b>Selected</b>	\$	\$	\$	\$	\$
	<b>Indicated</b>	\$	\$	\$	\$	\$
	<b>Unspecified</b>	\$	\$	\$	\$	\$
2. Education	<b>Universal</b>	\$	\$	\$	\$	\$
	<b>Selected</b>	\$	\$	\$	\$	\$
	<b>Indicated</b>	\$	\$	\$	\$	\$
	<b>Unspecified</b>	\$	\$	\$	\$	\$
3. Alternatives	<b>Universal</b>	\$	\$	\$	\$	\$
	<b>Selected</b>	\$	\$	\$	\$	\$
	<b>Indicated</b>	\$	\$	\$	\$	\$
	<b>Unspecified</b>	\$	\$	\$	\$	\$
4. Problem Identification and Referral	<b>Universal</b>	\$	\$	\$	\$	\$
	<b>Selected</b>	\$	\$	\$	\$	\$
	<b>Indicated</b>	\$	\$	\$	\$	\$
	<b>Unspecified</b>	\$	\$	\$	\$	\$
5. Community-Based Processes	<b>Universal</b>	\$	\$	\$	\$	\$
	<b>Selected</b>	\$	\$	\$	\$	\$
	<b>Indicated</b>	\$	\$	\$	\$	\$

6. Environmental	<b>Universal</b>	\$	\$	\$	\$	\$
	<b>Selected</b>	\$	\$	\$	\$	\$
	<b>Indicated</b>	\$	\$	\$	\$	\$
	<b>Unspecified</b>	\$	\$	\$	\$	\$
7. Section 1926-Tobacco	<b>Universal</b>	\$	\$	\$	\$	\$
	<b>Selected</b>	\$	\$	\$	\$	\$
	<b>Indicated</b>	\$	\$	\$	\$	\$
8. Other	<b>Universal</b>	\$	\$	\$	\$	\$
	<b>Selected</b>	\$	\$	\$	\$	\$
	<b>Indicated</b>	\$	\$	\$	\$	\$

\*Please list all sources, if possible (e.g., Centers for Disease Control and Prevention, Block Grant, foundations, etc.)

*Table 7: Resource Development Expenditures Checklist*

Only complete this table if your State or Jurisdiction funds resource development activities from the FY 2011 SAPT Block Grant

Table 7						
Report Year:						
State Identifier:						
Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, coordination, and needs assessment	\$	\$	\$	\$	\$	\$
2. Quality Assurance	\$	\$	\$	\$	\$	\$
3. Training (post-employment)	\$	\$	\$	\$	\$	\$
4. Education (pre-employment)	\$	\$	\$	\$	\$	\$
5. Program development	\$	\$	\$	\$	\$	\$
6. Research and evaluation	\$	\$	\$	\$	\$	\$
7. Information Systems	\$	\$	\$	\$	\$	\$
8. Total						

Please indicate whether expenditures on resource development activities are actual or estimated.

Actual

Estimated



Table 8. Statewide Entity Inventory

Table 8								Entity Inventory						
Report Year:								Source of Funds						
State Identifier:								SAPT Block Grant				CMHS Block Grant		
Entity Number	I-SATS ID (For SABG)	Area Served (Statewide or Sub-State Planning Area)	Provider/Program Name	Street Address	City	State	Zip	A	B	B	D	E	F	G
								Block Grant Funds	Prevention (other than primary prevention) and Treatment Services	Pregnant Women and Women with Dependent Children	Primary Prevention	Early Intervention Services for HIV	Adults serious mental illness	Children with a serious emotional disturbance
								\$	\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$	\$
<b>Total</b>								\$	\$	\$	\$	\$	\$	\$

**Table 9a, 9b, 9c, and 9d Maintenance of Effort for State Expenditures for Authorized Activities to Prevent and Treat Substance Abuse and Related Public Health Services**

Table 9a, *Total Single State Agency Expenditures for Substance Abuse Prevention and Treatment*, provides a description of non-Federal expenditures for authorized activities to prevent and treat substance abuse flowing through the State Substance Abuse Authority (SSA) during each State fiscal year (SFY).

Did the State or Jurisdiction have any **non-recurring expenditures** for a specific purpose which were not included in the MOE calculation?

Yes \_\_\_\_ No \_\_\_\_

If yes, specify the amount and the State fiscal year \_\_\_\_\_.

Did the State or Jurisdiction include these funds in previous year MOE calculations? Yes \_\_\_\_

No \_\_\_\_.

When did the State or Jurisdiction submit an official request to the SAMHSA Administrator to exclude these funds from the MOE calculations? mm/dd/yyyy

*Table 9a. Maintenance of Effort for State Expenditures for Substance Abuse Prevention and Treatment*

<b>Table 9a</b>		
<b>Report Year:</b>		
<b>State Identifier:</b>		
<b>Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment</b>		
Period  (A)	Expenditures  (B)	$\frac{B1 (2009) + B2 (2010)}{2}$  (C)
SFY 2009 (1)		
SFY 2010 (2)		
SFY 2011 (3)		

Are the expenditure amounts reported in Columns B "actual" expenditures for the State fiscal years involved?

FY 2009	Yes _____	No _____
FY 2010	Yes _____	No _____
FY 2011	Yes _____	No _____

If estimated expenditures are provided, please indicate when "actual" expenditure data will be submitted to SAMHSA:  
mm/dd/yyyy.

Table 9b and 9c, *Base and Maintenance of Effort for State Expenditures for Tuberculosis to Individuals in Substance Use Disorder Treatment*, provides a description of all statewide, non-Federal funds expended on Tuberculosis (TB) services to individuals in substance use disorder treatment during each State fiscal year (SFY).

Table 9b				
Report Year				
State Identifier:				
Statewide Non-Federal Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment BASE				
Period	Total of All State Funds Spent on TB Services  (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment  (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (AxB)  (C)	Average of Column C1 and C2 $\frac{C1 + C2}{2}$ (MOE BASE)  (D)
SFY 1991 (1)				
SFY 1992 (2)				

Table 9b
Report Year
State Identifier:

Statewide Non-Federal Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment MAINTENANCE				
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (AxB) (C)	Average of Column C1 and C2 $\frac{C1 + C2}{2}$ (MOE BASE) (D)
SFY 2011 (2)				



Table 9c	
Report Year	
State Identifier	
Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment MAINTENANCE	
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)
(3) SFY 2011	

Table 9d. Expenditures for Services to Pregnant Women and Women with Dependent Children, Base and Maintenance.

