

DRAFT Block Grant Reporting Section

FY 2014

CFDA 93.958 (Mental Health)

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

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Section 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 State Fiscal Year (SFY) in the format provided in this guidance. The report will address the purposes for which the MHBG were expended, the recipients of grant funds, and the authorized activities conducted 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 are required to prepare and submit their respective reports utilizing SAMHSA's Web Block Grant Application System (BGAS). This report must be received by SAMHSA not later than December 1 in order for State or Jurisdiction to receive its next grant. 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
2014	04/01/2013	07/01/2013 - 06/30/2015	12/01/2013	Last Completed SFY
2015			12/01/2014	Last Completed SFY
2016	04/01/2015	07/01/2015 – 06/30/2017	12/01/2015	Last Completed SFY
2017			12/01/2016	Last Completed SFY

States are required to complete the Reporting Document. The reporting Document is comprised of the following sections:

Section B: Implementation Report - In this section, States 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 plan covering the last completed fiscal year.. The report should also include a brief review of areas that the State identified in that Block Grant Plan 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 Reports - In this section, States should provide information regarding expenditures for authorized activities and services for mental health.

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 MHBG 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 mental health services as well as any State- or Jurisdiction-selected performance indicators.

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B. Implementation Report

The information States entered into the performance indicator tables (Table 1) in the planning section of the 2014/2015 Community Mental Health Services Plan will automatically populate cells 1 – 6 in the progress report tables below. States are required to indicate whether each first-year performance target/outcome measurement identified in the 2014/2015 Plan was “Achieved” or “Not Achieved” (Cell 7. Report of Progress toward goal attainment), If a target was not achieved, a detailed explanation must be provided as well as the remedial steps proposed to meet the target.

Table 1 Priority Area and Annual Performance Indicators – Progress Report

1. Priority Area:	1. Priority Type (SAP, SAT, MHP, MHS):
3. Population(s) (SMI, SED, PWWDC, IVDUs, HIV EIS, TB, OTHER):	
4. Goal of the priority area:	
5. Strategies to attain the goal:	
6. Annual Performance Indicators to measure goal success:	
Indicator #1:	
a) Baseline measurement (Initial data collected prior to the first-year target/outcome):	
b) First-year target/outcome measurement (Progress – end of SFY 2014):	
c) Second-year target/outcome measurement (Final – end of SFY 2015):	
d) Data source:	
e) Description of data:	
f) Data issues/caveats that affect outcome measures:	
7. Report of Progress toward goal attainment:	
First-year target: _____ Achieved _____ Not Achieved (If not achieved, explain why.)	
----- Reason why target was not achieved, and changes proposed to meet target:	

C. State Agency Expenditure Reports

Mental Health Services Block Grant Spending

States and Jurisdictions should provide information regarding MHBG and State funds expended for authorized activities to prevent and treat mental illness during the last completed State fiscal year (SFY). Please complete the tables described below: **Please Note: Data for all tables contained in the Uniform Reporting System (URS) will continue to be submitted into the URS data base maintained by the URS Contractor.**

- Table 2 (URS Table 7). *State Agency Expenditure Report*. Table 2 provides information on Mental Health Expenditures and Sources of Funding. This includes funding from Medicaid, the MHBG, other federal funding sources, state, local and other funds.
- Table 3 *MHBG Expenditures By Service*. Table 3 is to be used to report MHBG expenditures by unduplicated individual and specific services.
- Table 4–*Set-aside for Children’s Mental Health Services*. This table provides a report of State-wide expenditures for children’s mental health services during the last completed State fiscal year (SFY).
- Table 5 (URS Table 8). *Profile Of Mental Health Block Grant Expenditures For Non-Direct Service Activities*. Table 6 is used to report expenditures of MHBG funds for non-direct service activities that are funded or conducted by the State Mental Health Authority during the last completed State fiscal year (SFY).
- Table 6 (URS Table 10). – *Statewide Entity Inventory*. This table provides reports payments to the recipients of MHBG funds including intermediaries, e.g., administrative service organizations, and other organizations which provided mental health services during the last completed State fiscal year.
- Table 7 - *Maintenance of Effort for State-wide Expenditures on Mental Health Services*. This table reports expenditures of all State-wide non-Federal expenditures for authorized activities to prevent and treat mental illness during the last completed State fiscal year (SFY).

Table 2 (URS Table 7): State Agency Expenditure Report

This table describes expenditures for public mental health services provided or funded by the State mental health agency by source of funding.

Table 2 State Agency Planned Expenditures							
(Include ONLY funds expended by the executive branch agency administering the SA Block Grants and/or the MH Block Grant*)							
Planning Period- From:				To:			
State Identifier:							
Source of Funds							
ACTIVITY (See instructions for using Row 1.)	A. Substance Abuse Block Grant	B. Mental Health Block Grant.	C. Medicaid (Federal, State, and local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State funds	F. Local funds (excluding local Medicaid)	G. Other
2. Substance Abuse Prevention* and Treatment			\$	\$	\$	\$	\$
a. Pregnant Women and Women with Dependent Children*			\$	\$	\$	\$	\$
b. All Other			\$	\$	\$	\$	\$
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. Total			\$	\$	\$	\$	\$

* Prevention other than primary prevention

** States may only use MH Block Grant funds to provide primary prevention services to the priority populations of adults with serious mental illness and children with serious emotional disturbance.

Table 3 : MH Block Grant Expenditures by Service

Table 3 MHBG Block Grant Expenditures by Service				
State Identifier:				
Report Period- From:		To:		
Service	Unduplicated Individuals	Unit Type	Unit Quantity	MHBG Expenditures
Prevention and Wellness				
Screening, Brief Intervention and Referral to Treatment (SBIRT)				
Brief Motivational Interviewing				
Screening and Brief Intervention for Tobacco Cessation				
Parent Training				
Facilitated Referral				
Relapse Prevention/Wellness Recovery Support				
Warm Line				
Engagement Services				
Assessment				
Specialized Evaluations				
Service Planning				
Consumer/Family Education				
Outreach				
Outpatient Services				
Individual Evidenced Based Therapies				
Group Therapy				
Family Therapy				
Multi-family counseling				
Consultation with Caregivers				
Medication Services				
Medication management				
Pharmacotherapy				
Laboratory Services				
Community Support Services				
Parent/Caregiver Support				
Skill Building				
Case management				
Continuing care				
Behavior management				
Supported employment				
Permanent supportive housing				
Recovery housing				
Therapeutic mentoring				
Traditional healing services				
Recovery Support Services				
Peer Support				
Recovery Support Coaching				
Recovery Support Center Services				
Supports for Self Directed Care				
Other Supports				

Table 3 MHBG Block Grant Expenditures by Service				
State Identifier:				
Report Period- From:		To:		
Service	Unduplicated Individuals	Unit Type	Unit Quantity	MHBG Expenditures
Personal care				
Homemaker				
Respite				
Supported education				
Transportation				
Assisted Living				
Recreational services				
Trained Behavioral Health Interpreters				
Interactive Communication Technology Devices				
Intensive Support Services				
Substance Abuse Intensive Outpatient (IOP)				
Partial hospital				
Assertive Community Treatment				
Intensive home based services				
Multi-systemic Therapy				
Intensive Case Management				
Out of Home Residential Services				
Crisis residential/stabilization				
Adult Substance Abuse Residential				
Adult Mental Health Residential				
Youth Substance Abuse Residential				
Children's Residential Mental Health				
Therapeutic foster care				
Acute Intensive Services				
Mobile crisis				
Peer based crisis services				
Urgent care				
23 hr. observation bed				
Inpatient detoxification				
24/7 crisis hotline				
Other (please list)				

Table 4 : Set-Aside for Children’s Mental Health Services

Table 4: State –wide Expenditures for Children’s Mental Health Services	
State Identifier:	
Report Period: From:	To:
Actual SFY 2008	Actual SFY 2014

States are required to not spend less than the amount expended in FY 2008. This is a change from the previous year, when the

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Table 5 (URS Table 8): Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities

This table is used to describe the use of MHBG funds for non-direct service activities that are sponsored, or conducted, by the State Mental Health Authority.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 5 Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities	
State Identifier:	
Report Period- From:	To:
Service	Expenditures
MHA Technical Assistance Activities	
MHA Planning Council Activities	
MHA Administration	
MHA Data Collection/Reporting	
MHA Activities Other Than Those Above	
Total Non-Direct Services	
Comments on Data:	

Table 6 (URS Table 10). Statewide Entity Inventory

Table 6 Statewide Entity Inventory															
State Identifier:															
Report Period- From:								To:							
								Source of Funds							
								SA Block Grant				MH 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	H
								Total 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 with serious mental illness	Children with a serious emotional disturbance	Non-Direct Service Activities
								\$	\$	\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$	\$	\$
Total								\$	\$	\$	\$	\$	\$	\$	\$

