

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment**

**Guidance for Applicants (GFA) No. TI 02-010  
Part I - Programmatic Guidance**

**Cooperative Agreements  
for  
State Data Infrastructure  
  
Short Title: SDI Program**

Application Due Date:  
**July 24, 2002**

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Authority: Section 1971 and Section 1935 (b), of the Public Health Service Act, as amended, and subject to the availability of

## Table of Contents

**[Note to Applicants: To prepare a complete application, PART II - "General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements" (February 1999), must be used in conjunction with this document, PART I - "Programmatic Guidance."]**

Agency .....	3
Action and Purpose .....	3
Who Can Apply .....	3
Application Kit .....	4
Where to Send the Application .....	4
Application Dates .....	5
How to Get Help .....	5
Award Criteria .....	6
Cooperative Agreements .....	6
Background .....	7
Legislative Requirements .....	7
Program Overview .....	8
Performance Monitoring .....	9
Post Award and Reporting Requirements .....	10
Preparing the Application - What to Include .....	10
Project Narrative/Review Criteria – Sections A through D Highlighted .....	12
Confidentiality and SAMHSA Participant Protection .....	16
Special Considerations and Requirements .....	18
Appendices -	
Appendix A - National Treatment Plan .....	20
Appendix B - Treatment Performance Measures .....	21

## Agency

Department of Health and Human Services,  
Substance Abuse and Mental Health Services  
Administration

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## Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) announces the availability of FY 2002 funds for cooperative agreements with States to upgrade State data infrastructure (SDI).

The primary goal of this program is to help Single State Authorities (SSAs) report performance measures for planned Substance Abuse Prevention and Treatment Block Grant Performance Partnerships (PPG). Funds will assist States, in collaboration with each other and with CSAT, to develop administrative data infrastructure for collecting and reporting PPG and related information. Funds can also be used to upgrade State staff needed to collect and analyze performance data.

Approximately \$5.0 million will be available. Annual awards available to the 50 States, the District of Columbia and Puerto Rico will be approximately \$100,000 in total costs (direct and indirect). Annual awards available to U.S. territories will be approximately \$50,000 in total costs (direct and indirect). Actual funding levels will depend upon the number of scored applications and the availability of funds.

In accordance with Section 1971(d) of the PHS Act, grantees must match the amount of the Federal grant award dollar for dollar. See

Matching Requirement in the Legislative Requirements section of this document.

Awards may be requested for up to three years. Annual continuation awards are subject to continued availability of funds and progress achieved. Second and third year funding may be supplemented if additional funds become available. Any increases in funding will be restricted to States and Territories funded under this SDI program. Some, none, or all grantees may receive supplemental funding based on the needs of the program and the availability of funds.

## National Treatment Plan

On November 28, 2000, CSAT released "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative" (NTP). The SDI program addresses NTP strategies, "Invest for Results," "No Wrong Door," and "Commit to Quality," through providing planning tools for allocating substance abuse services resources. Thus, this activity assists in the wise use of resources to better serve those in need. For additional information about the NTP and how to obtain a copy, see Appendix A of this document.

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## Who Can Apply

The statutory authority for this program limits eligibility to the States. Applications are limited to the Single State Authorities (SSAs) because of their responsibility to submit performance data for the planned Performance Partnership Grants (PPGs).

For the purposes of this GFA, the term “State(s)” includes SSAs for all 50 States, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands.

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## Application Kit

All SAMHSA application kits include a two-part grant announcement (also called the “Guidance for Applicants” or “GFA”) and the blank forms needed for preparing the application and other program related materials.

**The application kit for this GFA includes:**

- c Part I Programmatic Guidance** - Provides guidance specific to the State Data Infrastructure program. This document is Part I.
- c Part II General Policies and Procedures** - Provides general policies that apply to all SAMHSA applications for grants and cooperative agreements.
- c FORM PHS-5161-1 (Revised 7/00)** - Includes required blank forms for preparing the application.

**You must use Part I and Part II of the GFA, and FORM PHS 5161-1 to apply.**

Other materials included are:

- c OMB State Single Point of Contact Listing** - You must inform the Single Point of Contact (SPOC) in your State of your application. See Part II of the GFA in the

section entitled “Intergovernmental Review (E.O. 12372)” for instructions and further information.