Table 9d		
Report Year:		
State Identifier:		
Expenditures for Services to Pregnant Women and Women with Dependent Children		
Period	Total Women's Base (A)	Total Expenditures (B)
1994		
2009		
2010		
2011		
Enter the amount the State plans to expend in 2012 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table 9d Maintenance - Box A (1994)): \$_____		



## D. Populations and Services Report

States and Jurisdictions are required to provide information regarding individuals that are served by the State Substance Abuse Authority using Tables 10 through 16 as described below.

- Table 10 - *Prevention Strategy Report*. This table requires additional information (in accordance with Section 1929 of Title XIX, Part B, Subpart II of the PHS Act) about the primary prevention activities conducted by the entities listed on Table 8, *Entity Inventory*, Column D. It seeks further information on the specific strategies and activities being funded by the principal agency of the State that addresses the sub-populations at risk for alcohol, tobacco, and other drug (ATOD) use/abuse.
- Table 11 - *Treatment Utilization Matrix*. This table is intended to capture the unduplicated count of persons with initial admissions and subsequent admission to an episode of care (as defined in the Drug and Alcohol Services Information System Treatment Episode Data Set (TEDS) <http://oas.samhsa.gov/dasis.htm#teds2> standards).
- Table 12 - *Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use*. This table provides an aggregate profile of unduplicated number of admissions and persons in FY 2011 for services funded through the SABG. States and Jurisdictions are to provide this information on all programs by age, gender, and race/ethnicity. States and Jurisdictions are to report whether the values reported come from a client-based system(s) with unique client identifiers.
- Tables 13a – e - *Demonstration Syringe Services Program*. The tables are intended to capture information about State Syringe Service Programs. States and Jurisdictions are to provide this information on all Syringe Service Programs and demographics of participants.
- Table 14 - *HIV Designated States Early Intervention Services*. This table requires “Designated States”, as defined in section 1924(b) of Title XIX, Part B. Subpart II of the PHS Act (42 U.S.C. 300x-24(b)), to provide information on Early Intervention Services for HIV testing and referral.
- Table 15 - *Charitable Choice*. This table requires States and Jurisdictions to provide information regarding compliance with section 1955 of Title XIX, Part B, Subpart III of the PHS Act (42 U.S.C. 300x-65) and the Charitable Choice Provisions and Regulations; Final Rule (42 C.F.R. Part 54)

Table 10. Prevention Strategy Report

Table 10		
Report Year		
State Identifier		
Prevention Strategy Report Risk-Strategies		
Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of Substance Abusers [1]		
<b>Pregnant Women / Teens [2]</b>		
<b>Drop-Outs [3]</b>		
<b>Violent and Delinquent Behavior [4]</b>		
<b>Mental Health Problems [5]</b>		
<b>Economically Disadvantaged [6]</b>		
<b>Physically Disabled [7]</b>		
<b>Abuse Victims [8]</b>		
<b>Already Using Substances [9]</b>		
<b>Homeless and/or Runaway Youth [10]</b>		
<b>Other, Specify [11]</b>		

Table 11. Treatment Utilization Matrix

Table 11					
Report Year					
State Identifier					
Treatment Utilization Matrix					
Level Of Care	Number of Admissions ≥ Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
<b>Detoxification (24-Hour Care)</b>					
1. Hospital Inpatient			\$	\$	\$
2. Free-Standing Residential			\$	\$	\$
<b>Rehabilitation/Residential</b>					
3. Hospital Inpatient			\$	\$	\$
4. Short-term (up to 30 days)			\$	\$	\$
5. Long-term (over 30 days)			\$	\$	\$
<b>Ambulatory (Outpatient)</b>					
6. Outpatient			\$	\$	\$
7. Intensive Outpatient			\$	\$	\$
8. Detoxification			\$	\$	\$

9. Upload Replacement Therapy			\$	\$	\$

Table 12. Unduplicated Count of Persons Served for Alcohol and Other Drug Use

Table 12																			
Report Year:																			
State Identifier:																			
Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use in State Funded Services by Age, Sex and Race/Ethnicity																			
Age	A. Total	Sex and Race/Ethnicity																	
		B. White		C. Black or African American		D. Native Hawaiian/ Other Pacific Islander		E. Asian		F. American Indian/Alaskan Native		G. More Than One Race Reported		H. Unknown		I. Not Hispanic or Latino		J. Hispanic or Latino	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 17 and under																			
2. 18-24																			
3. 25-44																			
4. 45-64																			
5. 65 and over																			
5. Total																			
7. Pregnant Women																			
Numbers of Persons Served who were admitted in a Period Prior to the 12 month reporting Period																			
Number of persons served outside of the levels of care described on Table 11																			





*Table 13e SSP—Tallies by Programs (Mental Health and Supportive Services)*

SSP	Number of participants	Number of referrals to MH treatment	Number of participants admitted to MH treatment	Number of participants who completed MH treatment	Number of referrals to supportive services	Number of participants who received supportive services
SSP1:						
SSP2:						
Total:						



Table 14. HIV Designated States Early Intervention Services

Table 14		
Report Year:		
State Identifier		
Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State:	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs:		
3. Total number of HIV tests conducted with SAPT HIV EIS funds:		
4. Total number of tests that were positive for HIV:		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection:		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

*Table 15. Charitable Choice*

Under Charitable Choice, States, local governments, and religious organizations, each as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term “alternative services” means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider (“alternative provider”) to which the program beneficiary (“services recipient”) has no religious objection. The purpose of this table is to document how your State is complying with these provisions.

**Notice to Program Beneficiaries** – Check all that apply:

- Used model notice provided in final regulations.
- Used notice developed by State (please attach a copy to the Report)
- State has disseminated notice to religious organizations that are providers.
- State requires these religious organizations to give notice to all potential beneficiaries.

**Referrals to Alternative Services** – Check all that apply:

- State has developed specific referral system for this requirement.
- State has incorporated this requirement into existing referral system(s).
- SAMHSA’s Treatment Facility Locator is used to help identify providers.
- Other networks and information systems are used to help identify providers.
- State maintains record of referrals made by religious organizations that are providers.
- \_\_\_Enter total number of referrals necessitated by religious objection to other substance abuse providers (“alternative providers”), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

**Brief description (one paragraph)** of any training for local governments and faith-based and community organizations on these requirements.