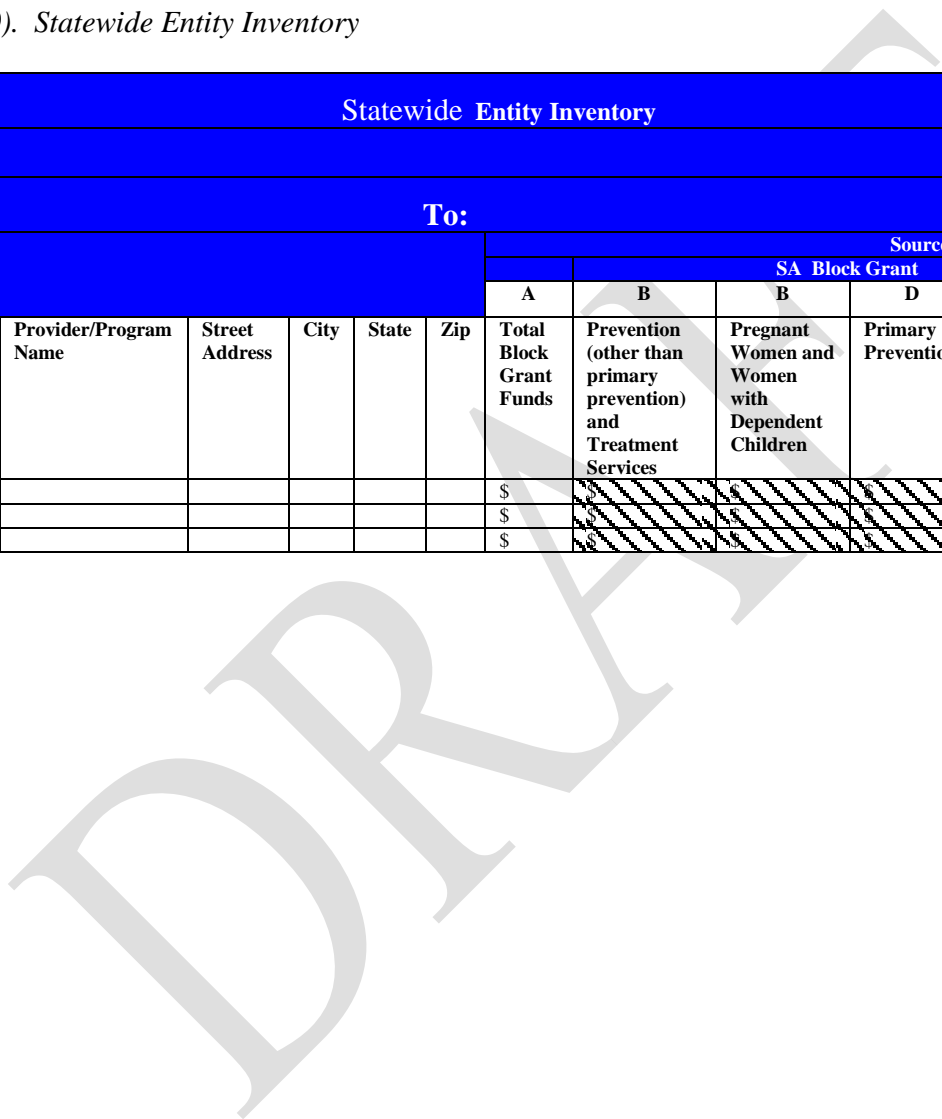


Table 7 Maintenance of Effort for State Expenditures on Mental Health Services

Table 7: Maintenance of Effort for State Expenditures on Mental Health Services		
State Identifier:		
Report Year:		
Total Expenditures for State _____		
Period	Expenditures	$\frac{B1 (2009) + B2 (2010)}{2}$
A	B	C
SFY 2011 (1)		
SFY 2012 (2)		
SFY 2013 (3)		

Are the expenditure amounts reported in Column B “actual” expenditures for the State fiscal years involved?

FY 2011 Yes _____ No _____
 FY 2012 Yes _____ No _____
 FY 2013 Yes _____ No _____

If estimated expenditures are provided, please indicate when “actual” expenditure data will be submitted to SAMHSA:

____/____/_____
 mm/dd/yyyy

baseline for the state expenditures was 199

D. Populations and Services Report

States are requested to provide information regarding individuals that are served by the state mental health authority for FY 2011 using Tables 11 through 15.

- Table 8A and 8b *Profile of Clients by Type of Funding Support*. Table 8A and 8B provides the number of Female and Male clients by race and by ethnicity that have: Medicaid Only, Non-Medicaid Sources, Both Medicaid and Non-Medicaid, and Status not available.
- Table 9 (URS Table 1). *Profile of the State Population by Diagnosis*. Table 9 provides the number of Adults with SMI and Children with SED in the reporting year and in three years forward.
- Table 10(URS Table 12) . *State Mental Health Agency Profile*. Table 10 provides the Populations covered in State hospitals and Community program in age categories; 0-3, 4-17 and 18 and above.
- Table 11A and 11B (URS Tables 2A and 2B) *Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity*. Tables 11A and 11B provide an aggregate profile of unduplicated persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. States are to provide this information on all programs by age, gender, race/ethnicity.
- Table 12 (URS Table 3). *Profile Of Persons Served In The Community Mental Health Settings, State Psychiatric Hospitals And Other Settings*. Table 12 provides an aggregate profile of unduplicated persons in the reporting year for services funded through the MHSBG. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the MHSBG. The client profile takes into account all institutional and community services for all such programs. States are to provide this information on all programs by age, gender, race/ethnicity.
- Tables 13A,13B and 13C (NEW, URS Tables 14A and 14B). *Profile of Persons With SMI/SED Served By Age, Gender And Race/Ethnicity*. Tables 13A, 13B and 13C request counts for persons with SMI or SED using the definitions provided by the CMHS. Tables 13A, 13B and 13C included individuals receiving services in programs provided or funded by the state mental health agency. These tables count only clients who meet the CMHS definition of SMI or SED. States should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definitions of SMI and SED and provide information in these tables describing your state's definition.
- Table 14 (URS Table 5). *Profile of Client Turnover*. Table 14 requests information regarding the profile of client turnover in various out of home settings (e.g. state hospitals, inpatient psychiatric hospitals, residential treatment centers). Information collected by this table requests admissions, discharges, and length of stay.

Table 8A. Profile of Clients by Type of Funding Support (URS Table 5A)

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Table 8A													
Report Period- From:													
To:													
State Identifier:													
	Total				American Indian or Alaska Native			Asian		Black or African American			
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
Medicaid (only Medicaid)													
Non-Medicaid Sources (only)													
People Served by Both Medicaid and Non-Medicaid Sources													
Medicaid Status Not Available													
Total Served													

Data Based on Medicaid Services

Data Based on Medicaid Eligibility, not Medicaid Paid Services

'People Served by Both' includes people with any Medicaid

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (Overall):	

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.

If a state is unable to unduplicate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

Table 8A (Con't)															
Report Period- From: To:															
State Identifier:															
	Native Hawaiian or Other Pacific Islander			White			Hispanic * <i>use only if data for Table 5b are not available.</i>			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
Medicaid (only Medicaid)															
Non- Medicaid Sources (only)															
People Served by Both Medicaid and Non- Medicaid Sources															
Medicaid Status Not Available															
Total Served															

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Table 8B. (URS Table 5B) Profile of Clients by Type of Funding Support

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 3A.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Table 8B.													
Report Period- From To:													
State Identifier:													
	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Unknown			Total			
	Female	Male	Not Available	Female	Mal	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Medicaid Only													
Non-Medicaid Only													
People Served by Both Medicaid and Non-Medicaid Sources													
Medicaid Status Unknown													
Total Served													
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (Overall):													

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

Table 9 (URS Table 1). Profile of the State Population by Diagnosis

This table summarizes the estimates of adults residing within the State with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two time periods, one for the report year and one for three years into the future. CMHS will provide this data to States based on the standardized methodology developed and published in the Federal Register and the State level estimates for both adults with SMI and children with SED.

Table 9		
Report Year:		
State Identifier:		
	Current Report Year	Three Years Forward
Adults with Serious Mental Illness (SMI)		
Children with Serious Emotional Disturbances (SED)		

Note: This Table will be completed for the States by CMHS.

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Table 10 (URS Table 11): State Mental Health Agency Profile

The purpose of this profile is to obtain information that provides a context for the data provided in the tables. This profile covers the populations served, services for which the state mental health agency is responsible, data reporting capacities, especially related to duplication of numbers served as well as certain summary administrative information.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 10	
Report Year:	
State Identifier:	

Populations Served

1 Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)

	Populations Covered			Included in Data	
	State Hospitals	Community Programs		State Hospitals	Community Programs
1. Aged 0 to 3	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
2. Aged 4 to 17	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
3. Adults Aged 18 and over	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
4. Forensics	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Comments on Data:					

2 Do all of the adults and children served through the state mental health agency meet the Federal definitions of serious mental illness and serious emotional disturbances?

- Serious Mental Illness**
- Serious Emotional Disturbances**

2.a. If no, please indicate the percentage of persons served for the reporting period who met the federal definitions of serious mental illness and serious emotional disturbance?

2.a.1 Percent of adults meeting Federal definition of SMI:

2.a.2 Percentage of children/adolescents meeting Federal definition of SED

3 Co-Occurring Mental Health and Substance Abuse:

3.a. What percentage of persons served by the SMHA for the reporting period have a dual diagnosis of mental illness and substance abuse?

- 3.a.1 Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem:
- 3.a.2 Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem:

3.b. What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children/adolescents with SED have a dual diagnosis of mental illness and substance abuse.

- 3.b.1 Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem:
- 3.b.2 Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:

3b.3 Please describe how you calculate and count the number of persons with co-occurring disorders

--

4 State Mental Health Agency Responsibilities

a. Medicaid: Does the State Mental Health Agency have any of the following responsibilities for mental health services provided through Medicaid? (Check All that Apply)

- 1. State Medicaid Operating Agency
- 2. Setting Standards
- 3. Quality Improvement/Program Compliance
- 4. Resolving Consumer Complaints
- 5. Licensing
- 6. Sanctions
- 7. Other

--

b. Managed Care (Mental Health Managed Care)

Are Data for these programs reported on URS Tables?

- 4.b.1 Does the State have a Medicaid Managed Care initiative? Yes Yes
- 4.b.2 Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care? Yes Yes

If yes, please check the responsibilities the SMHA has:

- 4.b.3 Direct contractual responsibility and oversight of the MCOs or BHOs Yes
- 4.b.4 Setting Standards for mental health services Yes
- 4.b.5 Coordination with state health and Medicaid agencies Yes
- 4.b.6 Resolving mental health consumer complaints Yes
- 4.b.7 Input in contract development Yes
- 4.b.8 Performance monitoring
- 4.b.9 Other

--

5 Data Reporting: Please describe the extent to which your information systems allows the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for Table 2, which requires unduplicated counts of clients served across your entire mental health system.

