

Block Grant Reporting Section

FY 2016
FY 2017

CFDA 93.959
(Substance Abuse Prevention and Treatment)

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 preceding fiscal year. The purpose of the Annual Report is to provide information to assist the Secretary in making this determination.

States and Jurisdictions are required to prepare and submit an Annual Report that includes expenditure summaries for 1) the State fiscal year (SFY) immediately preceding the federal fiscal year for which the state is applying for funds, and 2) the obligation and expenditure period of 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 a State or Jurisdiction to receive its next SABG 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, as well as for Applications, Plans, and Synar Reports:

Due Dates for SA Only and MH/SA BG Applications					
FY for which the state is applying for funds	Application Due	Plan Due	Planning Period	SABG Report Due	Synar Report Due
2016	9/1/2015	Yes	7/1/15 – 6/30/17	12/1/2015 Compliance Year is 2013	12/31/2015
2017	9/1/2016	No*	NA	12/1/2016 Compliance Year is 2014	1/3/2017

*States may revise previously submitted plans

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

Section B: Annual Update - In this section, States and Jurisdictions are required to provide a brief review of the extent to which their respective plans were implemented, and the progress toward the priorities and goals identified in the Block Grant plan covering State fiscal years 2016 and 2017. The report should also include a brief review of areas that the State or Jurisdiction identified in that Block Grant plan as needing improvement and changes that the State or Jurisdiction proposed to achieve the goals established for the priorities.

Section C: State Agency Expenditure Reports - In this section, States and Jurisdictions must provide information regarding expenditures for authorized activities and services for substance abuse prevention and substance use disorder treatment. The State or Jurisdiction must 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 it is a “designated State”, a description of SABG expenditures for early intervention services (EIS) for HIV. In addition, the State or Jurisdiction must 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.

B. Annual Update

The information States and Jurisdictions entered into SABG Table 1 in the planning section of the 2016/2017 Behavioral Health Assessment and Plan will automatically populate cells 1 – 6 in the progress report table below. States are required to indicate whether each first-year performance target/outcome measurement identified in 6.b) below (from the 2016/2017 Plan) was “Achieved” or “Not Achieved” in 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.

SABG Table 1 - *Priority Areas and Annual Performance Indicators – Progress Report*

Priority Areas and Annual Performance Indicators	
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:	
a) Baseline measurement (Initial data collected prior to the first-year target/outcome):	
b) First-year target/outcome measurement (Progress – end of SFY 2016):	
c) Second-year target/outcome measurement (Final – end of SFY 2017):	
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

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, if applicable, early intervention services for HIV. Please complete the tables described below:

SABG Table 2 - *State Agency Expenditure Report* This table provides a report of SABG and state expenditures by the State Substance Abuse Authority during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Expenditures to be reported are 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)). In column A, Block Grant funds expended during that State fiscal year should be included regardless of the year of the Block Grant award.

SABG Table 3 – *SABG Expenditures by Service* This table provides a report of SA Block Grant expenditures for specific services during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. All Block Grant funded services provided during that period should be included in this report, regardless of the year of the Block Grant award.

SABG Table 4 - *SABG State Agency 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. It covers the two-year obligation and expenditure period.

SABG Table 5a- *SABG Primary Prevention Expenditures Checklist* This table provides a report of prevention expenditures from the SAPT Block Grant Compliance Award for primary prevention services.

SABG Table 5b- *SABG 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.

SABG Table 5c - *SABG Primary Prevention Targeted Priorities* This requested 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.

SABG Table 6 - *SABG Resource Development Expenditure Checklist* This table provides a report of expenditures from the SAPT Block Grant Compliance Award for resource development activities that are funded by and/or or conducted by the State Substance Abuse Authority.

SABG Table 7 – *SABG Statewide Entity Inventory* This table provides a report of the sub recipients of SA Block Grant funds including community- and faith-based organizations which provided

substance abuse prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes resource development expenditures.

SABG 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 State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

SABG 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 user disorder (SUD) treatment during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

SABG Table 8c - *Base and Maintenance of Effort for Statewide 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 during the State fiscal year immediately preceding the Federal fiscal year for which the state is applying for funds for HIV early intervention services provided to individuals in substance use disorder treatment at the sites at which such individuals were receiving SUD treatment services.