- c Assurance of Compliance** - Title VI of the Civil Rights Act of 1964, (Form HHS-690) - See FORM PHS 5161-1, Part A of the “Checklist.” The Form HHS-690 is included for use by the those States who may need to file the relative assurances with DHHS. Instructions are included on the form.

**Complete application kits for this GFA will be mailed directly from SAMHSA/CSAT by the Government Project Officer (GPO) to the SSAs. For additional copies please contact:**

Richard Thoreson, GPO  
Center for Substance Abuse Treatment  
SAMHSA  
Rockwall II, Suite 840  
5600 Fishers Lane  
Rockville, MD 20857  
Phone: (301) 443-5325  
E-Mail: [rthoreso@samhsa.gov](mailto:rthoreso@samhsa.gov)

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## Where to Send the Application

Send the original and 2 copies of the application to:

## **SAMHSA Programs**

Center for Scientific Review  
National Institutes of Health  
Suite 1040  
6701 Rockledge Drive MSC-7710  
Bethesda, MD 20892-7710

### **Note:**

- c Change the zip code to 20817 if express mail or courier service is used. If a phone number is required for delivery, 301-435-0715 may be used.
  
- c Please be sure to type TI 02-010 SDI Program in block 10 on the face page of the application (Standard Form 424, of FORM PHS 5161-1).
  
- c Effective immediately, all applications must be sent via a recognized commercial or government carrier. Hand-carried applications will not be accepted.

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## **Application Dates**

The application must be received by July 24, 2002.

Applications received after July 24, 2002 must have a proof-of-mailing date from the carrier not later than July 17, 2002.

Private metered postmarks **are not** acceptable as proof of timely mailing. Late applications will be returned without review.

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## **How to Get Help**

**For questions regarding program issues in general, and Web technology in particular, please contact:**

Richard Thoreson, GPO  
Center for Substance Abuse Treatment  
SAMHSA  
Rockwall II, Suite 840  
5600 Fishers Lane  
Rockville, MD 20857  
Phone: (301) 443-5325  
E-Mail: [rthoreson@samhsa.gov](mailto:rthoreson@samhsa.gov)

**For questions on treatment performance measures issues, please contact:**

Hal Krause, Public Health Analyst  
Center for Substance Abuse Treatment  
SAMHSA  
Rockwall II, Suite 880  
5600 Fishers Lane  
Rockville, MD 20857  
Phone: (301) 443-0488  
E-Mail: [hkrause@samhsa.gov](mailto:hkrause@samhsa.gov)

**For questions on the Health Insurance Portability and Accountability Act (HIPAA) please contact:**

Sarah Wattenberg, Public Health Analyst  
Center for Substance Abuse Treatment  
SAMHSA  
Rockwall II, Suite 740  
5600 Fishers Lane  
Rockville, MD 20857  
Phone: (301) 443-0092  
E-Mail: [swattenb@samhsa.gov](mailto:swattenb@samhsa.gov)

**For questions on grants management issues, please contact:**

Stephen Hudak  
Division of Grants Management, OPS  
SAMHSA  
Rockwall II, 6<sup>th</sup> floor  
5600 Fishers Lane  
Rockville, MD 20857  
Phone: (301) 443-9666  
E-Mail: [shudak@samhsa.gov](mailto:shudak@samhsa.gov)

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## Award Criteria

Decisions for making cooperative agreement awards are based on:

- c Strengths and weaknesses of the application as shown by a peer review committee and approved by the CSAT National Advisory Council.
- c Availability of funds.
- c The proportion of scored applications from States that certify that they have a fundamental basis for the collection, analysis, and reporting of substance abuse performance measures and the proportion of States that certify that they do not have such basis. CSAT intends to award available funds according to these proportions. To achieve this proportionality, it may not be possible to fund grants in priority score order.

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## Cooperative Agreements

Awards will be made as cooperative agreements because of the complexity of the program and the ongoing involvement of Federal staff in PPG, Web IT, and HIPAA activities. Under this GFA, the

cooperative agreement between the State and CSAT will include the following terms.

### States Will:

- c cooperate fully with CSAT staff, and CSAT's contractor(s), in carrying out the project;
- c comply with program requirements and terms and conditions of award;
- c implement activities proposed by the State in response to this GFA, plus prepare CSAT-required reports;
- c make available (directly or through donations from public or private entities) non-Federal contributions not less than 50 percent of project costs; and
- c continue reporting Performance Partnership performance measures after completion of the cooperative agreement.