## E. Performance Data and Outcomes

SAMHSA is interested in demonstrating program accountability and efficacy through the National Outcome Measures (NOMs). The NOMs are intended to document the performance of federally supported programs and systems of care.

### Treatment Performance Measures

- Table 16. - *Employment/Education Status*. This table describes the status of adult clients served in the report year by the public substance abuse system in terms of employment and education status. The Employment\Education Status Form seeks information on clients employed or student (full-time or part-time) (prior 30 days) at admission vs. discharge.
- Table 17 - *Stability of Housing*. This table requests information regarding the number of Individuals in a Stable Living Environment as collected by the most recent assessment in the reporting period. Specifically, information is collected on the individual's last known living situation.
- Table 18 - *Criminal Justice Involvement*. This table requests information regarding the client's involvement in the criminal justice system. Specifically, the table requests information to measure the change in Arrests over time.
- Table 19 – *Change in Abstinence–Alcohol Use*. This table seeks information regarding alcohol abstinence. Specifically, information is collected on the number of clients with no alcohol use (all clients regardless of primary problem) at admission and discharge.
- Table 20 - *Change in Abstinence – Other Drug Use*. This table collects information regarding clients change in abstinence with other drugs. This table seeks to collect information on clients with no drug use (all clients regardless of primary problem) at admission and discharge
- Table 21 – *Change in Social Support of Recovery*. This table seeks to measure the change in client's social support or recovery. Specifically, this form collects information regarding the number of clients participating in self help groups at admission and discharge
- Table 22 - *Retention*. This table collects information regarding retention. Specifically, this table collects information regarding the length of stay of clients completing treatment.

### Prevention Performance Measures

- Table 23. *Reduced Morbidity–Abstinence from Drug Use/Alcohol Use; Measure: 30 Day Use*. This table collects information on abstinence from drug use/alcohol use. This table collects information on the percent who reported having used alcohol during the past 30 days.
- Table 24. *Reduced Morbidity –Abstinence from Drug Use/Alcohol Use; Measure: Perception Of Risk/Harm of Use*. This table seeks information regarding the individuals' perceived risk of harming themselves with alcohol, tobacco and other drugs.
- Table 25. *Reduced Morbidity–Abstinence from Drug Use/Alcohol Use; Measure: Age of First Use*. This table seeks information regarding the age of first use of alcohol, cigarettes and other drugs.

- Table 26. *Reduced Morbidity–Abstinence from Drug Use/Alcohol Use; Measure: Perception of Disapproval/Attitudes*. This table seeks information regarding the general public perception or attitude regarding use of alcohol, cigarettes and other drugs.
- Table 27. *Employment/Education; Measure: Perception of Workplace Policy*. This table reports the percent of individuals who would be more likely to work for an employer conducting random drug and alcohol tests.
- Table 28. *Employment/Education; Measure: Average Daily School Attendance Rate*. This table collects information regarding the average daily school attendance.
- Table 29. *Crime and Criminal Justice; Measure: Alcohol-Related Traffic Fatalities*. This table collects information regarding the number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.
- Table 30. *Crime and Criminal Justice; Measure: Alcohol and Drug Related Arrests*. This table collects information regarding alcohol- and drug-related arrests.
- Table 31. *Social Connectedness; Measure: Family Communications Around Drug and Alcohol Use*. This table provides information regarding the percent of youth reporting having talked with a parent and the percent of parents reporting that they have talked to their child around alcohol and drug use.
- Table 32. *Retention; Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message*. This table collects information regarding the percent of youth reporting having been exposed to prevention message.
- Table 33. *Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, and Ethnicity*. This table provides information on the number of persons served by individual-based programs and strategies. This includes practices and strategies with identifiable goals designed to change behavioral outcomes among a definable population or within a definable geographic area.
- Table 34. *Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity*. This table provides information regarding the number of persons by age, gender, race, and ethnicity that participated in population-based programs. Population-based programs and strategies include planned and deliberate goal-oriented practices, procedures, processes, or activities that have identifiable outcomes achieved with a sequence of steps subject to monitoring and modification.
- Table 35. *Number of Persons Served by Type of Intervention*. This table seeks to measure information on access and capacity of intervention programs. Specifically, this form collects information on the number of persons served by type of Intervention. Interventions include activities, practices, procedures, processes, programs, services, and strategies.
- Table 36. *Number of Evidence-Based Programs by Types of Intervention*. This table collects information on the number of evidence-based programs and strategies by type of intervention.
- Table 37. *Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies*. This table collects the total number of evidence-based programs and total SABG dollars spent on evidence-based programs/strategies

- Prevention Attachments A, B and C—Completing the State request for data substitution application and the State substitution appeal forms (below): These forms should be completed if a State wishes to substitute data collected through a State effort for the prevention pre-populated National Outcome Measures (NOMs) on the NOMs Data Collection and Reporting Forms. If the State is requesting substitutions for more than one NOM, one application should be completed for all NOMs for which a substitution is requested. A state may also appeal a decision that the State will not be allowed to substitute pre-populated with the States data.

**Table 16 – TREATMENT PERFORMANCE MEASURE**

**EMPLOYMENT\EDUCATION STATUS (From Admission to Discharge)**

**Most recent year for which data are available: \_\_\_\_\_**

Employment\Education Status – Clients employed or student (full-time or part-time) (prior 30 days) at admission vs. discharge	<b>Admission Clients (T<sub>1</sub>)</b>	<b>Discharge Clients (T<sub>2</sub>)</b>
Number of clients employed or student (full-time and part-time) [numerator]		
Total number of clients with non-missing values on employment\student status [denominator]		
Percent of clients employed or student (full-time and part-time)		