SABG 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 demonstrating the Block Grant requirements designed to address the treatment and recovery support needs of substance using pregnant women and substance abusing women with dependent children during the State fiscal year immediately preceding the Federal fiscal year for which the state is applying for funds.

SABG Table 2 - State Agency Expenditure Report

This table provides a report of SABG and State expenditures by the State Substance Abuse Authority during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds for authorized activities to prevent and treat substance abuse. For detailed instructions, refer to those in the Block Grant Application System (BGAS).

State Agency Expenditure Report							
SABG Table 2							
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 <small>(e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)</small>	E. State funds	F. Local funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention (Other than Primary 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*							
7. Administration (excluding program / provider level administration)							
8. Total							

*Only HIV designated states should enter information in this row.

SABG Table 3 (Requested) - SA Block Grant Expenditures by Service

This table provides a report of SABG and state expenditures during the state fiscal year immediately preceding the federal fiscal year for which the State is applying for funds.

SABG Expenditures by Service				
SABG Table 3				
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				
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				
Substance Abuse Primary Prevention				
Classroom and/or small group sessions (Education)				
Media campaigns (Information Dissemination) Media campaigns (Information Dissemination)				
Systematic Planning/Coalition and Community Team Building(Community Based Process)				
Parenting and family management (Education)				
Education programs for youth groups (Education)				

SABG Expenditures by Service

SABG Table 3

State Identifier:

Report Period- From:

To:

Service	No. of Unduplicated Individuals	Unit Type	Unit Quantity	SABG Expenditures
Community Service Activities (Alternatives)				
Student Assistance Programs (Problem Identification and Referral)				
Employee Assistance programs (Problem Identification and Referral)				
Community Team Building (Community Based Process)				
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)				
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				
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				

SABG Expenditures by Service

SABG Table 3

State Identifier:

Report Period- From:

To:

Service	No. of Unduplicated Individuals	Unit Type	Unit Quantity	SABG Expenditures
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				
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				

SABG Expenditures by Service

SABG Table 3

State Identifier:

Report Period- From:

To:

Service	No. of Unduplicated Individuals	Unit Type	Unit Quantity	SABG Expenditures
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)				

SABG Table 4 - *State Agency SABG Expenditure Compliance Report*

This table provides a description of SA Block Grant expenditures for authorized activities to prevent and treat substance. For detailed instructions, refer to those in BGAS. Only one column is to be filled in each year.

State Agency SABG Expenditure Compliance Report		
SABG Table 4	FY 2014 SA Block Grant Award	FY 2014 SA Block Grant Award
State Identifier:		
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

** For HIV Designated States only

SABG 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 and/or the cost of public service announcements, etc. If a State or Jurisdiction employs strategies not covered by these six categories, please report them under “Other”, each in a separate row.

Section 1926 – Tobacco: Costs associated with the Synar Program Pursuant to the January 19, 1996 federal regulation “Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants, Final Rule” (45 C.F.R. §96.130), a state may not use the Block Grant to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its 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 a non-SABG funds that were allotted for Synar activities in the appropriate columns under 7 below.

SABG Primary Prevention Expenditures Checklist						
SABG Table 5a						
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.)

SABG Table 5b - SABG Primary Prevention Expenditures by Institute of Medicine (IOM) Categories

The State or Jurisdiction must complete SABG Table 5b if it chooses to report substance abuse primary prevention activities utilizing the IOM Model of Universal, Selective and Indicated. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated. Include all funding sources (e.g., Centers for Disease Control and Prevention Block Grant, foundations). For detailed instructions, refer to those in the Block Grant Application System (BGAS).

SABG Primary Prevention Expenditures by IOM Category					
SABG Table 5B					
State Identifier:					
Report Period- From:			To:		
Activity	FY 2014 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	%	%			

SABG Table 5c (Requested) - SABG Primary Prevention Targeted Priorities

The purpose of the first table is for the State or Jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with Primary Prevention set-aside dollars from the FY 2014 SA Block Grant award. The purpose of the second table is to identify each special population the State or Jurisdiction selected as a priority for Primary Prevention set-aside expenditures.

SABG Primary Prevention Targeted Priorities-1		
Targeted Substances	Yes	No
Alcohol		
Tobacco		
Marijuana		
Prescription Drugs		
Cocaine		
Heroin		
Inhalants		
Methamphetamine		
Synthetic Drugs (i.e. Bath salts, Spice, K2)		

SABG Primary Prevention Targeted Priorities-2		
Targeted Populations	Yes	No
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		

SABG Table 6 - *SABG Resource Development Expenditures Checklist*

If the State or Jurisdiction funded resource development activities with a SABG award, it is required to complete this table for the obligation and expenditure period of the award. For detailed instructions, refer to those in BGAS.

