GENERAL INSTRUCTIONS FOR FORMS T1-T7:

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. The following set of instructions and forms are intended to collect States’ NOMs or treatment performance measures. States using the Web Block Grant Application System (Web BGAS) may either elect to use pre-populated data forms based on analyses of their Treatment Episode Data Set (TEDS) or may complete these forms independently. The State’s use of such data should then be discussed in the accompanying narratives addressing State Performance Management and Leadership and Provider Involvement.

It is understood that, at the current time, not all States have the infrastructure in place that supports the reporting of such data. If States cannot report such data, States must communicate their current capacity to report on the proposed SAPT Block Grant supported program performance measures, a clear explanation of the State’s problem in obtaining the data, what barriers exist and the State time-framed plan to collect and report this data. Such information is critical to inform future activities leading towards full implementation of the performance-based SAPT Block Grant Program.

If the State is using Web BGAS, the State may elect to have the treatment performance measure forms automatically pre-populated with data already submitted to SAMHSA through the Office of Applied Studies’ (OAS) Drug Abuse Services Information System (DASIS), Treatment Episode Data Set (TEDS), State Outcome Measurement and Monitoring System (SOMMS). Web BGAS provides instructions for viewing the State’s data and for electing to have the State’s performance measures pre-populated.

The specifications for pre-populating the application for treatment NOMS data previously submitted SAMHSA by participating in the DASIS/TEDS/SOMMS program are provided below:

- Pre-populated data will be reported separately for the four major levels of care defined in the SAMHSA TEDS program (i.e., outpatient, intensive outpatient, short- and long- term residential);
- All records from providers that do not receive public funding will be excluded to the extent that the State identifies them to SAMHSA; and
- All change measures will be directly calculated by subtraction representing direct change.

If a State elects to pre-populate Performance Measure tables T1-T5, and T7, Web BGAS will pre-populate all tables for which SAMHSA’s Office of Applied Studies has received adequate data from the State through DASIS/TEDS/SOMMS. These pre-populated tables will be used for the purposes of completing the section as well as for external reporting.
If a State chooses to complete these tables independently, the following instructions should be used.

1. Include all “Primary Clients” who received services from treatment programs that received some or all of their funding from the Substance Abuse Prevention and Treatment Block Grant. Do not include family members or other persons collaterally involved in the clients’ treatment. Include only persons actually admitted to treatment, excluding those who received detoxification, outreach, early intervention or assessment/Central Intake services but who did not enter treatment. In addition to completing the T tables as described by the directions above, a State may wish to report on specific modalities or populations separately such as outpatient, residential and opioid replacement therapy or treatment completers versus non-completers. The State is asked to clearly identify how and why such distinctions are made. The State should discuss how it addressed tracking clients receiving opioid replacement therapy/pharmacotherapy in their State and provide a description in the State Description of Data Collection form.

2. Report data for the most recent year for which the data are available at the time the application is submitted on Forms T1-T7. Enter the 12 month period reported in each Form in the space provided.

3. Report data on all clients who have a discharge record in the reporting year. All clients with treatment periods that ended in the reporting year (i.e., clients who did not receive subsequent treatment in 30 days) should have a discharge record.

4. Please complete each form if possible. If States cannot report such data, States must communicate their current capacity to report on the proposed SAPT Block Grant supported program performance measures, a clear explanation of the State’s problem in obtaining the data, what barriers exist and the State time-framed plan to collect and report this data.

5. Forms T1-T6 collect data on the number and percent of clients for the characteristics of interest (i.e., employment status, homelessness, etc.) at admission and discharge. If possible, the State should report based on treatment episode. In episode-based reporting, admission is defined as occurring on the first date of service in a program/service delivery unit prior to which no services have been received from any program/service delivery unit for 30 days. Discharge is defined as occurring on the last date on which the client received service from a program/service delivery unit, subsequent to which the client received no services from any program/service delivery unit for 30 days. For example, a client may present for detoxification 29 days after being discharged from an intensive outpatient program. If possible, that client’s treatment in detoxification and subsequent levels of care, if any, should be linked to the prior service(s) record(s) up to the point where a client had an uninterrupted 30 day period in which no services were received. If a client presented for treatment 32 days after being discharged from a previous treatment service, a new episode of care would begin.
If a State is unable to report on an episode basis, it should report the basis it has used for producing the reported data. For example, the State may only be able to report data based on Modalities/Layers of Care. The State should also discuss the specific approach used to define admission and discharge within this framework.

6. For Forms T1-T6, please respond to the questions related to data source, e.g., how admission and discharge basis are defined, how admission and discharge data are collected, how admission and discharge data are linked, and whether or not the State is able to collect such data.

**INSERT OVERALL NARRATIVE:**

The State should address as many of these questions as possible and may provide other relevant information if so desired. Responses to questions that are already provided in other sections of the application (e.g., planning, needs assessment) should be referenced whenever possible.

**State Performance Management and Leadership**

Describe the Single State Agency’s capacity and capability to make data driven decisions based on performance measures. Describe any potential barriers and necessary changes that would enhance the SSA’s leadership role in this capacity.

Describe the types of regular and ad hoc reports generated by the State and identify to whom they are distributed and how.

If the State sets benchmarks, performance targets or quantified objectives, what methods are used by the State in setting these values?

What actions does the State take as a result of analyzing performance management data?

Has the State developed evidence-based practices (EBPs) or programs and, if so, does the State require that providers use these EBPs?

**Provider Involvement**

What actions does the State expect the provider or intermediary to take as a result of analyzing performance management data?

If the SSA has a regular training program for State and provider staff that collect and report client information, describe the training program, its participants and frequency.

Do workforce development plans address NOMs implementation and performance-based management practices?
Does the State require providers to supply information about the intensity or number of services received?