Are the data reporting in the tables?

- 5.a. **Unduplicated**: counted once even if they were served in both State hospitals and community programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas.
- 5.b. **Duplicated**: across state hospital and community programs
- 5.c. **Duplicated**: within community programs
- 5.d. **Duplicated**: Between Child and Adult Agencies
- 5.e. **Plans for Unduplication**: If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to get unduplicated client counts by the end of your Data Infrastructure Grant.

6 Summary Administrative Data

6.a. Report Year				
6.b. State Identifier				
<i>Summary Information on Data Submitted by SMHA:</i>				
6.c. Year being reported: From:		to		
6.d. Person Responsible for Submission				
6.e. Contact Phone Number:				
6.f. Contact Address				
6.g. E-mail:				

Table 11A (URS Table 2A). Profile of Persons Served, All Programs by Age, Gender, Race

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 11A.													
Report Year:													
State Identifier:													
	Total				American Indian or Alaska Native			Asian			Black or African American		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-17 years													
18-24 years													
25-44 years													
45-64 years													
65+ years													
Total													
Pregnant Women													
Are these numbers unduplicated?													
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (for Race/Ethnicity):													
Comments on Data (Overall):													

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Table 11A.															
Report Year:															
State Identifier:															
	Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for Table 13b are not available.			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-17 years															
18-24 years															
25-44 years															
45-64 years															
65+ years															
Total															
Pregnant Women															

Table 11B (URS Table 2B). Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 2A.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 11B.													
Report Year:													
State Identifier:													
	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-17 years													
18-24 years													
25-44 years													
45-64 years													
65+ years													
Total													
Pregnant Women													
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (for Ethnicity):													
Comments on Data (Overall):													

Table 12 (URS Table 3). Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and Other Settings

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

Table 12												
Report Year:												
State Identifier:												
Table 13 Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
Community Mental Health Programs												
State Psychiatric Hospitals												
Other Psychiatric Inpatient												
Residential Treatment Centers												

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Table 12 (cont.) Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and Other Settings

Table 12							
Report Year:							
State Identifier:							
Table 12 Service Setting	Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs							
State Psychiatric Hospitals							
Other Psychiatric Inpatient							
Residential Treatment Centers							
Comments on Data (for Age):							
Comments on Data (for Gender):							
Comments on Data (Overall):							

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Instructions:

- 1 States that have county psychiatric hospitals that serves as surrogate state hospitals should report persons served in such settings as receiving services in state hospitals.
- 2 If forensic hospitals are part of the state mental health agency system include them.
- 3 Persons who receive non-inpatient care in state psychiatric hospitals should be included in the Community MH Program Row
- 4 Persons who receive inpatient psychiatric care through a private provider or medical provider licensed and/or contracted through the SMHA should be counted in the "Other Psychiatric Inpatient" row. Persons who receive Medicaid funded inpatient services through a provider that is not licensed or contracted by the SMHA should not be counted here.
- 5 A person who is served in both community settings and inpatient settings should be included in both rows
RTC: CMHS has a standardized definition of RTC for Children: "An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth primarily 17 years old and younger. It has a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's degree or doctorate. The primary reason for the admission of the clients is mental illness that can be classified by DSM-IV codes-other than the codes for mental retardation, developmental disorders, and substance-related disorders such as drug abuse and alcoholism (unless these are co-occurring with a mental illness)."
- 6

Table 13A (NEW) Profile of Persons with SMI/SED Served by Age, Gender and Race/Ethnicity

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 13A									
Report Year:									
State Identifier:									
	Age 0-17			Age 18-20			Age 21-64		
Table 13A Service Setting	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
Community Mental Health Programs									
State Psychiatric Hospitals									
Other Psychiatric Inpatient									
Residential Treatment Centers									

(continued on next page)

Table 13A (cont.) Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and Other Settings

Table 13A										
Report Year:										
State Identifier:										
Table 13A Service Setting	Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs										
State Psychiatric Hospitals										
Other Psychiatric Inpatient										
Residential Treatment Centers										
Comments on Data (for Age):										
Comments on Data (for Gender):										
Comments on Data (Overall):										

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Data Based on Medicaid Services Data Based on Medicaid Eligibility, not Medicaid Paid Services 'People Served by Both' includes people with any Medicaid

Instructions:

- 1 States that have county psychiatric hospitals that serve as surrogate state hospitals should report persons served in such settings as receiving services in state hospitals.
- 2 If forensic hospitals are part of the state mental health agency system include them.
- 3 Persons who receive non-inpatient care in state psychiatric hospitals should be included in the Community MH Program Row
- 4 Persons who receive inpatient psychiatric care through a private provider or medical provider licensed and/or contracted through the SMHA should be counted in the "Other Psychiatric Inpatient" row.
- 5 Persons who receive Medicaid funded inpatient services through a provider that is not licensed or contracted by the SMHA should not be counted here.
- 6 A person who is served in both community settings and inpatient settings should be included in both rows
 RTC: CMHS has a standardized definition of RTC for Children: "An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth primarily 17 years old and younger. It has a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's degree or doctorate. The primary reason for the admission of the clients is mental illness that can be classified by DSM-IV codes-other than the codes for mental retardation, developmental disorders, and substance-related disorders such as drug abuse and alcoholism (unless these are co-occurring with a mental illness)."

Table 13B (URS Table 14A). Profile of Persons with SM/SED served by Age, Gender and Race

This is a developmental table similar to Table 11 (URS Table 2A. and 2B). This table requests counts for persons with SMI or SED using the definitions provided by the CMHS. Table 11A and 11B (URS Table 2A. and 2B). included all clients served by publicly operated or funded programs. This table counts only clients who meet the CMHS definition of SMI or SED. For many states, this table may be the same as Tables 11 A and B (URS Table 2A. and 2B). For 2013, states should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definitions of SMI and SED and provide information below describing your state's definition.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 13B																
Report Year:																
State Identifier:																
	Total				American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 Years																
13-17 years																
18-20 years																
21-64 years																
65-74 years																
75+ years																
Not Available																
Total																
Comments on Data (for Age):																
Comments on Data (for Gender):																
Comments on Data (for Race/Ethnicity):																
Comments on Data (Overall):																

(continued on next page)

Table 13B.
 Report Year:
 State Identifier:

	White			Hispanic *use only if data for Table 14b are not available			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available				Female	Male	Not Available	Female	Male	Not Available
0-12 Years												
13-17 years												
18-20 years												
21-64 years												
65-74 years												
75+ years												
Not Available												
Total												

1. State Definitions Match the Federal Definitions:

- Yes No Adults with SMI, if No describe or attach state definition:
- Yes No Diagnoses included in state SMI definition:
- Yes No Children with SED, if No describe or attach state definition:
- Yes No Diagnoses included in State SED definition:

Table 13C (URS Table 14B). Profile of Persons with SMI/SED served by Age, Gender and Ethnicity

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in Table 14A.

Please report the data under the categories listed - "Total" are calculated automatically.

Table 13C													
Report Year:													
State Identifier:													
	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0 - 12 Years													
13 - 17 years													
18 - 20 years													
21-64 years													
65-74 years													
75+ years													
Not Available													
Total													
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (for Race/Ethnicity):													
Comments on Data (Overall):													

Table 14 (URS Table 5): Profile of Client Turnover

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 14.									
Report Year:									
State Identifier:									
Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for Less Than 1 Year: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
State Hospitals									
Children (0 to 17 years)									
Adults (18 yrs and over)									
Age Not Available									
Other Psychiatric Inpatient									
Children (0 to 17 years)									
Adults (18 yrs and over)									
Age Not Available									
Residential Tx Centers									
Children (0 to 17 years)									
Adults (18 yrs and over)									
Age Not Available									
Community Programs									
Children (0 to 17 years)									
Adults (18 yrs and over)									
Age Not Available									
Comments on Data (State Hospital):									
Comments on Data (Other Inpatient):									
Comments on Data (Residential Treatment):									
Comments on Data (Community Programs):									
Comments on Data (Overall):									

E. Performance Data and Outcomes

- Table 15 (URS Table 17). *Profile of Adults with Serious Mental Illnesses Receiving Specific Services During the Year*. Table 15 provides the number of unduplicated Adults with SMI receiving family psychoeducation, integrated treatment for co-occurring disorders, illness self-management and medication management.
- Table 16A (URS Table 4). *Profile of Adult Clients By Employment Status*. Table 16A describes the status of adults clients served in the report year by the public mental health system in terms of employment status. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or who homemakers, care-givers, are etc and not a part of the workforce. These persons should be reported in the “Not in Labor Force” category. This category has two subcategories: retired and other. (The totals of these two categories should equal the number in the row for “Not in Labor Force”). Unemployed refers to persons who are looking for work but have not found employment. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.
- Table 16B (URS Table 4A). *Profile Of Adult Clients By Employment Status: By Primary Diagnosis Reported*. Table 16B request information on the status of adult clients served in the report year by the public mental health system in terms of employment status by primary diagnosis reported.
- Table 17 (URS Table 15). *Living Situation Profile*. Table 17 requests information regarding the number of Individuals in Each Living Situation as collected by the most recent assessment in the reporting period. Specifically, information is collected on the individual’s last known living situation. Living situations include, but are not limited to: private residence, foster care, residential care, jail/correctional facility, homeless shelter and other.
- Table 18 (URS Table 19B). *Profile of Change in School Attendance*. Table 18 measures the change in days attended over time. Information requested includes information on suspensions, expelled, and changes in the school attendance.
- Table 19 (URS Table 9). *Social Connectedness and Improved Functioning*. Table 19 requests states to provide information for youth and adults regarding Social Connectedness. In addition, States are requested to provide information on functional domains that provide a general sense of an individual’s ability to develop and maintain relationships, cope with challenges and a sense of community belonging.
- Table 20A (URS Table 11). *Summary Profile of Client Evaluation of Care*. Table 20A requests information that evaluates the “experience” of care for individuals that participate in the public mental health system. Specifically, the evaluation focuses on several areas including: access, quality and the appropriateness of services, participation in treatment planning and general satisfaction with services. Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.
- Table 20B (URS Table 11A). *Consumer Evaluation of Care By Consumer Characteristics: Race/Ethnicity*.
- Table 21 (URS Table 19A). *Profile Of Criminal Justice Or Juvenile Justice Involvement*. Table 21 requests information to measure the change in Arrests over time.
- Table 22 (URS Table 16). *Profile of Adults With Serious Mental Illnesses And Children With Serious Emotional Disturbances Receiving Specific Services*. Table 22 requests information

regarding the number and demographics of individuals that are receiving specific evidenced-based services. In addition, the table requests information on if and how states monitor the fidelity for the evidenced based services.