### CSAT Staff Will:

- c provide specialized guidance on project design, including data collection activities and analyses, treatment performance measures and software issues;
- c obtain the necessary OMB clearance for treatment performance measures;
- c review and approve any programmatic changes to the project post award, such as: change in objectives, change

in project design, and adjustments or revisions to treatment performance measures; and

- c participate in committees/meetings or in other functions responsible for helping to guide the course of the project.

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## Background

In 1993, the Assistant Secretary for Health initiated discussions for changing the current block grant programs in SAMHSA and other agencies to performance partnerships. Under this concept States would have greater flexibility in the use of the funds with accountability based on performance and systems improvement. After considerable discussion within the Department, proposals were submitted to Congress to change the program. However, no legislation was introduced at that time. States expressed concern that they had neither an infrastructure to collect, analyze and report on such data, nor the resources to establish such a system.

The Department responded to the States concerns by bringing together State officials for a meeting in 1996 to discuss the implementation of performance based systems. As a result of that meeting, CSAT began further discussions with the National Association of State Alcohol and Drug Abuse Directors (NASADAD). In February of 1997, an agreement was reached for the parties to work together on the development of performance measures to be used and on the resource needs for States to develop the data infrastructure needed.

During this same period, increased emphasis on performance and outcomes at the Federal level with the passage and implementation of the Government Performance and Results Act (GPRA) coupled with parallel interests at the State level, heightened the need to move forward on performance partnerships efforts.

While work has proceeded with the States for identifying performance measures and great strides in developing a body of performance measures have been made, only recently has legislation been passed (Public Law 106-310) to cover these efforts. Effective October 2000, Section 1949 of the Public Health Service (PHS) Act lays out provisions for a plan to be developed by the DHHS Secretary, in conjunction with the States, for PPGs under the Substance Abuse Prevention and Treatment (SAPT) Block Grant Program. The plan is scheduled to be submitted to Congress in October 2002.

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## Legislative Requirements

The SDI program has the following three legislative requirements.

**Eligibility Requirement.** Section 1971 (b) of the PHS Act requires that “the Secretary shall establish criteria to ensure that services will be available under this section to States that have a fundamental basis for the collection, analysis, and reporting of ... substance abuse performance measures and States that do not have such basis.”

To address this requirement, Appendix 3 to the application must include a statement signed by the SSA director that certifies whether or not the State has a fundamental basis for the

collection, analysis, and reporting of substance abuse performance measures. Review criteria confer no advantage to either category, except that descriptive information in the application should substantiate the certification.

CSAT intends to award available funds among scored applications in proportion to the number that certify that they have or do not have a fundamental basis for the collection, analysis, and reporting of substance abuse performance measures.

For example, if 70 percent of all scored applications come from States that do not have such a fundamental basis, then approximately 70 percent of available funds will be awarded to States in that category. In this example, approximately 30 percent of funds would go to States that have such a fundamental basis. It should be noted that, in order to maintain this proportionality, it may not be possible to fund States in priority score order.

**Reporting Requirement.** Section 1971 (c) of the PHS Act requires that all State awardees must agree, as a condition of award, to collect, analyze, and report to CSAT, within two years of the date of award, on a core set of performance measures to be determined in conjunction with the States. In addition, since funds for this program come from the Block Grant set-aside, Section 1935 (b)(3) of the PHS Act requires that the reporting of performance measures continue thereafter on an annual basis.

Updated draft Core Performance Measures (see Appendix B entitled **Treatment Performance Measures**) are available at the NASADAD website [[www.NASADAD.org](http://www.NASADAD.org)]. They will be finalized in the near future. The measures are subject to review and approval by the Office of Management and Budget (OMB). The first

reporting of these performance measurement data will occur as part of the FY 2005 SAPT PPG application.

Activities under this cooperative agreement program will be monitored in terms of data submitted on the PPG application and prospects for continuous data submission on future applications.

**Matching Requirement.** Section 1971 (d) of the PHS Act requires applicants to agree to make available (directly or through donations from public or private entities) non-Federal contributions at least 50 percent of project costs. For example, if the award is \$100,000, then the non-Federal contribution must also be \$100,000, which is 50 percent of total project cost (\$200,000). A non-Federal contribution may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such contributions.