**State Description of Employment\Education Status Data Collection (Table 16)**

STATE CONFORMANCE TO INTERIM STANDARD	State Description of Employment\Education Data Collection (Table 16): States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
DATA SOURCE	What is the source of data for table 16 (select all that apply): <input type="checkbox"/> Client self-report <input type="checkbox"/> Client self-report confirmed by another source→ <input type="checkbox"/> collateral source <input type="checkbox"/> Administrative data source <input type="checkbox"/> Other Specify _____
EPISODE OF CARE	How is the admission/discharge basis defined for table 16 (Select one) <input type="checkbox"/> Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days <input type="checkbox"/> Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit <input type="checkbox"/> Other Specify _____
DISCHARGE DATA COLLECTION	How was discharge data collected for table 16 (select all that apply) <input type="checkbox"/> Not applicable, data reported on form is collected at time period other than discharge→ Specify: <input type="checkbox"/> In-treatment data ___ days post-admission, OR <input type="checkbox"/> Follow-up data ___ (specify) months Post- <input type="checkbox"/> admission <input type="checkbox"/> discharge <input type="checkbox"/> other _____ <input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge data is collected for a sample or all clients who were admitted to treatment <input type="checkbox"/> Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge records are not collected for approximately ___ % of clients who were admitted for treatment
RECORD LINKING	Was the admission and discharge data linked for table 16 (select all that apply): <input type="checkbox"/> Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID) Select type of UCID <input type="checkbox"/> Master Client Index or Master Patient Index, centrally assigned <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.) <input type="checkbox"/> Some other Statewide unique ID <input type="checkbox"/> Provider-entity-specific unique ID <input type="checkbox"/> No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data <input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching.
IF DATA IS UNAVAILABLE	If data is not reported, why is State unable to report (select all that apply): <input type="checkbox"/> Information is not collected at admission <input type="checkbox"/> Information is not collected at discharge <input type="checkbox"/> Information is not collected by the categories requested <input type="checkbox"/> State collects information on the indicator area but utilizes a different measure.
DATA PLANS IF DATA IS NOT AVAILABLE	State must provide time-framed plans for capturing employment\student status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

**Table 17—TREATMENT PERFORMANCE MEASURE  
STABILITY OF HOUSING (From Admission to Discharge)**

**Most recent year for which data are available: \_\_\_\_\_**

Clients living in a stable living situation (prior 30 days) at admission vs. discharge	<b>Admission Clients (T<sub>1</sub>)</b>	<b>Discharge Clients (T<sub>2</sub>)</b>
Number of clients living in a stable situation [numerator]		
Total number of clients with non-missing values on living arrangements [denominator]		
Percent of clients in a stable living situation		



**Table 18– TREATMENT PERFORMANCE MEASURE  
CRIMINAL JUSTICE INVOLVEMENT (From Admission to Discharge)**

**Most recent year for which data are available: \_\_\_\_\_**

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge	<b>Admission Clients (T<sub>1</sub>)</b>	<b>Discharge Clients (T<sub>2</sub>)</b>
Number of Clients without arrests [numerator]		
Total number of clients with non-missing values on arrests [denominator]		
Percent of clients without arrests		

**State Description of Criminal Involvement Data Collection (Table 18)**

STATE CONFORMANCE TO INTERIM STANDARD	State Description of Criminal Involvement Data Collection (Table 18): States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
DATA SOURCE	What is the source of data for table 18(select all that apply): <input type="checkbox"/> Client self-report <input type="checkbox"/> Client self-report confirmed by another source→ <input type="checkbox"/> collateral source <input type="checkbox"/> Administrative data source <input type="checkbox"/> Other Specify _____
EPISODE OF CARE	How is the admission/discharge basis defined for table 18 (Select one) <input type="checkbox"/> Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days <input type="checkbox"/> Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit <input type="checkbox"/> Other Specify _____ _____
DISCHARGE DATA COLLECTION	How was discharge data collected for table 18 (select all that apply) <input type="checkbox"/> Not applicable, data reported on form is collected at time period other than discharge→ Specify: <input type="checkbox"/> In-treatment data ___ days post-admission, OR <input type="checkbox"/> Follow-up data ___ (specify) months Post- <input type="checkbox"/> admission <input type="checkbox"/> discharge <input type="checkbox"/> other _____ <input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge data is collected for a sample or all clients who were admitted to treatment <input type="checkbox"/> Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge records are not collected for approximately ___ % of clients who were admitted for treatment
RECORD LINKING	Was the admission and discharge data linked for table 18 (select all that apply): <input type="checkbox"/> Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID) Select type of UCID <input type="checkbox"/> Master Client Index or Master Patient Index, centrally assigned <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.) <input type="checkbox"/> Some other Statewide unique ID <input type="checkbox"/> Provider-entity-specific unique ID <input type="checkbox"/> No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data <input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching.
IF DATA IS UNAVAILABLE	If data is not reported, why is State unable to report (select all that apply): <input type="checkbox"/> Information is not collected at admission <input type="checkbox"/> Information is not collected at discharge <input type="checkbox"/> Information is not collected by the categories requested <input type="checkbox"/> State collects information on the indicator area but utilizes a different measure.
DATA PLANS IF DATA IS NOT AVAILABLE	State must provide time-framed plans for capturing criminal justice involvement status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

**Table 19 – PERFORMANCE MEASURE  
CHANGE IN ABSTINENCE – ALCOHOL USE (From Admission to Discharge)**

**Most recent year for which data are available: \_\_\_\_\_**

Alcohol Abstinence – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge.	<b>Admission Clients (T<sub>1</sub>)</b>	<b>Discharge Clients (T<sub>2</sub>)</b>
Number of clients abstinent from alcohol [numerator]		
Total number of clients with non-missing values on “used any alcohol” variable [denominator]		
Percent of clients abstinent from alcohol		

(1) If State does not have a "used any alcohol" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Alcohol (e.g. ,TEDS Code 02)