- Table 23A (URS Table 20A). *Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge.* Table 23A provides the total number of discharges within the year, the number of readmissions within 30-days and 180-days and the percent readmitted by age, gender, race, and ethnicity.
- Table 23B (URS Table 20B). *Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge.* Table 23B provides the total number of discharges within the year, the number of readmissions within 30-days and 180-days and the percent readmitted by age, gender, race, and ethnicity.
- Table 24 (URS Table 21). *Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge* This Table provides the total number of discharges from inpatient care units w/I the year, the number of readmissions w/I 30-days and 180-days and the percent readmitted by age, gender, race, and ethnicity.

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Table 15 (URS Table 17): Profile of Adults with Serious Mental Illnesses Receiving Specific Services During The Year:

Table 15								
Report Year:								
State Identifier:								
ADULTS WITH SERIOUS MENTAL ILLNESS								
	Receiving Family Psychoeducation		Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)		Receiving Illness Self Management		Receiving Medication Management	
Age								
18-20								
21-64								
65-74								
75+								
Not Available								
TOTAL								
Gender								
Female								
Male								
Not Available								
Race								
American Indian/ Alaska Native								
Asian								
Black/African American								
Hawaiian/Pacific Islander								
White								
Hispanic*								
More than one race								
Unknown								
Hispanic/Latino Origin								
Hispanic/Latino Origin								
Non Hispanic/Latino								
Hispanic origin not available								
Do You monitor fidelity for this service?								
	Yes	No	Yes	No	Yes	No	Yes	No
IF YES,								
What fidelity measure do you use?								
Who measures fidelity?								
How often is fidelity measured?								
	Yes	No	Yes	No	Yes	No	Yes	No
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?								
Have staff been specifically trained to implement the EBP?								

	* Hispanic is part of the total served.		
Comments on Data (overall):			
Comments on Data (Family Psychoeducation):			
Comments on Data (Integrated Treatment for Co-occurring Disorders):			
Comments on Data (Illness Self Management):			
Comments on Data (Medication Management):			
* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available			

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Table 16A (URS Table 4) Profile of Adult Clients by Employment Status

This table describes the status of adults clients served in the report year by the public mental health system in terms of employment status. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or who are homemakers, care-givers, etc and not a part of the workforce. These persons should be reported in the "Not in Labor Force" category. This category has two subcategories: retired and other. (The totals of these two categories should equal the number in the row for "Not in Labor Force"). Unemployed refers to persons who are looking for work but have not found employment. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 16 A																
Report Year:																
State Identifier:																
	18-20			21-64			65+			Age Not Available			Total			
Adults Served	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)																
Unemployed																
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)																
Not Available																
Total																

How Often Does your State Measure Employment Status?

What populations are included:

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (Overall):	

Table 16B (URS Table 4A) Optional Profile of Adult Clients by Employment Status: by Primary Diagnosis Reported

The workgroup exploring employment found that the primary diagnosis of consumers results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 16B					
Report Year:					
State Identifier:					
Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (295)					
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)					
Other Psychoses (297, 298)					
All Other Diagnoses					
No Dx and Deferred DX (799.9, V71.09)					
Diagnosis Total					
Comments on Data (for Diagnosis):					

Table 17 (URS Table 15). Living Situation Profile:

**Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period
All Mental Health Programs by Age, Gender, and Race/Ethnicity**

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 18											
Report Year:											
State Identifier:											
	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail/ Correctional Facility	Homeless/ Shelter	Other	NA	Total
0-17											
18-64											
65 +											
Not Available											
TOTAL											
Female											
Male											
Not Available											
TOTAL											
American Indian/Alaska Native											
Asian											
Black/African American											
Hawaiian/Pacific Islander											
White/Caucasian											
Hispanic *											
More than One Race Reported											
Race/Ethnicity Not Available											
TOTAL											

(continued on next page)

Table 17 (cont.) Living Situation Profile:

**Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period
All Mental Health Programs by Age, Gender, and Race/Ethnicity**

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

Table 17											
Report Year:											
State Identifier:											
	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail/ Correctional Facility	Homeless/ Shelter	Other	NA	Total
Hispanic or Latino Origin											
Non Hispanic or Latino Origin											
Hispanic or Latino Origin Not Available											
TOTAL											
Comments on Data:											

How Often Does your State Measure Living Situation?

- At Admission
 At Discharge
 Monthly
 Quarterly
 Other: describe: _____

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as an Ethnic Origin are not available

Table 18 (URS Table 19B). Profile of Change in School Attendance

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

1. This is a developmental measure. To assist in the development process, we are asking states to report information on the school attendance outcomes of mental health consumers with their December 20137 MHBG submission.
2. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer Self-Report items on School Attendance, you may report them here.
3. If your SMHA has data on School Attendance from alternatives sources, you may also report that here. If you only have data for School attendance for consumers in this year, please report that in the T2 columns. If you can calculate the change in Attendance from T1 to T2, please use all these columns.
4. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
5. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

Table 18. Profile of Change in School Attendance

State:			Time period in which services were received:														
For Consumers in Service for at least 12 months																	
T1			T2			T1 to T2 Change						Impact of Services					
"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Over the last 12 months, the number of days my child was in school have					
# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No response	Total Responses
Total																	
Gender																	
Male																	
Female																	
Gender NA																	
Age																	
Under 18																	

Table 18. Profile of Change in School Attendance (Con't) –

For Consumers Who Began Mental Health Services during the past 12 months

	T1			T2			T1 to T2 Change						Impact of Services					Total Responses	
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Since starting to receive MH Services, the number of days my child was in school have						
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No response		
Total																			
Gender																			
Male																			
Female																			
Gender NA																			
Age																			
Under 18																			
<i>See Page 2 for additional Questions about the source of this data.</i>																			
Source of School Attendance Information	1) Consumer survey (recommended items)			2) Other Survey: Please send us items						3) Mental health MIS									
	4) State Education Department			5) Local Schools/Education Agencies						6) Other (specify)									
Measure of School Attendance	1) School Attendance			2) Other: (Specify)															
Mental health programs include:	1) Children with SED only			2) Other Children (specify)						3) Both.									
Region for which data are reported:	1) The whole state			2) Less than the whole state (please describe)															
What is the Total Number of Persons Surveyed or for whom School Attendance Data Are Reported																			
Child/Adolescents																			
1. If data is from a survey, What is the total Number of people from which the sample was drawn?																			
2. What was your sample size? (How many individuals were selected for the sample)?																			
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)																			
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were data available for?																			
5. What was your response rate? (number of Completed surveys divided by number of Contacts):																			
State Comments/Notes																			

Table 19 (URS Table 9): SOCIAL CONNECTEDNESS AND IMPROVED FUNCTIONING

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 19: NOMS Social Connectedness & Functioning			
Report Year (Year Survey was Conducted):			
State Identifier:			
Adult Consumer Survey Results:	Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness			
2. Functioning			
Child/Adolescent Consumer Survey Results:			
	Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness			
4. Functioning			
Comments on Data:			

Adult Social Connectedness and Functioning Measures

- 1. Did you use the recommended new Social Connectedness Questions? Yes No _____ Measure used
- 2. Did you use the recommended new Functioning Domain Questions? Yes No _____ Measure used
- 3. Did you collect these as part of your MHSIP Adult Consumer Survey? Yes No
 If No, what source did you use? _____

Child/Family Social Connectedness and Functioning Measures

- 4. Did you use the recommended new Social Connectedness Questions? Yes No _____ Measure used
- 5. Did you use the recommended new Functioning Domain Questions? Yes No _____ Measure used
- 6. Did you collect these as part of your YSS-F Survey? Yes No
 If No, what source did you use? _____

Recommended Scoring Rules

*Please use the same rules for reporting Social connectedness and Functioning Domain scores as for calculating other Consumer Survey Domain scores for **Table 11: E.g.***

1. Recode ratings of “not applicable” as missing values.
2. Exclude respondents with more than 1/3rd of the items **in that domain missing**.
3. Calculate the mean of the items for each respondent.
4. FOR ADULTS: calculate the percent of scores less than 2.5. (percent agree and strongly agree).
5. FOR YSS-F: calculate the percent of scores greater than 3.5. (percent agree and strongly agree).

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Items to Score in the Functioning Domain:

Adult MHSIP Functioning Domain:

- 1 I do things that are more meaningful to me.
- 2 I am better able to take care of my needs.
- 3 I am better able to handle things when they go wrong.
- 4 I am better able to do things that I want to do.
- 5 My Symptoms are not bothering me as much (this question already is part of the MHSIP Adult Survey)

YSS-F Functioning Domain Items:

- 1 My child is better able to do things he or she wants to do.
- 2 My child is better at handling daily life. (existing YSS-F Survey item)
- 3 My child gets along better with family members. (existing YSS-F Survey item)
- 4 My child gets along better with friends and other people. (existing YSS-F Survey item)
- 5 My child is doing better in school and/or work. (existing YSS-F Survey item)
- 6 My child is better able to cope when things go wrong. (existing YSS-F Survey item)

Items to Score in the Social Connectedness Domain:

Adult MHSIP Social Connectedness Domain:

- 1 I am happy with the friendships I have.
- 2 I have people with whom I can do enjoyable things.
- 3 I feel I belong in my community.
- 4 In a crisis, I would have the support I need from family or friends.