SABG Resource Development Expenditures Checklist				
SABG Table 6				
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				

SABG Table 7 – *State Entity Inventory*

This table provides a report of the subrecipients of SA Block Grant funds including community- and faith-based organizations which provided substance abuse prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes resource development expenditures. For detailed instructions, see those in BGAS.

Statewide Entity Inventory														
SABG Table 7														
State Identifier:														
Report Period- From:								To:						
								Source of Funds						
								SAPT Block Grant						
Entity Number	I-BHS ID (formerly I-SATS)	Area Served (Statewide or Sub-State Planning Area)	Provider/Program Name	Street Address	City	State	Zip	A	B	B	D	E		
								All SA Block Grant Funds	Prevention (other than Primary Prevention) and <u>Treatment Services</u>	Pregnant Women and Women with Dependent Children	<u>Primary Prevention</u>	Early Intervention Services for HIV		
								\$	\$	\$	\$	\$		
								\$	\$	\$	\$	\$		
Total								\$	\$	\$	\$	\$		

Description of Calculations for MOE Tables 8a through 8d

Please provide a description of the amounts and methods used to calculate the following:

- (a) total Single State Agency (SSA) expenditures for substance abuse prevention and treatment 42 U.S.C. §300x-30;
- (b) the base and Maintenance of Effort (MOE) for tuberculosis services as required by 42 U.S.C. §300x-24(d);
- (c) (for designated states only) the base and MOE for HIV early intervention services as required by 42 U.S.C. §300x-24(d) (See 45 C.F.R. §96 122(f)(5)(ii)(A)(B)(C)); and
- (d) the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1).

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

This Maintenance of Effort table provides a description of non-Federal expenditures for authorized activities to prevent and treat substance abuse flowing through the Single State Agency (SSA) during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. (Dates given are for the 2017 SABG Report. For the 2018 SABG report, increase each year by one.)

For detailed instructions, see those in BGAS.

SABG Table 8a Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
State Identifier:		
Report Period- From:		To:
Period (A)	Expenditures (B)	$\frac{B1 (2014) + B2 (2015)}{2}$ (C)
SFY 2014 (1)		
SFY 2015 (2)		
SFY 2016 (3)		

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

	Yes	No
SFY 2014		
SFY 2015		
SFY 2016		

If any estimated expenditures are provided, please indicate when “actual” expenditure data will be submitted to SAMHSA: ___/___/___
mm/dd/yyyy

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 SAMHSA to exclude these funds from the MOE calculations? ___/___/___

mm/dd/yyyy

SABG Table 8b - *Statewide Non-Federal Expenditures for Tuberculosis to Individuals in Substance Use Disorder (SUD) Treatment*

This Maintenance of Effort table provides a report of all statewide, non-Federal funds expended on Tuberculosis (TB) services to individuals in substance use disorder treatment during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Statewide Non-Federal Expenditures for Tuberculosis Services to Individuals in SUD Treatment				
SABG Table 8b				
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 Columns C1 and C2= $\frac{C1 + C2}{2}$ (MOE BASE) (D)
SFY 1991 (1)				
SFY 1992 (2)				
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 (A x B) (C)	
SFY 2016* (3)				

*Date given is for the 2017 SABG Report. For the 2018 SABG Report, increase the year by one.)

SABG Table 8c -*Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment*

This Maintenance of Effort table is for “designated States” to report all statewide, non-Federal funds expended on HIV EIS services to individuals in substance use disorder treatment during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Enter the federal fiscal year in which your State first became a designated State. Federal Fiscal Year ____.

Enter the prior 2 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.

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment		
SABG Table 8c		
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 ____		
MAINTENANCE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	
(3) SFY 2016*		

*Date given is for the 2017 SABG Report. For the 2018 SABG Report, increase the year by one.)

SABG Table 8d - *Expenditures for Services to Pregnant Women and Women with Dependent Children*

This Maintenance of Effort table provides a report of all statewide, non-Federal funds expended on specialized treatment and related services which meet the SABG requirements for pregnant women and women with dependent children during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. (Dates given are for the 2017 SABG Report. For the 2018 SABG Report, increase each year (other than the base year) by one.