**State Description of Alcohol Use Data Collection (Table 19)**

STATE CONFORMANCE TO INTERIM STANDARD	State Description of Alcohol Use Data Collection (Table 19): State should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
DATA SOURCE	What is the source of data for table 19 (select all that apply): <input type="checkbox"/> Client self-report <input type="checkbox"/> Client self-report confirmed by another source→ <input type="checkbox"/> urinalysis, blood test or other biological assay <input type="checkbox"/> collateral source <input type="checkbox"/> Administrative data source <input type="checkbox"/> Other Specify _____
EPISODE OF CARE	How is the admission/discharge basis defined for table 19 (Select one) <input type="checkbox"/> Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days <input type="checkbox"/> Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit <input type="checkbox"/> Other Specify _____
DISCHARGE DATA COLLECTION	How was discharge data collected for table 19 (select all that apply) <input type="checkbox"/> Not applicable, data reported on form is collected at time period other than discharge→ Specify: <input type="checkbox"/> In-treatment data ___ days post-admission, OR <input type="checkbox"/> Follow-up data ___ (specify) months Post- <input type="checkbox"/> admission <input type="checkbox"/> discharge <input type="checkbox"/> other _____ <input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge data is collected for a sample or all clients who were admitted to treatment <input type="checkbox"/> Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge records are not collected for approximately ___ % of clients who were admitted for treatment
RECORD LINKING	Was the admission and discharge data linked for table 19 (select all that apply): <input type="checkbox"/> Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID) Select type of UCID <input type="checkbox"/> Master Client Index or Master Patient Index, centrally assigned <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.) <input type="checkbox"/> Some other Statewide unique ID <input type="checkbox"/> Provider-entity-specific unique ID <input type="checkbox"/> No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data <input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching.
IF DATA IS UNAVAILABLE	If data is not reported, why is State unable to report (select all that apply): <input type="checkbox"/> Information is not collected at admission <input type="checkbox"/> Information is not collected at discharge <input type="checkbox"/> Information is not collected by the categories requested <input type="checkbox"/> State collects information on the indicator area but utilizes a different measure.
DATA PLANS IF DATA IS NOT AVAILABLE	State must provide time-framed plans for capturing abstinence - alcohol use status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

**Table 20 – PERFORMANCE MEASURE  
CHANGE IN ABSTINENCE -- OTHER DRUG USE (From Admission to Discharge)**

**Most recent year for which data are available: \_\_\_\_\_**

	<b>Admission Clients (T<sub>1</sub>)</b>	<b>Discharge Clients (T<sub>2</sub>)</b>
Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) (use Any Drug Use in last 30 days field) at admission vs. discharge.		
Number of Clients abstinent from illegal drugs [numerator]		
Total number of clients with non-missing values on “used any drug” variable [denominator]		
Percent of clients abstinent from drugs		

(2) If State does not have a "used any drug" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Drugs (e.g., TEDS Codes 03-20)

**State Description of Other Drug Use Data Collection (Table 20)**

STATE CONFORMANCE TO INTERIM STANDARD	State Description of Other Drug Use Data Collection (Table 20): States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
DATA SOURCE	What is the source of data for table 20 (select all that apply): <input type="checkbox"/> Client self-report <input type="checkbox"/> Client self-report confirmed by another source→ <input type="checkbox"/> urinalysis, blood test or other biological assay <input type="checkbox"/> collateral source <input type="checkbox"/> Administrative data source <input type="checkbox"/> Other Specify _____
EPISODE OF CARE	How is the admission/discharge basis defined for table 20 (Select one) <input type="checkbox"/> Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days <input type="checkbox"/> Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit <input type="checkbox"/> Other Specify _____
DISCHARGE DATA COLLECTION	How was discharge data collected for table 20 (select all that apply) <input type="checkbox"/> Not applicable, data reported on form is collected at time period other than discharge→ Specify: <input type="checkbox"/> In-treatment data ___ days post-admission, OR <input type="checkbox"/> Follow-up data ___ (specify) months Post- <input type="checkbox"/> admission <input type="checkbox"/> discharge <input type="checkbox"/> other _____ <input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge data is collected for a sample or all clients who were admitted to treatment <input type="checkbox"/> Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge records are not collected for approximately ___ % of clients who were admitted for treatment
RECORD LINKING	Was the admission and discharge data linked for table 20 (select all that apply): <input type="checkbox"/> Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID) Select type of UCID <input type="checkbox"/> Master Client Index or Master Patient Index, centrally assigned <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.) <input type="checkbox"/> Some other Statewide unique ID <input type="checkbox"/> Provider-entity-specific unique ID <input type="checkbox"/> No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data <input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching.
IF DATA IS UNAVAILABLE	If data is not reported, why is State unable to report (select all that apply): <input type="checkbox"/> Information is not collected at admission <input type="checkbox"/> Information is not collected at discharge <input type="checkbox"/> Information is not collected by the categories requested <input type="checkbox"/> State collects information on the indicator area but utilizes a different measure.
DATA PLANS IF DATA IS NOT AVAILABLE	State must provide time-framed plans for capturing abstinence – drug use status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

**Table 21 – PERFORMANCE MEASURE  
CHANGE IN SOCIAL SUPPORT OF RECOVERY (From Admission to Discharge)**

**Most recent year for which data are available: \_\_\_\_\_**

Social Support of Recovery – Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge	<b>Admission Clients (T<sub>1</sub>)</b>	<b>Discharge Clients (T<sub>2</sub>)</b>
Number of clients participating in self-help (AA NA meetings attended, etc.) [numerator]		
Total number of Admission and Discharge clients with non-missing values on self-help activities [denominator]		
Percent of clients participating in self-help activities		

**State Description of Social Support of Recovery Data Collection (Table 21)**

STATE CONFORMANCE TO INTERIM STANDARD	State Description of Social Support of Recovery Data Collection (Table 21): States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.
DATA SOURCE	What is the source of data for table 21 (select all that apply): <input type="checkbox"/> Client self-report <input type="checkbox"/> Client self-report confirmed by another source→ <input type="checkbox"/> collateral source <input type="checkbox"/> Administrative data source <input type="checkbox"/> Other Specify _____
EPISODE OF CARE	How is the admission/discharge basis defined for table 21 (Select one) <input type="checkbox"/> Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days <input type="checkbox"/> Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit <input type="checkbox"/> Other Specify _____
DISCHARGE DATA COLLECTION	How was discharge data collected for table 21 (select all that apply) <input type="checkbox"/> Not applicable, data reported on form is collected at time period other than discharge→ Specify: <input type="checkbox"/> In-treatment data ___ days post-admission, OR <input type="checkbox"/> Follow-up data ___ (specify) months Post-admission <input type="checkbox"/> admission <input type="checkbox"/> discharge <input type="checkbox"/> other _____ <input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge data is collected for a sample or all clients who were admitted to treatment <input type="checkbox"/> Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge records are not collected for approximately ___ % of clients who were admitted for treatment
RECORD LINKING	Was the admission and discharge data linked for table 21 (select all that apply): <input type="checkbox"/> Yes, all clients at admission were linked with discharge data using a Unique Client Identifier (UCID) Select type of UCID <input type="checkbox"/> Master Client Index or Master Patient Index, centrally assigned <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.) <input type="checkbox"/> Some other Statewide unique ID <input type="checkbox"/> Provider-entity-specific unique ID <input type="checkbox"/> No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data <input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching.
IF DATA IS UNAVAILABLE	If data is not reported, why is State unable to report (select all that apply): <input type="checkbox"/> Information is not collected at admission <input type="checkbox"/> Information is not collected at discharge <input type="checkbox"/> Information is not collected by the categories requested <input type="checkbox"/> State collects information on the indicator area but utilizes a different measure.
DATA PLANS IF DATA IS NOT AVAILABLE	State must provide time-framed plans for capturing self-help participation status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.