YSS-F Social Connectedness Domain Items:

- 1 I know people who will listen and understand me when I need to talk
- 2 I have people that I am comfortable talking with about my child's problems.
- 3 In a crisis, I would have the support I need from family or friends.
- 4 I have people with whom I can do enjoyable things

Table 20A (URS Table 11): Summary Profile of Client Evaluation of Care

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 20A			
Report Year (Year Survey was Conducted):			
State Identifier:			
Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.			
2. Reporting Positively About Quality and Appropriateness for Adults			
3. Reporting Positively About Outcomes.			
4. Adults Reporting on Participation In Treatment Planning.			
5. Adults Positively about General Satisfaction with Services.			
Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.			
2. Reporting Positively about General Satisfaction for Children.			
3. Reporting Positively about Outcomes for Children.			
4. Family Members Reporting on Participation In Treatment Planning for their Children			
5. Family Members Reporting High Cultural Sensitivity of Staff.			
Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.			
* Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.			
Comments on Data:			

Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used?

1.a. If no, which version:

- 1. Original 40 Item Version
- 2. 21-Item Version
- 3. State Variation of MHSIP
- 4. Other Consumer Survey

1.b. If other, please attach instrument used.

1.c. Did you use any translations of the MHSIP into another language?

2. Other Language:

Adult Survey Approach:

2. Populations covered in survey? (Note all surveys should cover all regions of state)

2.a. If a sample was used, what sample methodology was used?

4. Other Sample:

Adult Consumer Surveys (Continued)

2.b Do you survey only people currently in services, or do you also Survey Persons no longer in service?

3. Please Describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.)

3.4 Other: describe: (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone		
Mail		
Face-to-face		
Web-Based		

4.b. Who administered the Survey? (Check all that apply)

6. Other: describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

6. Sample Size and Response Rate

6a. How many Surveys were Attempted (sent out or calls initiated)?

6.b How many survey Contacts were made? (surveys to valid phone numbers or addresses)

6.c How many surveys were completed? (survey forms returned or calls completed)

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these survey's as "completed" for the calculation of response rates?

7. Who Conducted the Survey

7.a. SMHA Conducted or contracted for the Survey (survey done at state level)

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)

7.c. Other: Describe:

* Report Confidence Intervals at the 95% confidence level

Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer. The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level. When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. (From www.surveysystem.com)

Child/Family Consumer Surveys

1. Was the MHSIP Children/Family Survey (YSS-F) Used?
 If No, what survey did you use?

If no, please attach instrument used.

1.c. Did you use any translations of the Child MHSIP into another language?
 2. Other Language:

Child Survey Approach:

2. Populations covered in survey? (Note all surveys should cover all regions of state)

2.a. If a sample was used, what sample methodology was used?

4. Other Sample:

2.b Do you survey only people currently in services, or do you also Survey Persons no longer in service?

2a. If yes to 2, please describe how your survey persons no longer receiving services.

3. Please Describe the populations included in your sample: (e.g., all children, only children with SED, etc.)

3.4 Other: describe: (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	<input type="checkbox"/>	<input type="checkbox"/>
Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Face-to-face	<input type="checkbox"/>	<input type="checkbox"/>
Web-based	<input type="checkbox"/>	<input type="checkbox"/>

4.b. Who administered the Survey? (Check all that apply)

6. Other: describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

6. Sample Size and Response Rate

6a. How many Surveys were Attempted (sent out or calls initiated)?

6.b How many survey Contacts were made? (surveys to valid phone numbers or addresses)

6.c How many surveys were completed? (survey forms returned or calls completed)

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these survey's as "completed" for the calculation of response rates?

7. Who Conducted the Survey

7.a. SMHA Conducted or contracted for the Survey (survey done at state level)

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)

7.c. Other: Describe:

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Table 20b: Consumer- Evaluation of Care by Consumer- Characteristics: (Optional Table by Race/Ethnicity.)

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table: 20b.																			
Report Year:																			
State Identifier:																			
Adult Consumer Survey Results:																			
*State used the 2 question version for Hispanic Origin												<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Please check appropriate box on the left. The "Totals" formula will automatically will adjust to account for which method your state use to ask about Hispanic Origin/Status</i>					
Indicators		Total		Alaska Native		Asian		American		Other Pacific Islander		White		Reported		Other/Not Available		Hispanic Origin*	
Survey Results:	#Positive	Responses	#Positive	Responses	# Positive	Responses	#Positive	Responses	#Positive	Responses	#Positive	Responses	#Positive	Responses	#Positive	Responses	#Positive	Responses	
1. Reporting Positively About Access:																			
2. Reporting Positively About Quality and Appropriateness																			
3. Reporting Positively About Outcomes																			
4. Reporting Positively about Participation in Treatment Planning																			
5. Reporting Positively about General Satisfaction																			
6. Social Connectedness																			
7. Functioning																			
Child/Adolescent Family Survey Results:																			
*State used the 2 question version for Hispanic Origin												<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Please check appropriate box on the left. The "Totals" formula will automatically will adjust to account for which method your state use to ask about Hispanic Origin/Status</i>					
Indicators		Total		Alaska Native		Asian		American		Other Pacific Islander		White		Reported		Other/Not Available		Hispanic Origin*	
Child Adolescent Family Survey Results:	#Positive	Responses	#Positive	Responses	# Positive	Responses	#Positive	Responses	#Positive	Responses	#Positive	Responses	#Positive	Responses	#Positive	Responses	#Positive	Responses	
Reporting Positively About Access:																			
2. Reporting Positively About Quality and Appropriateness																			
3. Reporting Positively About Outcomes																			
4. Reporting Positively about Participation in Treatment Planning for their Children																			
5. Reporting Positively about Cultural Sensitivity of Staff																			
6. Social Connectedness																			
7. Functioning																			
Comments Data:																			

Please enter the number of persons responding positively to the questions and the number of total responses withIn each group. Percent positive will be calculated from this data.

Table 21. Profile of Criminal Justice of Juvenile Justice Involvement:

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

1. This is a developmental measure. To assist in the development process we are asking states to report information on the arrest histories of mental health consumers with their December 2007 MHBG submission
2. The SAMHSA National Outcome Measure for Criminal Justice measures the change in Arrest overtime. The DIG Outcome Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your states has used the 3 Consumer self-report items on criminal justice, you may report them here.
3. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.
4. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete the table.
5. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MS question; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are required).

Table 21. Profile of Adults Criminal Justice and Youth Juvenile Justice Contracts

State: _____ Time Period in which Services was received: _____		T1												T2			T1 to T2 Change			Assessment of the Impact of Services			
For Consumers in Service for at least 12 months		"T1" Prior 12 Months (more than 1 year ago)						"T2" Most Recent 12 Months (this year)						If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Over the last 12 Months, my encounters with the police have:			
		Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest in T2	No Response	# with an Arrest in T2	# with No Arrest in T2	No Response	# reduced fewer encounters	# stayed the same	# increased	# Not Applicable	No Response	Total Responses				
Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Total Children/Youth (under age 18)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Male																							
Female																							
Gender NA																							
Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Male																							
Female																							
Gender NA																							

State: _____ Time Period in which Services was received: _____		T1												T2			T1 to T2 Change			Assessment of the Impact of Services			
For Consumers Who Began Mental Health Services during the past 12 months		"T1" Prior 12 Months (more than 1 year ago)						"T2" Most Recent 12 Months (this year)						If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Over the last 12 Months, my encounters with the police have:			
		Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest in T2	No Response	# with an Arrest in T2	# with No Arrest in T2	No Response	# reduced fewer encounters	# stayed the same	# increased	# Not Applicable	No Response	Total Responses				
Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Total Children/Youth (under age 18)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Male																							
Female																							
Gender NA																							
Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Male																							
Female																							
Gender NA																							

See Page 2 for additional Questions about the source of this data.

Please Describe the Sources of your Criminal Justice Data.

Sources of adult criminal justice information:

1) Consumer survey (recommended questions) 2) Offer Consumer Survey: Please send copy of questions 3) Mental health MS

4) State criminal justice agency 5) Local criminal justice agency 6) Other (specify) _____

Sources of children/youth criminal justice information:

1) Consumer survey (recommended questions) 2) Offer Consumer Survey: Please send copy of questions 3) Mental health MS

4) State criminal justice agency 5) Local criminal justice agency 6) Other (specify) _____

Measure of adult criminal justice involvement: 1) Arrest 2) Other: (Specify) _____

Measure of children/youth criminal justice involvement: 1) Arrest 2) Other: (Specify) _____

Mental health programs included

1) Adults with SMI Only 2) Other adults 3) Both (all adults)

1) Children with SED only 2) Other children 3) Both (all children)

Region for which adult data are reported: 1) The whole state 2) Less than the whole state (please describe) _____

Region for which children/youth data are reported: 1) The whole state 2) Less than the whole state (please describe) _____

What is the total number of Persons Surveyed or for whom Criminal Justice Data Are Reported?

	Child/Adolescent	Adults
1. If data from a survey, What is the total Number of people from which the sample was drawn?		
2. What was your sample size? (How many individuals were selected for the sample?)		
3. How many survey Contacts were made? (Surveys to valid phone numbers or address?)		
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a survey, How many persons were CJ data available for?		
5. What was your response rate? (number of Completed surveys divided by number of contacts):		

State Comments/Notes: _____

Instructions:

If you have responses to a survey by person not in the expected age group, you should include those responses with other responses from the survey. e.g. If a 16 or 17 year old responds to the Adult MHSIP, please include their responses in the Adult categories (since that was the survey they used).

Table 22: Profile of Adults with Serious Mental Illness and Children with Serious Emotional Disturbances Receiving Specific Services
PLEASE DO NOT ADD, DELETE, OR MOVE ROWS, COLUMNS, AND/OR CELLS!