For detailed instructions, see those in BGAS.

Expenditures for Services to Pregnant Women and Women with Dependent Children		
SABG Table 8d		
State Identifier:		
Report Period- From:		To:
Period	Total Women's Base (A)	Total Expenditures (B)
1994		
2014		
2015		
2016		

D. Populations and Services Report

States and Jurisdictions are required to provide information regarding individuals that are served by the State Substance Abuse Authority in SABG Tables 9 through 13.

SABG Table 9 - *Prevention Strategy Report* This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act) about the primary prevention activities conducted by the entities listed on SABG Table 7, *State Entity Inventory*, Column D. It seeks further information on the specific strategies and activities being funded by the principal agency of the State which address the sub-populations at risk for alcohol, tobacco, and other drug (ATOD) use/abuse.

SABG Table 10 - *Treatment Utilization Matrix* This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care (as defined in the Drug and Alcohol Services Information System (DASIS) Treatment Episode Data Set (TEDS) standards (see <http://oas.samhsa.gov/dasis.htm#teds2>) during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

SABG Table 11 - *Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use.* This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SABG during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. 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.

SABG Table 12 – *SABG 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 provided during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

SABG 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) during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

SABG Table 9 - *Prevention Strategy Report*

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act) about the primary prevention activities conducted by the entities listed on SABG Table 7. For detailed instructions, see those in BGAS.

Prevention Strategy Report Risk-Strategies		
SABG Table 9		
Report Period- From: To:		
State Identifier		
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]		

SABG Table 10 – *Treatment Utilization Matrix*

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care. For detailed instructions, see those in BGAS.

For detailed instructions, see those in BGAS.

SABG Table 10					
Report Period- From: To:	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			\$	\$	\$
5. Short-term (up to 30 days)			\$	\$	\$
5. Long-term (over 30 days)			\$	\$	\$
Ambulatory (Outpatient)					
6. Outpatient			\$	\$	\$
7. Intensive Outpatient			\$	\$	\$
8. Detoxification			\$	\$	\$
Opioid Replacement Therapy					
9. ORT Detoxification			\$	\$	\$
10. Opioid Replacement Therapy					

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

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SABG. For detailed instructions, see those in BGAS.

SABG 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/Alaska n Native		G. More Than One Race Reported		H. Unknown		I. Not Hispanic or Latino		J. Hispanic or Latino	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 17 and under																			
2. 18-24																			
3. 25-44																			
4. 45-64																			
5. 65 and over																			
5. Total																			
7. Pregnant Women																			
Numbers of Persons Served who were admitted in a Period Prior to the 12 month reporting Period																			
Number of persons served outside of the levels of care described on SABG Table 10																			

SABG Table 12 - *SABG Human Immunodeficiency Virus (HIV) Early Intervention Services in Designated States*

For detailed instructions, see those in BGAS.

SABG 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:		

SABG Table 13 - *Charitable Choice*

Under Charitable Choice, States, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (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 the 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 the total number of referrals to other substance abuse providers (“alternative providers”) necessitated by religious objection, as defined above, made during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required.

Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers 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

SABG Table 14 *Employment/Education Status* This table describes the status of adult clients served by the public substance use disorder treatment system in terms of employment and education status. The Employment/Education Status Form seeks information on clients who are employed or who are students (full-time or part-time) (prior 30 days) at admission and discharge.

SABG 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.

SABG Table 16 *Criminal Justice Involvement* This table requests information regarding the clients' involvement in the criminal justice system. Specifically, the table requests information to measure the change in number of arrests over time.

SABG 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.

SABG Table 18 *Change in Abstinence – Other Drug Use* This table collects information regarding clients' change in abstinence with drugs of abuse other than alcohol. This table seeks to collect information on clients with no other drug use (all clients regardless of primary problem) at admission and discharge.

SABG Table 19 *Change in Social Support of Recover* This table seeks to measure the change in clients' social support or recovery. Specifically, this form collects information regarding the number of clients participating in self help groups at admission and discharge

SABG 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

SABG 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.

SABG 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.

SABG 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.

SABG 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.

SABG Table 26 *Employment/Education*; Measure: Average Daily School Attendance Rate. This table collects information regarding the average daily school attendance.

SABG 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.

SABG Table 28 *Crime and Criminal Justice*; Measure: Alcohol and Drug Related Arrests. This table collects information regarding alcohol- and drug-related arrests.