**Table 22: RETENTION  
Length of Stay (in Days) of Clients Completing Treatment**

Most recent year for which data are available: \_\_\_\_\_

STATE:

<b>LENGTH OF STAY</b>			
<b>LEVEL OF CARE</b>	<b>AVERAGE (MEAN)</b>	<b>MEDIAN (MEDIAN)</b>	<b>INTERQUARTILE RANGE</b>
<b>DETOXIFICATION (24-HOUR CARE)</b>			
1. Hospital Inpatient			
2. Free-Standing Residential			
<b>REHABILITATION/ RESIDENTIAL</b>			
3. Hospital Inpatient			
4. Short-term (up to 30 days)			
5. Long-term (over 30 days)			
<b>AMBULATORY (OUTPATIENT)</b>			
6. Outpatient			
7. Intensive Outpatient			
8. Detoxification			
9. Opioid Replacement therapy			

TABLE 23– SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE

MEASURE: 30-DAY USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire. “Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?” [Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.</p>		
	Ages 12–17 - FFY 2009		
	Ages 18+ - FFY 2009		
2. 30-day Cigarette Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?” [Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Ages 12–17 - FFY 2009		
	Ages 18+ - FFY 2009		
3. 30-day Use of Other Tobacco Products	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]<sup>†</sup>?” [Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).</p>		
	Ages 12–17 - FFY 2009		
	Ages 18+ - FFY 2009		
4. 30-day Use of Marijuana	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?” [Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Ages 12–17 - FFY 2009		
	Ages 18+ - FFY 2009		
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]<sup>‡</sup>?”</p> <p><b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors’ orders).</p>		
	Ages 12–17 - FFY 2009		
	Ages 18+ - FFY 2009		

<sup>†</sup> NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.

<sup>‡</sup> NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

TABLE 24 – SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE

MEASURE: PERCEPTION OF RISK/HARM OF USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?” [Response options: No risk, slight risk, moderate risk, great risk]  <b>Outcome Reported:</b> Percent reporting moderate or great risk.</p>		
	Ages 12–17 - FFY 2009		
	Ages 18+ - FFY 2009		
2. Perception of Risk From Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?” [Response options: No risk, slight risk, moderate risk, great risk]  <b>Outcome Reported:</b> Percent reporting moderate or great risk.</p>		
	Ages 12–17 - FFY 2009		
	Ages 18+ - FFY 2009		
3. Perception of Risk From Marijuana	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?” [Response options: No risk, slight risk, moderate risk, great risk]  <b>Outcome Reported:</b> Percent reporting moderate or great risk.</p>		
	Ages 12–17 - FFY 2009		
	Ages 18+ - FFY 2009		

TABLE 25 – SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE

MEASURE: AGE OF FIRST USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.” [Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of alcohol.</p>		
	Ages 12–17 - FFY 2009		
	Ages 18+ - FFY 2009		
2. Age at First Use of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “How old were you the first time you smoked part or all of a cigarette?” [Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of cigarettes.</p>		
	Ages 12–17 - FFY 2009		
	Ages 18+ - FFY 2009		
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “How old were you the first time you used [any other tobacco product]<sup>†</sup>?” [Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.</p>		
	Ages 12–17 - FFY 2009		
	Ages 18+ - FFY 2009		
4. Age at First Use of Marijuana or Hashish	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “How old were you the first time you used marijuana or hashish?” [Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of marijuana or hashish.</p>		
	Ages 12–17 - FFY 2009		
	Ages 18+ - FFY 2009		
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “How old were you the first time you used [other illegal drugs]<sup>‡</sup>?” [Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of other illegal drugs.</p>		
	Ages 12–17 - FFY 2009		
	Ages 18+ - FFY 2009		

<sup>†</sup> The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.

<sup>‡</sup> The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

TABLE 26 – SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE

MEASURE: PERCEPTION OF DISAPPROVAL/ATTITUDES

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “How do you feel about someone your age smoking one or more packs of cigarettes a day?” [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Ages 12–17 - FFY 2009		
2. Perception of Peer Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?” [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]</p> <p><b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Ages 12–17 - FFY 2009		
3. Disapproval of Using Marijuana Experimentally	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “How do you feel about someone your age trying marijuana or hashish once or twice?” [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Ages 12–17 - FFY 2009		
4. Disapproval of Using Marijuana Regularly	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “How do you feel about someone your age using marijuana once a month or more?” [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Ages 12–17 - FFY 2009		
5. Disapproval of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?” [Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Ages 12–17 - FFY 2009		

TABLE 27—SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: EMPLOYMENT/EDUCATION

MEASURE: PERCEPTION OF WORKPLACE POLICY

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Perception of Workplace Policy	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?” [Response options: More likely, less likely, would make no difference]</p> <p><b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Ages 15–17 - FFY 2009		
	Ages 18+ - FFY 2009		

TABLE 28—SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: EMPLOYMENT/EDUCATION

MEASURE: AVERAGE DAILY SCHOOL ATTENDANCE RATE

A. Measure	B. Source	C. Pre-populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	<p><b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a></p> <p><b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	FFY 2009		

TABLE 29 – SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE

MEASURE: ALCOHOL-RELATED TRAFFIC FATALITIES

A. Measure	B. Source	C. Pre-populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	<b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System <b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	FFY 2009		

TABLE 30 – SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE

MEASURE: ALCOHOL- AND DRUG-RELATED ARRESTS

A. Measure	B. Source	C. Pre-populated Data	D. Approved Substitute Data
Alcohol- and Drug-Related Arrests	<b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports <b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	FFY 2009		

TABLE 31 – SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: SOCIAL CONNECTEDNESS

