

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

**B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

**B1. Respondent Universe and Sampling Methods**

All SAMHSA grantees are required to collect and report certain data so that the Agency can meet its obligations under their funding agreements.

Direct service grantees use a census approach and administer the NOMs form to all participants receiving services covered by grant funds. **State** grantee level data collection uses sampling. These proposals are reviewed by a peer review group that assesses the adequacy and appropriateness of the study design and methods. Only those applicants having technically sound proposals are funded. In the SPF SIG and PFS programs, state grantees then fund community level sub recipients to implement interventions and community level data collection. The communities are funded by the state, the state works with the communities on sampling design. Often, the NOMs items are added to existing surveys, such as the YRBS or BRFSS, with existing sampling frames. In addition, SAMHSA/CSAP provides technical assistance as necessary to monitor grantee adherence to the proposal. SAMHSA/CSAP's response universe for the NOMs revision includes all active grantees during FY 2013. In order to ensure accountability for the spending of federal funds, CSAP has employed the use of these data as a performance management tool to ensure that grantees are meeting the goals and objectives of the program.

In SAMHSA programs, which are often client level/participant interventions that are dramatically different from one group to another may have insufficient population receiving a specific intervention to justify a sample. Populations from each group may not be similar and would not be appropriate to infer general findings about the successes or failures of a program because of the uniqueness of each group. Within populations, sample sizes may be too small to properly sample, leading to large sample variance and errors in findings about the programs. In these cases, where programs differ from group to group, it is important to gather data sufficient to draw statistically accurate conclusions about how the programs are performing and about what characteristics of the program may matter to the success of the program.

In addition to the GPRAMA, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide. To accomplish this, SAMHSA expects grantees to utilize their data to (1) identifying subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities and (2) implement strategies to decrease the differences in **access, service use, and outcomes** among those subpopulations. There will be subpopulations where sample size is too small to properly sample and where a census would be necessary obtain relevant and reliable outcome data.

## **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, 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' sub recipient communities are given the option of using the Community NOMs forms to track changes across time in the NOMs at the community level. Starting with Cohort 3 grantees, sub recipients implementing direct service programs will collect NOMs data at the participant level by administering the NOMs forms at program entry, exit, and 6 months following exit.

The Fetal Alcohol Spectrum Disorder (FASD) Center for Excellence program integrates prevention and intervention approaches into existing service delivery systems. In addition, it identifies and disseminates state-of-the-art information for the prevention of FASD and increases 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.

Most measures are administered by pencil and paper; see Attachment B for example NOMs forms.

Web-Based Data Entry Upload System: The DCAR 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 forms can be found in the "Tools" section of this website. Common forms 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 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 site). SAMHSA/CSAP's DCAR will be responsible for conducting logic checks on the data, and will 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; therefore, grantees cannot guarantee full cooperation on the part of participants. Historically, however, participant response rates across grantee sites have averaged 80%.

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 measures from existing databases. As a result, all are well-tested and proven useful; 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 Forms (Adult Community, Youth Community, Adult Program, Youth Program)