SABG 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.

SABG 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.

SABG 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.

SABG 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.

SABG 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.

SABG 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.

SABG 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 – Information on completing the State request for data substitution application and the State substitution appeal forms (below) follows. 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.

SABG 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.

SABG 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 (T ₁)	Discharge Clients (T ₂)
Number of clients employed or student (full-time and part-time) [numerator]		
Total number of clients with non-missing values on employment\student status [denominator]		
Percent of clients employed or student (full-time and part-time)		

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

<p>STATE CONFORMANCE TO INTERIM STANDARD</p>	<p>State Description of Employment\Education Data Collection (SABG Table 15): States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.</p>
<p>DATA SOURCE</p>	<p>What is the source of data for SABG 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 _____</p>
<p>EPISODE OF CARE</p>	<p>How is the admission/discharge basis defined for SABG Table 15 (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 _____</p>
<p>DISCHARGE DATA COLLECTION</p>	<p>How was discharge data collected for SABG 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- <input type="checkbox"/> admission <input type="checkbox"/> discharge <input type="checkbox"/> other _____ <input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge data is collected for a sample or all clients who were admitted to treatment <input type="checkbox"/> Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge records are not collected for approximately ___ % of clients who were admitted for treatment</p>
<p>RECORD LINKING</p>	<p>Was the admission and discharge data linked for table 15 (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.</p>
<p>IF DATA IS UNAVAILABLE</p>	<p>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.</p>
<p>DATA PLANS IF DATA IS NOT AVAILABLE</p>	<p>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.</p>

SABG 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		

DO NOT DISTRIBUTE – CLOSE HOLD

State Description of Stability in Housing Data Collection (SABG Table 15)

STATE CONFORMANCE TO INTERIM STANDARD

DATA SOURCE

EPISODE OF CARE

DISCHARGE DATA COLLECTION

RECORD LINKING

IF DATA IS UNAVAILABLE

DATA PLANS IF DATA IS NOT AVAILABLE

State Description of Criminal Involvement Data Collection (SABG Table 15): States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

What is the source of data for SABG Table 15 (select all that apply):
[] Client self-report [] Client self-report confirmed by another source -> [] collateral source [] Administrative data source [] Other Specify _____
How is the admission/discharge basis defined for SABG Table 15 (Select one) [] 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
[] 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
[] Other Specify _____

How was discharge data collected for SABG Table 15 (select all that apply)
[] Not applicable, data reported on form is collected at time period other than discharge -> Specify:
[] In-treatment data ___ days post-admission, OR [] Follow-up data ___ (specify) months Post- [] admission [] discharge [] other _____
[] Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment [] Discharge data is collected for a sample or all clients who were admitted to treatment [] 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
[] Discharge records are not collected for approximately ___ % of clients who were admitted for treatment

Was the admission and discharge data linked for SABG Table 15 (select all that apply):
[] Yes, all clients at admission were linked with discharge data using a Unique Client Identifier (UCID)
Select type of UCID [] Master Client Index or Master Patient Index, centrally assigned [] Social Security Number (SSN) [] Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.) [] Some other Statewide unique ID [] Provider-entity-specific unique ID
[] 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 [] No, admission and discharge records were matched using probabilistic record matching.

If data is not reported, why is State unable to report (select all that apply): [] Information is not collected at admission [] Information is not collected at discharge [] Information is not collected by the categories requested [] State collects information on the indicator area but utilizes a different measure.

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.

SABG 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 (T ₁)	Discharge Clients (T ₂)
Number of Clients without arrests [numerator]		
Total number of clients with non-missing values on arrests [denominator]		
Percent of clients without arrests		

State Description of Criminal Involvement Data Collection (SABG Table 16)

STATE CONFORMANCE TO INTERIM STANDARD

DATA SOURCE

EPISODE OF CARE

DISCHARGE DATA COLLECTION

RECORD LINKING

IF DATA IS UNAVAILABLE

DATA PLANS IF DATA IS NOT AVAILABLE

State Description of Criminal Involvement Data Collection (SABG Table 16):
States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

What is the source of data for SABG Table 16 (select all that apply):
 Client self-report Client self-report confirmed by another source→ collateral source Administrative data source Other Specify _____

How is the admission/discharge basis defined for SABG Table 16 (Select one) 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
 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
 Other Specify _____