MEASURE: FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.” [Response options: Yes, No]</p> <p><b>Outcome Reported:</b> Percent reporting having talked with a parent.</p>		
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12–17)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?”<sup>†</sup> [Response options: 0 times, 1 to 2 times, a few times, many times]</p> <p><b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.</p>		
	Ages 12–17 - FFY 2009		
	Ages 18+ - FFY 2009		

<sup>†</sup> NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

TABLE 32 – SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: RETENTION

MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

Measure	Question/Response	Pre-populated Data	Approved Substitute Data
Exposure to Prevention Messages	<p><b>Source Survey Item:</b> NSDUH Questionnaire: “During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use]”<sup>†</sup>?”</p> <p><b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.</p>		
	Ages 12–17 - FFY 2009		

<sup>†</sup> This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context



**Tables 33-37 – Reporting Period**

**Reporting Period - Start and End Dates for Information Reported on Tables 33, 34, 35, 36, and 37.**

**Instructions for completing reporting Start and End Dates**

The following chart is for collecting information on the reporting periods for the data entered in Tables 33, 34, 35, 36 and 37.

**See:** The instructions for and the data entered in Tables 33, 34, 35, 36 and 37.

**Rows 1 through 5** each correspond to a single form in the current year’s application among the following five tables: 33, 34, 35, 36 and 37.

**Column A** – Enter the reporting period start date.

**Column B** – Enter the reporting period end date.

The date format to be entered in columns A and B should be month/day/year, as follows.

- Month: enter 2 digits (e.g. January = 01; December = 12)
- Day: enter 2 digits (e.g. 1<sup>st</sup> of the month = 01; 15<sup>th</sup> of the month =15)
- Year: enter all 4 digits (e.g., 2009)

**Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37**

Please indicate the reporting period (start date and end date totaling 12 months by the State)

for each of the following forms:

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. <a href="#">Table 33</a> Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	mm/dd/yyyy	mm/dd/yyyy
2. <a href="#">Table 34</a> Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	mm/dd/yyyy	mm/dd/yyyy
3. <a href="#">Table 35 (Optional)</a> Number of Persons Served by Type of Intervention	mm/dd/yyyy	mm/dd/yyyy
4. <a href="#">Table 36</a> Number of Evidence-Based Programs and Strategies by Type of Intervention	mm/dd/yyyy	mm/dd/yyyy
5. <a href="#">Table 37</a> Total Number of Evidence-Based Programs and Total SAPT BG Dollars Spent on Evidence-Based Programs/Strategies	Data submitted on <a href="#">Table 37</a> must correspond to the <a href="#">reporting period start date</a> used for <a href="#">Table 36</a>	Data submitted on <a href="#">Table 37</a> must correspond to the <a href="#">reporting period end date</a> used for <a href="#">Table 36</a>

**General Questions Regarding Prevention NOMS Reporting**

**Question 1:** Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

**Question 2:** Describe how your State’s data collection and reporting processes record a participant’s race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

**Table 33 – SUBSTANCE ABUSE PREVENTION Individual-Based Programs and Strategies—Number of Persons Served by Age, Gender, Race, and Ethnicity**

Category	Total
<b>A. Age</b>	
0–4	
5–11	
12–14	
15–17	
18–20	
21–24	
25–44	
45–64	
65 and Over	
Age Not Known	
<b>B. Gender</b>	
Male	
Female	
Gender Not Known	
<b>C. Race</b>	
White	
Black or African American	
Native Hawaiian/Other Pacific Islander	
Asian	
American Indian/Alaska Native	
More Than One Race (not OMB required)	
Race Not Known or Other (not OMB required)	
<b>D. Ethnicity</b>	
Hispanic or Latino	
Not Hispanic or Latino	

**Table 34 – SUBSTANCE ABUSE PREVENTION Population-Based Programs and Strategies—Number of Persons Served by Age, Gender, Race, and Ethnicity**

<b>Category</b>	<b>Total</b>
<b>A. Age</b>	
0–4	
5–11	
12–14	
15–17	
18–20	
21–24	
25–44	
45–64	
65 and Over	
Age Not Known	
<b>B. Gender</b>	
Male	
Female	
Gender Not Known	
<b>C. Race</b>	
White	
Black or African American	
Native Hawaiian/Other Pacific Islander	
Asian	
American Indian/Alaska Native	
More Than One Race (not OMB required)	
Race Not Known or Other (not OMB required)	
<b>D. Ethnicity</b>	
Hispanic or Latino	
Not Hispanic or Latino	

**Table 35 (Optional) – SUBSTANCE ABUSE PREVENTION Number of Persons Served by Type of Intervention**

Intervention Type	Number of Persons Served by Individual- or Population-Based Program or Strategy	
	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total		

**Table 36 – SUBSTANCE ABUSE PREVENTION Evidence-Based Programs and Strategies by Type of Intervention**

1. Describe the process the State will use to implement the guidelines included in the above definition.

--

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

--

**Table 36 – SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention**

	Number of Programs and Strategies by Type of Intervention					
	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded						
2. Total number of Programs and Strategies Funded						
3. Percent of Evidence-Based Programs and Strategies						

**Table 37 – Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs and Total SAPT BG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies**

<b>Total Number of Evidence-Based Programs/Strategies for IOM Category below:</b>		<b>Total SAPT Block Grant \$Dollars Spent on evidence-based Programs/Strategies</b>
<b>Universal Direct</b>	<b>Total #</b>	<b>\$</b>
<b>Universal Indirect</b>	<b>Total #</b>	<b>\$</b>
<b>Selective</b>	<b>Total #</b>	<b>\$</b>
<b>Indicated</b>	<b>Total #</b>	<b>\$</b>
	<b>Total EBPs:</b>	<b>Total Dollars Spent: \$</b>

Prevention Attachments A and B – Completing the State request for data substitution application and the State substitution appeal forms (below):

These forms should be completed if a State wishes to substitute data collected through a State effort for the prevention pre-populated National Outcome Measures (NOMs) on the NOMs Data Collection and Reporting Forms. If the State is requesting substitutions for more than one NOM, one application should be completed for all NOMs for which a substitution is requested. A state may also appeal a decision that the State will not be allowed to substitute pre-populated with the States data.

