

SUPPORTING STATEMENT
National Outcome Measures for Substance Abuse Prevention (NOMs)

JUSTIFICATION

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

B1. Respondent Universe and Sampling Methods

As part of its grant application, each grantee has an evaluation proposal, which specifies, among other things, the sampling methods to be used. Each evaluation proposal includes information on the response universe, sampling method, and the final sample sizes. These proposals are reviewed by a peer review group which assesses the adequacy and appropriateness of the study design and methods. Only those applicants having technically sound proposals are funded. In addition, SAMHSA/CSAP provides technical assistance as necessary to ensure that grantees carry out their evaluation as planned. SAMHSA/CSAP's response universe for the NOMs renewal includes all active grantees (with relevant participants and objectives) and those initially funded at the end of FY11 and beyond that provide direct services to participants.

B2. Information Collection Procedures

Each grantee also has its own plan for data collection, processing, data cleaning, control, and retention. Each plan describes how uniform data collection will be ensured for the intervention and comparison groups, the time frame for conducting the assessments over the course of the project, and how participant protection will be assured. As mentioned above, these plans undergo peer review to ensure the adequacy and appropriateness of the study design and methods. The precise manner in which data will be collected and used depends on the specific grant program.

The SPF SIG and PFS programs implement a five step process including needs assessment, building capacity, strategic planning, implementing evidence based programs practices and strategies, and evaluation. Subrecipient communities are given the option of using the Community NOMs Instruments to field sample surveys at regular intervals to track changes across time in the NOMs at the community level. Starting with Cohort 3 grantees, subrecipients implementing direct service programs will collect NOMs data at the participant level by administering the NOMs instruments at program entry, exit, and 6 months following exit.

The Fetal Alcohol Spectrum Disorder (FASD) Program integrates prevention and intervention approaches into existing service delivery systems as well as identifying and disseminating state of the art information for preventing FASD and increasing functioning and quality of life for those impacted by it.

The Minority Aids Initiative (MAI) develops local capacity to provide substance abuse prevention services for individuals living with and affected by HIV/AIDS. These funds assist with outreach and training, addressing the special needs of racial and ethnic minorities and studying the costs associated with delivering integrated care.

The Prevention Prepared Communities (PPC) program will assist States and communities in developing and implementing effective mental illness and substance abuse prevention practices, strategies, and policies that will promote the wellness of individuals age 9-25 and the communities in which they live. The program builds on scientific evidence that a common set of risk and protective factors contributes to a range of mental, physical, and behavioral problems, including substance abuse and other unhealthy behaviors. The goal of Prevention Prepared Communities is to improve community and individual level wellness, and health promotion outcomes in a comprehensive, collaborative way.

These discretionary programs that include direct services to are surveyed at program entry, exit, and 6 months following exit.

Most measures are administered by pencil and paper, see Attachment B for example NOMs instruments.

Web-Based Data Entry Upload System: The DITIC has created CSAP's Prevention Management and Training System (PMRTS), an online data entry system that provides prevention information, data collection tools, documents, data entry functions, and access to reporting statistics and tracking. All of the questionnaires can be found in the "Tools" section of this Website. Common questionnaires are available in both Microsoft Word and PDF format for individual grant sites to download and make copies for administration to participants. Site evaluators or data collectors are expected to enter client or participant responses to questionnaires through the PMRTS Website. Sites will also be able to upload response databases through PMRTS that use the appropriate variable/value numbering (Questionnaire codebooks are also available on the "Tools" section of the PMRTS Website). SAMHSA/CSAP's DACCC will be responsible for conducting logic checks on the data, and communicate with the grantees to clarify questions about the data.

B3. Methods to Maximize Response Rates

Each grantee will have established its own follow-up procedures as part of the original protocol. Issues related to response rates, as well as other data collection issues, are discussed at grantee meetings in order for GPOs to identify problems and provide technical assistance. In addition, GPOs monitor data collection efforts and provide technical assistance to individual grantees as necessary. Because collection of the NOMs is a stipulation of the grants, it is anticipated that all grantees will comply (as appropriate). The participants at each site to whom these measures will be administered

are all voluntary respondents, and therefore grantees cannot guarantee full cooperation on the part of participants. Historically, however, participant response rates across grantee sites have averaged 80 percent.

As part of the terms and conditions of the grant award, sites are required to use the NOMs data system, available through the PMRTS website.

B4. Tests of Procedures

All measures on the NOMs are either part of the National Household Survey or are existing measures from existing databases. As a result, all measures are well tested and have been proven to be useful measures and no further pre-testing is needed.

B5. Statistical Consultants

The measures submitted here for OMB approval renewal are a result of lengthy consultation and discussion among SAMHSA personnel, state representatives, the DCC staff and a panel of outside experts. Furthermore, these measures were presented and discussed with members of the grantee community, and at various meetings and conferences. The final selection of these measures was made by SAMHSA and CSAP senior officials. See Attachment A for staff and consultants involved.

List of Attachments

<u>Attachment</u>	<u>Description</u>
A	NOMS Review: Outside Experts
B	NOMS Survey Forms (Adult Community, Youth Community, Adult Program, Youth Program)