How was discharge data collected for SABG Table 16 (select all that apply)
 Not applicable, data reported on form is collected at time period other than discharge→ Specify:
 In-treatment data ___ days post-admission, OR Follow-up data ___ (specify) months Post-admission discharge other _____
 Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment Discharge data is collected for a sample or all clients who were admitted to treatment 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
 Discharge records are not collected for approximately ___ % of clients who were admitted for treatment

Was the admission and discharge data linked for SABG Table 16 (select all that apply):
 Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID)
Select type of UCID Master Client Index or Master Patient Index, centrally assigned Social Security Number (SSN) Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.) Some other Statewide unique ID Provider-entity-specific unique ID
 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 No, admission and discharge records were matched using probabilistic record matching.

If data is not reported, why is State unable to report (select all that apply): Information is not collected at admission Information is not collected at discharge Information is not collected by the categories requested State collects information on the indicator area but utilizes a different measure.

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.

SABG 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 (T ₁)	Discharge Clients (T ₂)
Number of clients abstinent from alcohol [numerator]		
Total number of clients with non-missing values on “used any alcohol” variable [denominator]		
Percent of clients abstinent from alcohol		

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

State Description of Alcohol Use Data Collection (SABG Table 17)

<p>STATE CONFORMANCE TO INTERIM STANDARD DATA SOURCE</p>	<p>State Description of Alcohol Use Data Collection (SABG Table 17): State should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.</p>
<p>EPISODE OF CARE</p>	<p>What is the source of data for SABG 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 _____</p> <p>How is the admission/discharge basis defined for SABG 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 _____</p>
<p>DISCHARGE DATA COLLECTION</p>	<p>How was discharge data collected for SABG 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</p>
<p>RECORD LINKING</p>	<p>Was the admission and discharge data linked for SABG 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.</p>
<p>IF DATA IS UNAVAILABLE</p>	<p>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.</p>
<p>DATA PLANS IF DATA IS NOT AVAILABLE</p>	<p>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.</p>

SABG 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 (T ₁)	Discharge Clients (T ₂)
Number of Clients abstinent from illegal drugs [numerator]		
Total number of clients with non-missing values on “used any drug” variable [denominator]		
Percent of clients abstinent from drugs		

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

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

<p>STATE CONFORMANCE TO INTERIM STANDARD</p>	<p>State Description of Other Drug Use Data Collection (SABG Table 18): States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.</p>
<p>DATA SOURCE</p>	<p>What is the source of data for SABG 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 _____</p>
<p>EPISODE OF CARE</p>	<p>How is the admission/discharge basis defined for SABG 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 _____</p>
<p>DISCHARGE DATA COLLECTION</p>	<p>How was discharge data collected for SABG 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</p>
<p>RECORD LINKING</p>	<p>Was the admission and discharge data linked for SABG Table 18 (select all that apply): <input type="checkbox"/> Yes, all clients at admission were linked with discharge data using a Unique Client Identifier (UCID) Select type of UCID <input type="checkbox"/> Master Client Index or Master Patient Index, centrally assigned <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.) <input type="checkbox"/> Some other Statewide unique ID <input type="checkbox"/> Provider-entity-specific unique ID <input type="checkbox"/> No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data <input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching.</p>
<p>IF DATA IS UNAVAILABLE</p>	<p>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.</p>
<p>DATA PLANS IF DATA IS NOT AVAILABLE</p>	<p>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.</p>

SABG 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 (T ₁)	Discharge Clients (T ₂)
Number of clients participating in self-help (AA NA meetings attended, etc.) [numerator]		
Total number of Admission and Discharge clients with non-missing values on self-help activities [denominator]		
Percent of clients participating in self-help activities		

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

STATE CONFORMANCE TO INTERIM STANDARD	State Description of Social Support of Recovery Data Collection (SABG 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 SABG 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 SABG 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 SABG 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 SABG 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.

SABG Table 20: RETENTION
 Length of Stay (in Days) of Clients Completing Treatment

Most recent year for which data are available: _____

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			
Opioid Replacement Therapy			
9. ORT Detox			
10. Opioid Replacement Therapy			

Section V: Performance Indicators and Accomplishments

Tables 21-36: Prevention Performance Measures

Tables 21 – 30 Prevention Performance Measures

Introduction

The National Outcome Measures (NOMs) are a set of domains and measures that the Substance Abuse and Mental Health Services Administration (SAMHSA) uses to accomplish its vision and to meet all of its Federal reporting requirements, thus reducing burden and redundancy for grantees.