Table 22								
Report Year:								
State Identifier								
	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N – Adults with SMI served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N – Children with SED
Age								
0-12								
13-17								
18-20								
21-64								
65-74								
75+								
Not Available								
TOTAL	0	0	0	0	0	0	0	0

Gender								
Female								
Male								
Not Available								

Race/Ethnicity								
American Indian/Alaska Native								
Asian								
Black/African American								
Hawaiian/Pacific Islander								
White								
Hispanic*								
More than one race								
Not Available								

Hispanic/Latino Origin								
Hispanic/Latino Origin								
Non Hispanic/Latino								
Not Available								

Do You monitor fidelity for this service?	Yes / No <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No <input type="checkbox"/> Yes <input type="checkbox"/> No		Yes / No <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, What fidelity measure do you use? Who Measures fidelity? How often is fidelity Measured?								
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	Yes / No <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No <input type="checkbox"/> Yes <input type="checkbox"/> No		Yes / No <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have staff been specifically trained to implement the EBP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Hispanic is part of the total served. Yes No

Comments on Data (overall):	
Comments on Data (Support Housing):	
Comments on Data (Supported Employment):	
Comments on Data (Assertive Community Treatment):	
Comments on Data (Therapeutic Foster Care):	
Comments on Data (Multi-Systemic Therapy):	
Comments on Data (Family Functional Therapy):	

*Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Table 23A (URS Table 20A). Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

Table 23A.					
Report Year:					
State Identifier:					
	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	0	0	0		
Age					
0-12					
13-17					
18-20					
21-64					
65-74					
75+					
Not Available					
Gender					
Female					
Male					
Gender Not Available					
Race					
American Indian/ Alaska Native					
Asian					
Black/African American					
Hawaiian/Pacific Islander					
White					
Hispanic*					
More than one race					
Race Not Available					
Hispanic/Latino Origin					
Hispanic/Latino Origin					
Non Hispanic/Latino					
Hispanic/Latino Origin Not Available					
Are Forensic Patients Included?					
Comments on Data:					
* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available					

Table 23B (URS Table 20B). Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

Table 23B.					
Report Year:					
State Identifier:					
	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	0	0	0		
Age					
0-12					
13-17					
18-20					
21-64					
65-74					
75+					
Not Available					
Gender					
Female					
Male					
Gender Not Available					
Race					
American Indian/ Alaska Native					
Asian					
Black/African American					
Hawaiian/Pacific Islander					
White					
Hispanic*					
More than one race					
Race Not Available					
Hispanic/Latino Origin					
Hispanic/Latino Origin					
Non Hispanic/Latino					
Hispanic/Latino Origin Not Available					
Comments on Data:					
* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available					

Table 24 (URS Table 21). Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) Within 30/180 Days of Discharge

Table 24.					
Report Year:					
State Identifier:					
	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	0	0	0		
Age					
0-12					
13-17					
18-20					
21-64					
65-74					
75+					
Not Available					
Gender					
Female					
Male					
Gender Not Available					
Race					
American Indian/ Alaska Native					
Asian					
Black/African American					
Hawaiian/Pacific Islander					
White					
Hispanic*					
More than one race					
Race Not Available					
Hispanic/Latino Origin					
Hispanic/Latino Origin					
Non Hispanic/Latino					
Hispanic/Latino Origin Not Available					
1. Does this table include readmission from state psychiatric hospitals?					
2. Are Forensic Patients Included?					
Comments on Data:					
* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available					

Block Grant Reporting Section

FY 2014

CFDA 93.959 (Substance Abuse Prevention and
Treatment)

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Section 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 an Annual Report that includes expenditure summaries for the last completed State fiscal year (SFY) and the Substance Abuse Prevention and Treatment Block Grant (SABG) award subject to CSAT compliance review (Compliance Award) in the format provided in this guidance. The Annual Report will address the purposes for which the SABG funds were expended, the recipients of grant funds, and the authorized activities funded 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 Annual Reports utilizing SAMHSA's Web Block Grant Application System (BGAS). Annual Reports must be received by SAMHSA not later than December 1 in order for State or Jurisdiction to receive its next SAPT Block grant award. 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:

Application for Federal fiscal year	Plan Receipt Date	Planning Period	Report Receipt Date	Compliance with Federal fiscal year award
2014	04/01/2013	07/01/2013 -06/30/2015	12/01/2013	FY 2011
2015			12/01/2014	FY 2012
2016	04/01/2015	07/01/2015 – 06/30/2017	12/01/2015	FY 2013
2017			12/01/2016	FY 2014

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

Section B: Annual Update - 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 plan covering the last completed State fiscal year. The report should also include a brief review of areas that the State and Jurisdiction identified in that Block Grant plan 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 Reports - In this section, States should provide information regarding expenditures for authorized activities and services for substance abuse prevention and substance abuse treatment. States should provide a description of SABG 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 SABG expenditures for early intervention services for HIV. In addition, States and Jurisdictions should identify the SABG expenditures made available to intermediaries, administrative service organizations, and community- and faith-based organizations who received amounts from the SABG to provide authorized activities to prevent and treat substance abuse

Section D: Populations and Services Reports - In this section, States and Jurisdictions must provide specific information regarding the number of individuals that were served with SABG 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.

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B. Annual Update

The information States entered into the performance indicator tables (Table 1) in the planning section of the 2014/2015 Substance Abuse Treatment and Plan will automatically populate cells 1 – 6 in the progress report tables below. States are required to indicate whether each first-year performance target/outcome measurement identified in the 2014/2015 Plan was “Achieved” or “Not Achieved” (Cell 7. Report of Progress toward goal attainment), If a target was not achieved, a detailed explanation must be provided as well as the remedial steps proposed to meet the target.

Table 1 Priority Area and Annual Performance Indicators – Progress Report

1. Priority Area:	2. Priority Type (SAP, SAT, MHP, MHS):
3. Population(s) (SMI, SED, PWWDC, IVDUs, HIV EIS, TB, OTHER):	
4. Goal of the priority area:	
5. Strategies to attain the goal:	
6. Annual Performance Indicators to measure goal success:	
Indicator #1:	
g) Baseline measurement (Initial data collected prior to the first-year target/outcome):	
h) First-year target/outcome measurement (Progress – end of SFY 2014):	
i) Second-year target/outcome measurement (Final – end of SFY 2015):	
j) Data source:	
k) Description of data:	
l) Data issues/caveats that affect outcome measures:	
7. Report of Progress toward goal attainment:	
First-year target: _____ Achieved _____ Not Achieved (If not achieved, explain why.)	
----- Reason why target was not achieved, and changes proposed to meet target:	

C. State Agency Expenditure Reports

Substance Abuse Prevention and Treatment Block Grant Spending Reports

States and Jurisdictions are requested to provide information regarding SA Block Grant and State 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.

Please complete the tables described below:

- *Table 2 - State Agency Expenditure Report.* This table provides a report of SABG expenditures during the last completed State fiscal year 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 3 – SA Block Grant Expenditures by Service.* This table provides a report of SA Block Grant expenditures by unduplicated individual and specific services during the last completed State fiscal year. All Block grant-funded services regardless of award year should be included in this report.
- *Table 4 - State Agency SA Block Grant Expenditure Compliance Report.* This table provides a report of expenditures from the SA Block Grant Compliance Award for authorized activities to prevent and treat substance abuse.
- *Table 5a- Primary Prevention Expenditures Checklist.* This table provides a report of prevention expenditures from the SAPT Block Grant Compliance Award for primary prevention services.
- *Table 5b- Primary Prevention Expenditures by IOM Category.* This table provides a report of prevention expenditures by Institute of Medicine (IOM) categories from the SAPT Block Grant Compliance Award for primary prevention services.
- *Table 5c - Primary Prevention Targeted Priorities.* This table provides a report of actual State primary prevention priorities and special population categories on which the State expended primary prevention dollars from the SAPT Block Grant Compliance Award.
- *Table 6 - Resource Development Expenditure Checklist.* This table provides a report of expenditures from the SAPT Block Grant Compliance Award for resource development activities and/or services that are funded and/or or conducted by the State Substance Abuse Authority.
- *Table 6 – Statewide Entity Inventory.* This table provides a report of the recipients of SA 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.
- *Table 8a - Maintenance of Effort for State Expenditures for Substance Abuse Prevention and Treatment.* This table provides a report of aggregate State expenditures by the State Substance Abuse Authority for authorized activities to prevent and treat substance abuse during the last completed State fiscal year.
- *Table 8b - Base and Maintenance of Effort for Statewide Non-Federal Expenditures for Tuberculosis to Individuals in Substance Use Disorder Treatment, .* This table provides a report of Statewide expenditures of non-Federal funds expended for tuberculosis (TB)

services made available to individuals in substance use disorder (SUD) treatment during the last completed State fiscal year

- *Table 8c - Base and Maintenance of Effort for State-wide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment.* This table provides a report of Statewide expenditures 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 the last completed State fiscal year
- *Table 8d - Base and Maintenance of Effort for Expenditures for Services to Pregnant Women and Women with Dependent Children.* This table provides a report of SA Block Grant and/or State expenditures for services designed to address the treatment and recovery support needs of substance using pregnant women and women with dependent children during the last completed State fiscal year.

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Table 2 - State Agency Expenditure Report. This table provides a description of SAPT Block Grant expenditures for authorized activities to prevent and treat substance abuse.

Table 3 State Agency Expenditure Report							
State Identifier:							
Report Period- From: To:							
(Include ONLY funds expended by the executive branch agency administering the Substance Abuse Block Grant)							
Source of Funds							
ACTIVITY (See instructions for using Row 1.)	A. Substance Abuse Block Grant	B. Mental Health Block Grant, Block Grant	C. Medicaid (Federal, State, and local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State funds	F. Local funds (excluding local Medicaid)	G. Other
3. Substance Abuse Prevention* and Treatment							
a. Pregnant Women and Women with Dependent Children							
b. All Other							
2. Primary Prevention							
5. Tuberculosis Services							
6. 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. Total							

* Prevention other than primary prevention.