**Prevention Attachment A:**  
Application Form to Substitute Data

***1. CONTACT INFORMATION***

State/Territory/tribe: \_\_\_\_\_

Name of the applicant (first and last name): \_\_\_\_\_

Title: \_\_\_\_\_

Mr.    Ms.    Dr.    Other \_\_\_\_\_

State position: \_\_\_\_\_

Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

***2. MEASURE LABELS***

Label of the National Outcome Measure (NOM) being replaced: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Label of the substituted measure (if not identical to the NOM): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***3. Narrative Justification***

Provide a brief description of the reasons for the substitution. Continue on the back of the page if necessary. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***4. Data Source for Substituted Measure***

Name of the agency or organization responsible for data collection: \_\_\_\_\_

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Name of contact person at data collection agency/organization (first and last name):

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E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Most recent year for which data are available: \_\_\_\_\_

Is data collection repeated every year?

Yes             No (Indicate frequency of data collection.) \_\_\_\_\_

Are trend data available?

Yes (Indicate start year of trend data.) \_\_\_\_\_             No

What is the mode of data collection?             Census             Survey (Please complete item 5.)

Other (Please describe.) \_\_\_\_\_

**5. SURVEY DESCRIPTION**

(Skip if mode of data collection is not a survey.)

**The following questions refer to the most recent implementation of the survey.**

Date of data collection: \_\_\_\_\_

Sample size: \_\_\_\_\_

Sampling ratio (sample size divided by the size of the target population): \_\_\_\_\_

What type of sampling strategy was used to select respondents? (Please check one.)

Convenience sample (no statistical sampling techniques were used)

Probability sample (statistical sampling techniques were used)

**The following four questions apply to probability samples only.**

If the sample is stratified, please identify each stratum: \_\_\_\_\_

If cluster sampling was used, please identify the clustering unit(s): \_\_\_\_\_

If a multistage design was used, please identify the unit sampled at each stage: \_\_\_\_\_

Potential sources of bias in the sample design: \_\_\_\_\_



**The following questions apply to all surveys.**

Method of administration:             Mail-in                             Telephone                             Face-to-face

School-based: self-administered     Self-administered: survey site other than a school

Other (Please specify.) \_\_\_\_\_

Was the interview computer-assisted?    Yes                             No

Name of the survey instrument: \_\_\_\_\_

What was the survey response rate (i.e., multiply the number who took the survey/original sample size by 100)? \_\_\_\_\_

Were there validity and reliability tests of the survey items constituting the substitute measure?

No

Yes (Please describe reliability/validity study/studies.) \_\_\_\_\_

\_\_\_\_\_

Are there any published validity/reliability studies for this instrument?

No

Yes (Please provide bibliographic information.) \_\_\_\_\_

\_\_\_\_\_

**6. DATASET SUBMISSION INFORMATION**

Name of the data file(s) being submitted: \_\_\_\_\_

\_\_\_\_\_

Description of data file(s) (Include format and size.): \_\_\_\_\_

\_\_\_\_\_

For each data file, describe the content of the data records (e.g., "Each record contains all of the information for a single individual."); \_\_\_\_\_

\_\_\_\_\_

Names of documentation files: \_\_\_\_\_

\_\_\_\_\_

Description of documentation file(s): \_\_\_\_\_

\_\_\_\_\_

Total number of files being submitted: \_\_\_\_\_

Prevention Attachment B

**Prevention Attachment B:  
Substitution Appeal Form**

State/Territory/tribe: \_\_\_\_\_

Date substitution application submitted: \_\_\_\_\_

Date denial received: \_\_\_\_\_

Date appeal submitted: \_\_\_\_\_

**1. CONTACT INFORMATION**

Name of the applicant (first and last name): \_\_\_\_\_  
\_\_\_\_\_

Mr.    Ms.    Dr.    Other \_\_\_\_\_

Organization: \_\_\_\_\_  
\_\_\_\_\_

Department: \_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

*TELEPHONE:* \_\_\_\_\_

*FAX:* \_\_\_\_\_

**2. MEASURE(S) BEING APPEALED**

National Outcome Measure(s) (NOM) being appealed: \_\_\_\_\_  
\_\_\_\_\_

Summarize SAMHSA's reason(s) for the denial of the substitution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. RATIONALE FOR THE APPEAL**

State the rationale for appealing SAMHSA's decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prevention Attachment B

**4. ATTACH A COPY OF THE ORIGINAL SUBSTITUTION APPLICATION.**

**5. ADDITIONAL DATA OR ANALYSIS TO SUPPORT THE APPEAL.**

Describe any additional data or analysis that supports the appeal: \_\_\_\_\_

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*PREVENTION ATTACHMENT C:*  
*APPROVED SUBSTITUTE DATA SUBMISSION FORM*

Create a separate form for each data source.

GRANTEE AND CONTACT INFORMATION

State/Territory/tribe: \_\_\_\_\_

Name of contact person (first and last name): \_\_\_\_\_

Mr.    Ms.    Dr.    Other \_\_\_\_\_

Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE

Enter the date when the Application Form To Substitute Data was submitted: \_\_\_\_\_

If final approval was obtained after an appeal process, enter the date when the appeal was filed:

\_\_\_\_\_

Enter the date when approval to submit alternative data was obtained: \_\_\_\_\_

MEASURE(S)

Enter the NOMs measure(s) for which State-generated data are being substituted: \_\_\_\_\_

Table 38: (Optional Worksheet) Program/Strategy Detail for Computing the Total Number of Evidence-based Programs and Strategies, and for Reporting Total SAPT Block Grant Funds Spent on substance abuse prevention Evidence-Based Programs and Strategies.

1	2	3	4
<b>Program/Strategy Name</b> Universal Direct	Total Number of Evidence-based Programs and Strategies by Intervention	Total Costs of Evidence based Programs and Strategies for each IOM Category	Total SAPT Block Grant Funds Spent on Evidence-Based Programs/Strategies
1.			
2.			
3.			
4.			
Subtotal			
<b>Universal Indirect Programs and Strategies</b>			
1.			
2.			
3.			
4.			
Subtotal			
<b>Selective Programs and Strategies</b>			
1.			
2.			
3.			
4.			
Subtotal			
<b>Indicated Programs and Strategies</b>			
1.			
2.			
3.			
4.			
Subtotal			
<b>Total Number of (EBPs)/Strategies and cost of these EBPs/Strategies</b>	#	\$	
<b>Total SAPT Block Grant substance abuse prevention Dollars \$ Spent on Evidence-Based Programs and Strategies</b>			\$