The NOMs Data Collection and Reporting tables are to be completed as part of the state's annual SABG application. For Tables 21-25 and 27-30, the compliance year is calendar year (CY) 2014 (note that pre-populated NOMs from the National Survey on Drug Use and Health (NSDUH) reflect pooled data from CYs 2013-2014. For substance abuse prevention NOMs Table 26, the compliance year is School Year 2014.

For purposes of this section, unless otherwise noted, the term "state" refers to states, territories, and the one Native American tribe that receive SABG funding.

Tables 21 through 30 Information

A. Pre-populated Data

CSAP and the states have agreed that the state-level reporting requirement for the NOMs listed in Tables 21-30 will be fulfilled through the use of extant data from sources including the National Survey on Drug Use and Health (NSDUH), the Fatality Analysis Reporting System (FARS) of the National Highway Traffic Safety Administration, the Uniform Crime Report (UCR) of the Federal Bureau of Investigation, and the National Center for Education Statistics (NCES) of the U.S. Department of Education. These pre-populated state-level NOMs will meet most of the state-level NOMs reporting requirements for the prevention portion of the SABG funding. These data will be pre-populated into the data tables by CSAP.

NOMs Domain - Reduced Morbidity Abstinence from Drug Use/Alcohol Use

- Table 21: 30-Day Use
- Table 22: Perception of Risk/Harm of Use
- Table 23: Age of First Use
- Table 24: Perception of Disapproval/Attitudes

NOMs Domain - Employment/Education

- Table 25: Perception of Workplace Policy
- Table 26: Average Daily School Attendance Rate

NOMs Domain - Crime and Criminal Justice

- Table 27: Alcohol-Related Traffic Fatalities
- Table 28: Alcohol- and Drug-Related Arrests

NOMs Domain - Social Connectedness

- Table 29: Family Communications Around Drug and Alcohol Use

NOMs Domain - Retention

- Table 30: Youth Seeing, Reading, Watching, or Listening to a Prevention Message

In this block grant application, pre-populated data are automatically provided to fulfill the majority of the reporting requirements. States may submit requests for approval to use substitute data.

Territories and Native American tribes for which there are no NSDUH, FARS, UCR, and/or NCES data will not be required to report on those measures at the state level, but will be encouraged to provide substitute data.

B. Application to Substitute Data

If a state wishes to substitute State-generated data for SAMHSA-provided national data, the state must request approval for the substitution through its CSAP State Project Officer (SPO).

The application for substitution must demonstrate at a minimum that:

- Data are at the State level.
- Data are collected, analyzed, and reported on an annual basis.
- Data are collected through a valid sample or true census (i.e., a convenience sample is not acceptable).
- Data protocol for data collection timeline, sample methodology, source (sample or census instrument), collection schedule, analysis, and reporting each meet reasonable standards of quality.
- Data will have to have been collected for 1 year before the date of the requested substitution in order to assess acceptability for substitution.
- Data shall be provided to SAMHSA/CSAP on an annual basis.

It should be noted that if a State agrees to use SAMHSA data this year as sources for the NOMs, this does not preclude the state in future years from requesting a substitution.

To substitute the pre-populated data with State-generated data, states must complete the following steps:

Complete an Application Form to Substitute Data (Prevention Attachment A). The form must be submitted to the SPO by July 20, 2016, who will submit it to SAMHSA/CSAP for review. CSAP will review the survey and the information provided, consider the validity issues compared to NSDUH, and provide a decision to the state by August 3, 2016.

1. If SAMHSA denies the substitution application, the state may appeal the decision. To appeal, the state will be asked to provide the following information using the Substitution Appeal Form (Prevention Attachment B):

1. The specific measure that is being appealed
2. The rationale for appealing SAMHSA's decision
3. A copy of the original substitution application
4. Additional data/analysis to address concerns identified by SAMHSA

After receiving a denial, a state will have until August 17, 2016 to submit an appeal. SAMHSA will then provide an appeal decision to the state by August 31, 2016.

1. After receiving the approval from SAMHSA, the state will include the substitute data in the block grant application. This entails two steps:

1. Enter the substitute data in the appropriate Form Approved Substitute Data for the appropriate NOM.
2. Complete the Approved Substitute Data Submission Form (Prevention Attachment C). The deadline for full application submission to SAMHSA is December 1, 2016.