Table 3 - SA Block Grant Expenditures by Service

Table 3 SA Block Grant Expenditures by Service				
State Identifier:				
Report Period- From:		To:		
Service	No. of Unduplicated Individuals	Unit Type	Unit Quantity	SABG Expenditures
Healthcare Home/Physical Health				
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				
Prevention (Including Promotion)				
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				
Engagement Services				
Assessment				
Specialized Evaluations (Psychological and Neurological)				
Service Planning (including crisis planning)				
Consumer/Family Education				
Outreach				
Outpatient Services				
Individual evidenced based therapies				
Group therapy				
Family therapy				
Multi-family therapy				
Consultation to Caregivers				
Medication Services				
Medication management				

Table 3 SA Block Grant Expenditures by Service				
State Identifier:				
Report Period- From:		To:		
Service	No. of Unduplicated Individuals	Unit Type	Unit Quantity	SABG Expenditures
Pharmacotherapy (including MAT)				
Laboratory services				
Community Support (Rehabilitative)				
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				
Recovery Supports				
Peer Support				
Recovery Support Coaching				
Recovery Support Center Services				
Supports for Self Directed Care				
Other Supports (Habilitative)				
Personal care				
Homemaker				
Respite				
Supported Education				
Transportation				
Assisted living services				
Recreational services				
Trained behavioral health interpreters				
Interactive communication technology devices				
Intensive Support Services				
Substance abuse intensive outpatient (IOP)				
Partial hospital				
Assertive Community Treatment				
Intensive home based services				

Table 3 SA Block Grant Expenditures by Service				
State Identifier:				
Report Period- From:		To:		
Service	No. of Unduplicated Individuals	Unit Type	Unit Quantity	SABG Expenditures
Multi-systemic therapy				
Intensive Case Management				
Out of Home Residential Services				
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				
Acute Intensive Services				
Mobile crisis				
Peer based crisis services				
Urgent care				
23 hr. observation bed				
Medically Monitored Intensive Inpatient (SA)				
24/7 crisis hotline services				
Other (please list)				

Table 4 - State Agency SA Block Grant Expenditure Compliance Report. This table provides a description of SA Block Grant expenditures for authorized activities to prevent and treat substance abuse for the fiscal year three years prior to the fiscal year for which the State is applying for funds.

Table 4	
State Identifier:	FY 2012 SA Block Grant Award
Expenditure Category	
1. Substance Abuse Prevention* and Treatment	
2. Primary Prevention	
3. HIV Early Intervention Services**	
4. Tuberculosis Services	
5. Administration (excluding program / provider level)	
6. Total	

* Prevention other than Primary Prevention

** HIV Designated States

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Primary Prevention Expenditures Checklists

Table 5a - Primary Prevention Expenditures Checklist

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 Model (IOM) should be directly associated with the cost of completing the activity or task, for example information dissemination may 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 Table 6a.

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.

Table 5b - Substance Abuse Primary Prevention Expenditures Checklist by Institute of Medicine Categories (Universal, Selective, Indicated)

If the State chooses to report substance abuse primary prevention activities utilizing the IOM Model of Universal, Selective and Indicated, the State must complete Table 6b. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated. These funds are those utilized in designated compliance year. For sources other than the SABG, report on Table 6b (appropriate rows and columns) those funds utilized from the substance abuse primary prevention set-aside dollars during the designated compliance year.

Table 5c – Substance Abuse Primary Prevention Priorities and Special Population Categories

States should indicate each substance the state actually identified through their needs assessment as a priority and the State addressed by checking (√) on Table 6c each priority substance. States should also check (√) on Table 6c each special population the state identified along with the priority substance that the State addressed utilizing substance abuse primary Prevention set-aside dollars during the designated compliance year.

Table 5a - Primary Prevention Expenditures Checklist

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

	Indicated	\$	\$	\$	\$	\$
	Unspecified	\$	\$	\$	\$	\$
7. Section 1926-Tobacco	Universal	\$	\$	\$	\$	\$
	Selected	\$	\$	\$	\$	\$
	Indicated	\$	\$	\$	\$	\$
8. Other	Universal	\$	\$	\$	\$	\$
	Selected	\$	\$	\$	\$	\$
	Indicated	\$	\$	\$	\$	\$
9. Suicide Prevention						
10. Total		\$	\$	\$	\$	\$

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

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Table 5B. Primary Prevention Expenditures by IOM Category –

Table 5B. Primary Prevention Expenditures by IOM Category					
State Identifier:					
Report Period- From:			To:		
Activity	FY 2011 SA Block Grant Award	Other Federal	State Funds	Local Funds	Other
Universal Direct	\$	\$	\$	\$	\$
Universal Indirect	\$	\$	\$	\$	\$
Selective	\$	\$	\$	\$	\$
Indicated	\$	\$	\$	\$	\$
Column Total	\$	\$	\$	\$	\$
Total SABG Award	\$	\$			
Planned Primary Prevention Percentage	%	%			

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

Table 5c- SA Block Grant Primary Prevention Targeted Priorities.
 States should identify the categories of substances the State targeted with Primary Prevention set-aside dollars from the FY 2011 SA Block Grant awards.

Targeted Substances

- Alcohol
- Tobacco
- Marijuana
- Prescription Drugs
- Cocaine
- Heroin
- Inhalants
- Methamphetamine
- Synthetic Drugs (i.e. Bath salts, Spice, K2)

Instructions: In the table below identify the special population categories the State plans to targets with Primary Prevention set-aside dollars

Targeted Populations

- Students in College
- Military Families
- LGBTQ
- American Indians/Alaska Natives
- African American
- Hispanic
- Homeless
- Native Hawaiian/Other Pacific Islanders
- Asian
- Rural
- Underserved Racial and Ethnic Minorities

Table 6- Resource Development Expenditures Checklist

Only complete this table if your State or Jurisdiction funded resource development activities with SA Block Grant

Table 6 Resource Development Expenditures Checklist				
State Identifier:				
Report Period- From:		To:		
Activity	A. Treatment	B. Prevention.	C. Additional Combined	D. 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 7 Entity Inventory																
State Identifier:																
Report Period- From:								To:								
								Source of Funds								
								SAPT Block Grant					CMHS Block Grant			
								A	B	B	D	E	F	G	H	
Entity Number	I-SATS ID (For SABG)	Area Served (Statewide or Sub-State Planning Area)	Provider/Program Name	Street Address	City	State	Zip	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	Non-Direct Services	
								\$	\$	\$	\$	\$				
								\$	\$	\$	\$	\$				
Total								\$	\$	\$	\$	\$				

Table 8 - Statewide Entity Inventory

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Tables 8a, 8b, 8c, and 8d -Maintenance of Effort for State Expenditures for Authorized Activities to Prevent and Treat Substance Abuse and Related Public Health Services

Table 8a, *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 Single State Agency (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

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Table 8a - Maintenance of Effort for State Expenditures for Substance Abuse Prevention and Treatment

Table 8a Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
State Identifier:		
Report Period- From:		To:
Period (A)	Expenditures (B)	$\frac{B1 (2011) + B2 (2012)}{2}$ (C)
SFY 2012 (1)		
SFY 2013 (2)		
SFY 2014 (3)		

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

FY 2012	Yes _____	No _____
FY 2013	Yes _____	No _____
FY 2014	Yes _____	No _____

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

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Table 8b - *Statewide Non-Federal Expenditures for Tuberculosis to Individuals in Substance Use Disorder Treatment*, Base and Maintenance.
 Report all statewide, non-Federal funds expended on Tuberculosis (TB) services to individuals in substance use disorder treatment during each State fiscal year (SFY).

Table 8b Statewide Non-Federal Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment				
State Identifier:				
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 8b (Cont.) Statewide Non-Federal Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment				
State Identifier:				
Report Period- From: To:				
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 2014 (2)				

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Table 8c - State-wide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment, Base and Maintenance.

Enter the year in which your State last became a designated State, Federal Fiscal Year _____. Enter the 2 prior years' expenditure data in A1 and A2. Compute the average of the amounts in boxes A1 and A2. Enter the resulting average (Base) in box B2.

Table 8c Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment		
State Identifier:		
BASE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	Average of Columns A1 and A2 $\frac{A1+A2}{2}$ (MOE Base) (B)
(1) SFY ____		
(2) SFY ____		

Table 8c (Cont.) Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment	
State Identifier	
Report Period- From:	To:
MAINTENANCE	
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)
(3) SFY 2014	

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Table 8d - Expenditures for Services to Pregnant Women and Women with Dependent Children, Base and Maintenance.

Table 8d Expenditures for Services to Pregnant Women and Women with Dependent Children		
State Identifier:		
Report Period- From:		To:
Period	Total Women's Base (A)	Total Expenditures (B)
1994		
2012		
2013		
2014		

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 9 - *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 7, *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 10 - *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 11 - *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 2014 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.
- Table 12 - *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 13 - *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 9 - Prevention Strategy Report

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

Table 10 - Treatment Utilization Matrix

Table 10					
Report Period- From: To:					
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)
Detoxification (24-Hour Care)					
1. Hospital Inpatient			\$	\$	\$
2. Free-Standing Residential			\$	\$	\$
Rehabilitation/Residential					
3. Hospital Inpatient			\$	\$	\$
4. Short-term (up to 30 days)			\$	\$	\$
5. Long-term (over 30 days)			\$	\$	\$
Ambulatory (Outpatient)					
6. Outpatient			\$	\$	\$
7. Intensive Outpatient			\$	\$	\$
8. Detoxification			\$	\$	\$
9. Opioid Replacement Therapy					
9. Opioid Replacement Therapy			\$	\$	\$

Table 11 - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

Table 11																				
Report Period- From: To:																				
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	M
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 12 - HIV Designated States Early Intervention Services

Table 12		
Report Period- From: To:		
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 13. 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 14. - *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 15 - *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 16 - *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 17 – *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 18 - *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 19 – *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 20 - *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 21. *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 22. *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 23. *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 24. *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 25. *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 26. *Employment/Education; Measure: Average Daily School Attendance Rate*. This table collects information regarding the average daily school attendance.

