4. How to complete Forms 7a and 7b

These items require the completion of the Treatment Utilization Matrix (Forms 7a) and the matrix for Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use in State-Funded Services (Form 7b).

These Forms are intended to capture the unduplicated count of persons with initial admissions to an episode of care (as defined in the Treatment Episode Data System standards) during the 12-month State expenditure period you designated on Form 1. Note that in Form 7a, the number of persons served reported in column B is a subset of the number of admissions reported in column A. Numbers admitted seeks to capture information by level of care on the number of initial admissions to an episode of care during the 12-month State expenditure period you designated on Form 1. Clients served during the State Expenditure Period is a subset of Column A requiring the State to count individuals only once for each level of care even if they terminate and are readmitted to that level of care during the 12-month time period. A client is defined as an individual served even if the only service they receive is admission.

In Form 7b, each client with an initial admission or subsequent admissions reported on Form 7a, column A to any level of care during the State Expenditure Period is to be reported only once. Note that the Form 7a rows are not to be totaled nor would that total be expected to equal the total of Form 7b because a person may be served at more than one level of care and would be counted more than once on form 7a.

Form 7a documents the levels and amounts of care purchased Statewide during the 12-month State expenditure period you designated on Form 1, by the principal agency of the State administering the block grant. Include all care purchased with public dollars, regardless of the source of funds.

How to Complete Form 7a (Treatment Utilization Matrix)

The rows on Form 7a define levels of care. The definitions are as follows:

DETOXIFICATION (24-HOUR CARE)

Row 1: Hospital inpatient – Twenty-four hour/day medical acute care services for detoxification for persons with severe medical complications associated with withdrawal.

Row 2: Free-standing residential – Twenty-four hour/day services in a non-hospital setting that provide for safe withdrawal and transition to ongoing treatment.

REHABILITATION/RESIDENTIAL

Row 3: Hospital inpatient - Twenty-four hour/day medical care (other than detoxification) in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency.
Row 4: Short-term (up to 30 days) – Short-term residential, typically 30 days or less of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency.

Row 5: Long-term (over 30 days) - Long-term residential, typically over 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency (may include transitional living arrangements such as halfway houses).

AMBULATORY (OUTPATIENT)

Row 6: Outpatient – Treatment/recovery/aftercare or rehabilitation services provided where the patient does not reside in a treatment facility. The patient receives drug abuse or alcoholism treatment services with or without medication, including counseling and supportive services. Day treatment is included in this category. This also is known as nonresidential services in the alcoholism field.

Row 7: Intensive outpatient – Services provided to a patient that last two or more hours per day for three or more days per week.

Row 8: Detoxification – Outpatient treatment services rendered in less than 24 hours that provide for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological).

Row 9: Opioid Replacement Therapy - Report the number of clients for whom it was planned to use opioid replacement therapy during their course of treatment.

Reporting on Form 7a Levels of Care (Treatment Utilization Matrix)

All numbers should reflect treatment services provided to clients with an initial admission to an episode of care during the 12-month State Expenditure Period that you designated on Form 1. Your State may not have funded all levels of care. If any row is not applicable, enter zeroes in the appropriate columns.

States must report treatment utilization data in columns A and B and are requested to report data in columns C, D, and E if possible.

Column A: Report the total number of initial admissions to an episode of care for each of the nine levels of care during the 12-month State Expenditure Period designated on Form 1. Each re-admission of a client that occurs during the applicable 12-month time frame would be counted.

Column B: Report the unduplicated number of persons served within the set of persons who were admitted during the 12-month period specified on Form 1. Note that column B is a subset of column A. Clients served during the State Expenditure Period are counted only once in each applicable level of care, even if they terminate and are readmitted during the 12-month time period.
Column C: Report the mean cost per person served for each of the nine levels of care. The mean cost is the total cost, including operating and capital costs, divided by the number of persons served. If your program offers services to family members and others besides the client, then count only those persons who actually have a treatment record and have received counseling or treatment services. For example, children would not be counted if they receive only daycare within a women’s program that is providing treatment to their mother.

Column D: Report the median cost per person for each of the nine levels of care.

Column E: Report the standard deviation of cost per person for each of the nine levels of care.

Reporting on Form 7b (Number of Persons Served [Unduplicated Count] for Alcohol and Other Drug Use in State-Funded Services)

In Form 7b, each client initiating care during the State Expenditure Period is to be reported on this form according to age, sex, racial and ethnic categories. In addition, this form also documents the number of clients who were pregnant. A separate cell is also provided to capture data on clients served in this reporting period but admitted in a prior period. These data aggregations by race and ethnicity are the categories required by the October 30, 1997 revision of OMB Statistical Policy Directive No. 15: Race and Ethnic Standards for Federal Statistics and Administrative Reporting (http://www.whitehouse.gov/omb/fedreg/ombdir15.html).

Form 7b covers persons admitted and served through care purchased statewide by the principal agency of your State that administered the block grant during the 12-month State Expenditure Period you designated on Form 1. Include all care purchased with public dollars, regardless of the source of funds.

Column A: Report the total number of persons served Statewide (unduplicated count) for each age group in rows 1 through 5, with the sum of persons in all age groups shown in row 6. Row 7 is the total number of women who were pregnant.

Columns B through H: Report the number of persons served (unduplicated count) for rows 1 through 5 across sex and race/ethnicity columns B through H. For the “total” row 6, enter the number of persons served for the total group captured within each column. The total of columns B through H should equal the total reported in Column A.

Columns I and J: Report the number of persons by sex and age who are either (I) not Hispanic or Latino or (J) Hispanic or Latino. Note that the total of Columns I and J should also equal the total reported in Column A. In row 7, the total number of pregnant women in columns I and J, as well as the total number in columns B through H, should both equal the total in Column A.
Did the values reported by your State on Forms 7a and 7b come from a client-based system(s) with unique client identifiers?

☐ Yes  ☐ No

In the second section of Form 7b, report the Numbers of Persons Served during this period who were admitted prior to the current 12 month reporting period but were not counted in the first section of Form 7b.