C. Supplemental Data

States may also wish to provide additional data related to the NOMs. An approved substitution is not required to provide this supplemental data. The data can be included in the block grant appendix. When describing the supplemental data, states should provide any relevant Web addresses (URLs) that provide links to specific state data sources.

D. Instructions for Completing Forms

Column A: Measure - The SAMSHA-defined measure for the domain listed.

Column B: Question/Response

- *Source Survey Item*: For Table 21-25, 29, and 30, the source is the NSDUH. For Tables 26-28 other "archival" sources are identified. The specific language used for each item is provided.
- *Response Option*: The range of responses that are provided for the survey item.
- *Outcome Reported*: The specific responses that are included in the calculation provided for the item.
- *Age*: The age range for which the responses are provided.

Column C: Pre-populated Data - Pre-populated data are provided; see description below.

Column D: Approved Substitute Data - States with pre-approval to submit substitute data will be able to enter the data for the item in this column. *Note*: If this column is left blank, the pre-populated data will be used.

SABG 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 – CY 2013-2014		
	Ages 21+ - CY 2013-2014		
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 - CY 2013-2014		
	Ages 18+ - CY 2013-2014		
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 - CY 2013-2014		
	Ages 18+ - CY 2013-2014		
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 - CY 2013-2014		
	Ages 18+ - CY 2013-2014		
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 - CY 2013-2014		
	Ages 18+ - CY 2013-2014		

† 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.

SABG 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	<p>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]</p> <p>Outcome Reported: Percent reporting moderate or great risk.</p>		
	Ages 12–20 - CY 2013-2014		
	Ages 21+ - CY 2013-2014		
2. Perception of Risk From Cigarettes	<p>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]</p> <p>Outcome Reported: Percent reporting moderate or great risk.</p>		
	Ages 12–17 - CY 2013-2014		
	Ages 18+ - CY 2013-2014		
3. Perception of Risk From Marijuana	<p>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]</p> <p>Outcome Reported: Percent reporting moderate or great risk.</p>		
	Ages 12–17 - CY 2013-2014		
	Ages 18+ - CY 2013-2014		

SABG 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 - CY 2013-2014		
	Ages 21+ - CY 2013-2014		
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 - CY 2013-2014		
	Ages 18+ - CY 2013-2014		
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 - CY 2013-2014		
	Ages 18+ CY 2013-2014		
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 - CY 2013-2014		
	Ages 18+ - CY 2013-2014		
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 - CY 2013-2014		
	Ages 18+ - CY 2013-2014		

[†] 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.

SABG 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 - CY 2013-2014</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 - CY 2013-2014</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 - CY 2013-2014</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 - CY 2013-2014</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 - CY 2013-2014</p>		

SABG 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]</p> <p>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 - CY 2013-2014		
	Ages 18+ - CY 2013-2014		

SABG 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</p> <p>Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	CY 2014		

SABG 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	<p>Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System</p> <p>Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.</p>		
	CY 2014		

SABG 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	<p>Source: Federal Bureau of Investigation Uniform Crime Reports</p> <p>Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.</p>		

	CY 2014		
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SABG 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 - CY 2013-2014</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+ - CY 2013-2014</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.

SABG 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 - CY 2013-2014</p>		

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

SABG Tables 31-35 – Reporting Period

Reporting Period - Start and End Dates for Information Reported on SABG Tables 31, 32, 33, 34, and 35.

Instructions for completing reporting Start and End Dates

The following chart is for collecting information on the reporting periods for the data entered in SABG Tables 31, 32, 33, 34 and 35.

See: The instructions for and the data entered in SABG Tables 31, 32, 33, 34 and 35.

Rows 1 through 5 each correspond to a single form in the current year's application among the following five tables: 31, 32, 33, 34 and 35.

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 SABG Tables 31, 32, 33, 34 and 35

Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following NOMS. The start date and end date for NOMS 31-35 should be the same.

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

**SABG 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	

**SABG 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	

SABG 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		
2. Universal Indirect		
3. Selective		
4. Indicated		
5. Total		

SABG 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?

SABG 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						

SABG Table 35 – Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies 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: \$

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: _____

SABG 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 Program/Strategy Name Universal Direct	2 Total Number of Evidence-based Programs and Strategies by Intervention	3 Total Costs of Evidence based Programs and Strategies for each IOM Category	4 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			\$