- Table 27. *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 28. *Crime and Criminal Justice; Measure: Alcohol and Drug Related Arrests*. This table collects information regarding alcohol- and drug-related arrests.
- Table 29. *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 30. *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 31. *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 32. *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 33. *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 34. *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 35. *Number of Evidence-based Programs and Strategies, and Total SA Block Grant Funds 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 36: (Optional Worksheet) *Program/Strategy Detail for Computing the Total Number of Evidence-based Programs and Strategies, and for Reporting Total SA Block Grant Funds Spent on substance abuse prevention Evidence-Based Programs and Strategies*. This table supports the computation of the total number of evidence-based programs and strategies and the total SA Block Grant funds spent on substance abuse prevention evidence-based programs and strategies.

**Table 14 – 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	Admission Clients (T₁)	Discharge Clients (T₂)
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)		

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State Description of Employment\Education Status Data Collection (Table 15)

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 15 (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 15 (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"/> 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 15–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	Admission Clients (T ₁)	Discharge Clients (T ₂)
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		

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**Table 16– 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	Admission Clients (T₁)	Discharge Clients (T₂)
Number of Clients without arrests [numerator]		
Total number of clients with non-missing values on arrests [denominator]		
Percent of clients without arrests		

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State Description of Criminal Involvement Data Collection (Table 16)

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 17 (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-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 17– 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.	Admission Clients (T₁)	Discharge Clients (T₂)
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)

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State Description of Alcohol Use Data Collection (Table 17)

STATE CONFORMANCE TO INTERIM STANDARD	State Description of Alcohol Use Data Collection (Table 17): 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 17 (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 17 (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 17 (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"/> 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 17 (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 18 – PERFORMANCE MEASURE
CHANGE IN ABSTINENCE -- OTHER DRUG USE (From Admission to Discharge)**

Most recent year for which data are available: _____

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.	Admission Clients (T₁)	Discharge Clients (T₂)
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)

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State Description of Other Drug Use Data Collection (Table 18)

STATE CONFORMANCE TO INTERIM STANDARD	State Description of Other Drug Use 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"/> 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 180 (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-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 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 19 – 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	Admission Clients (T₁)	Discharge Clients (T₂)
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		

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State Description of Social Support of Recovery Data Collection (Table 19)

STATE CONFORMANCE TO INTERIM STANDARD	State Description of Social Support of Recovery Data Collection (Table 19): 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 19 (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 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- 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 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 20: RETENTION
Length of Stay (in Days) of Clients Completing Treatment

Most recent year for which data are available: _____

STATE:

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

TABLE 21– 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>Source Survey Item: 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>Outcome Reported: Percent who reported having used alcohol during the past 30 days.</p>		
	Ages 12–20 - FFY 2010		
	Ages 21+ - FFY 2010		
2. 30-day Cigarette Use	<p>Source Survey Item: 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>Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Ages 12–17 - FFY 2010		
	Ages 18+ - FFY 2010		
3. 30-day Use of Other Tobacco Products	<p>Source Survey Item: NSDUH Questionnaire: “During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]†?” [Response option: Write in a number between 0 and 30.]</p> <p>Outcome Reported: 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 2010		
	Ages 18+ - FFY 2010		
4. 30-day Use of Marijuana	<p>Source Survey Item: 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>Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Ages 12–17 - FFY 2010		
	Ages 18+ - FFY 2010		
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p>Source Survey Item: 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]‡?”</p> <p>Outcome Reported: 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 2010		
	Ages 18+ - FFY 2010		

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

‡ 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 22– 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	Source Survey Item: 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] Outcome Reported: Percent reporting moderate or great risk.		
	Ages 12–20 - FFY 2010		
	Ages 21+ - FFY 2010		
2. Perception of Risk From Cigarettes	Source Survey Item: 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] Outcome Reported: Percent reporting moderate or great risk.		
	Ages 12–17 - FFY 2010		
	Ages 18+ - FFY 2010		
3. Perception of Risk From Marijuana	Source Survey Item: 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] Outcome Reported: Percent reporting moderate or great risk.		
	Ages 12–17 - FFY 2010		
	Ages 18+ - FFY 2010		

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TABLE 23– 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>Source Survey Item: 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>Outcome Reported: Average age at first use of alcohol.</p>		
	Ages 12–20 - FFY 2010		
	Ages 21+ - FFY 2010		
2. Age at First Use of Cigarettes	<p>Source Survey Item: 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>Outcome Reported: Average age at first use of cigarettes.</p>		
	Ages 12–17 - FFY 2010		
	Ages 18+ - FFY 2010		
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: “How old were you the first time you used [any other tobacco product][†]?” [Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of tobacco products other than cigarettes.</p>		
	Ages 12–17 - FFY 2010		
	Ages 18+ - FFY 2010		
4. Age at First Use of Marijuana or Hashish	<p>Source Survey Item: NSDUH Questionnaire: “How old were you the first time you used marijuana or hashish?” [Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of marijuana or hashish.</p>		
	Ages 12–17 - FFY 2010		
	Ages 18+ - FFY 2010		
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	<p>Source Survey Item: NSDUH Questionnaire: “How old were you the first time you used [other illegal drugs][‡]?” [Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of other illegal drugs.</p>		
	Ages 12–17 - FFY 2010		
	Ages 18+ - FFY 2010		

[†] The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.

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

TABLE 24– 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>Source Survey Item: 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>Outcome Reported: Percent somewhat or strongly disapproving.</p> <p>Ages 12–17 - FFY 2010</p>		
2. Perception of Peer Disapproval of Cigarettes	<p>Source Survey Item: 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>Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.</p> <p>Ages 12–17 - FFY 2010</p>		
3. Disapproval of Using Marijuana Experimentally	<p>Source Survey Item: 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>Outcome Reported: Percent somewhat or strongly disapproving.</p> <p>Ages 12–17 - FFY 2010</p>		
4. Disapproval of Using Marijuana Regularly	<p>Source Survey Item: 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>Outcome Reported: Percent somewhat or strongly disapproving.</p> <p>Ages 12–17 - FFY 2010</p>		
5. Disapproval of Alcohol	<p>Source Survey Item: 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>Outcome Reported: Percent somewhat or strongly disapproving.</p> <p>Ages 12–20 - FFY 2010</p>		

TABLE 25– 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>Source Survey Item: 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] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Ages 15–17 - FFY 2010		
	Ages 18+ - FFY 2010		

TABLE 26– 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>Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	FFY 2010		

TABLE 27 – 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	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100. FFY 2010		

TABLE 28– 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	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100. FFY 2010		

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TABLE 29 – 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>Source Survey Item: 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>Outcome Reported: Percent reporting having talked with a parent.</p> <p>Ages 12–17 - FFY 2010</p>		
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12–17)	<p>Source Survey Item: 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?”[†] [Response options: 0 times, 1 to 2 times, a few times, many times]</p> <p>Outcome Reported: Percent of parents reporting that they have talked to their child.</p> <p>Ages 18+ - FFY 2010</p>		

[†]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 30 – 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>Source Survey Item: NSDUH Questionnaire: “During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use]?”[†]</p> <p>Outcome Reported: Percent reporting having been exposed to prevention message.</p> <p>Ages 12–17 - FFY 2010</p>		

[†]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context

Tables 31-35 – 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. 1st of the month = 01; 15th 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 fNOMS. The start date and end date for NOMS 33-37 should be the same..

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	mm/dd/yyyy	mm/dd/yyyy
2. Table 32 Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	mm/dd/yyyy	mm/dd/yyyy
3. Table 33 (Optional) Number of Persons Served by Type of Intervention	mm/dd/yyyy	mm/dd/yyyy
4. Table 34 Number of Evidence-Based Programs and Strategies by Type of Intervention	mm/dd/yyyy	mm/dd/yyyy
5. Table 35 Total Number of Evidence-Based Programs and Total SAPT BG Dollars Spent on Evidence-Based Programs/Strategies	Data submitted on Table 35 must correspond to the reporting period start date used for Tables 31- 34	Data submitted on Table 35 must correspond to the reporting period end date used for Tables 31- 34

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

Category	Total
A. Age	
0–4	
5–11	
12–14	
15–17	
18–20	
21–24	
25–44	
45–64	
65 and Over	
Age Not Known	
B. Gender	
Male	
Female	
Gender Not Known	
C. Race	
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)	
D. Ethnicity	
Hispanic or Latino	
Not Hispanic or Latino	

Table 32 – SUBSTANCE ABUSE PREVENTION Population-Based Programs and Strategies—Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	
0–4	
5–11	
12–14	
15–17	
18–20	
21–24	
25–44	
45–64	
65 and Over	
Age Not Known	
B. Gender	
Male	
Female	
Gender Not Known	
C. Race	
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)	
D. Ethnicity	
Hispanic or Latino	
Not Hispanic or Latino	

Table 33 (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		

DRAFT

Table 34 – 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 34– 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 35 – Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs and Total SAPT BG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies

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

DRAFT

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: _____

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

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:
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: _____

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: _____

**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 36: (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
Program/Strategy Name 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			
Universal Indirect Programs and Strategies			
1.			
2.			
3.			
4.			
Subtotal			
Selective Programs and Strategies			
1.			
2.			
3.			
4.			
Subtotal			
Indicated Programs and Strategies			
1.			
2.			
3.			
4.			
Subtotal			
Total Number of (EBPs)/Strategies and cost of these EBPs/Strategies	#	\$	
Total SAPT Block Grant substance abuse prevention Dollars \$ Spent on Evidence-Based Programs and Strategies			\$