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## Program Overview

The State Data Infrastructure goals are:

- C to assist States to meet treatment performance reporting requirements of the planned PPGs;
- C to give States greater flexibility to use Block Grant funds by shifting accountability away from monitoring expenditures and toward performance measurement;

- C to assist States in the development and integration of administrative data systems and information technology (IT); and
- C to support States in the development of technical staff for analysis of treatment access, quality assurance, and provider/program performance.

Consistent with Section 1971 (c) of the PHS Act, the SDI program funds State efforts to collect, analyze and report performance measurement data addressing the Performance Partnership measures developed through collaboration with the States and NASADAD. These measures and their data element definitions will be finalized in the near future.

States are expected to accomplish State Data Infrastructure goals mainly by developing and integrating administrative, client-level data collection, analysis, and reporting systems. These data systems process client-level data related to the delivery of substance abuse treatment and related services. Client-level data are documented in problem assessments, admission records, service encounter records, bills, clinical records, and outcome at discharge and at post-discharge follow-up records.

The first step involves collaboration among awardees and CSAT in the development of standard measures (i.e., data definitions and formats for presentation and storage). The second step involves collaboration around implementation rules using Web Information Technology (Web IT). Along with development of technical staff in each SSA, these collaboratives should promote common performance data definitions, data entry only once for CSAT grantees' who report both GPRA data

to CSAT and PPG data to the SSA, systematic analysis of performance data, reuse of Web applications, and compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

SSAs are also encouraged to propose partnerships with related in-State programs such as mental health, Medicaid, and criminal justice. It is strongly recommended that the project team include expertise in processing payments to treatment providers and related fiscal reconciliation, treatment service delivery, information technology systems, and analysis of treatment needs and services.

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## **Performance Monitoring**

The Government Performance and Results Act (GPRA) requires the Federal Government to assess the results of each of its activities. For SDI, the ultimate measure of success is the ability of the States to report valid, reliable performance measures for PPGs. Activities under this cooperative agreement program will be monitored in terms of data and analysis submitted on the PPG/SAPT Block Grant application, and in terms of prospects for continuous if not upgraded data submissions on future applications.

Routine progress and final reports will also be reviewed against the project time lines in the application. Data sets and reports submitted to CSAT as part of this initiative will be reviewed for appropriateness as well as checked for reliability and validity to the extent possible. CSAT will monitor all SDI program activity to assess the success of individual States in accomplishing the goals of this GFA.

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## Post Award and Reporting Requirements

### Annual Meetings:

- c A minimum of two project representatives are expected to attend each annual meeting.
- c The meetings will be held in the Washington, D.C., area for approximately 2 days and should be budgeted for in the application.

### Reporting Requirements:

- c **Progress Reports** - States will be required to submit semi-annual progress reports. The following will be reported:
  - status of each activity funded;
  - difficulties or problems encountered;
  - necessary changes or adjustments; and
  - items of special interest or relevance.
- c **Final Reports** - States will be required to submit a final report at the end of the project period that includes:
  - overall project accomplishments;

- discussion of how the relative activity objectives were met; and
- summary of activity findings and their usefulness.

Further guidance for all reports will be provided post award by the GPO.

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## Preparing the Application - What to Include

In order for the application to be complete, it must include the following in the order listed. For your convenience, boxes are provided for checking off areas as you complete them for your application.

### 1. FACE PAGE

Use the Standard Form 424 found in the FORM PHS 5161-1. See Appendix A in Part II of the GFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

### 2. ABSTRACT

Your total abstract may **not** be longer than 35 lines. In the **first 5 lines or less** of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if your project is awarded.

### 3. TABLE OF CONTENTS

Include page numbers for each of the major sections of your application **and** for each appendix.

### 4. BUDGET FORM

Fill out sections B, C, and E of the Standard Form 424A found in the FORM PHS 5161-1. See Appendix B in Part II of the GFA for instructions.

### 5. PROJECT NARRATIVE/REVIEW CRITERIA AND SUPPORTING DOCUMENTATION

The **Project Narrative/Review Criteria** includes sections A through D as listed below. Detailed guidance for what to include is found under the **Project Narrative/Review Criteria - Sections A Through D Highlighted**, following number 9 of this checklist.

**Section A - Status of current SSA information systems and related technical staff**

**Section B - Project plan**

**Section C - Data collection and analysis**

**Section D - Project management plan, staff, equipment, facilities, and resources**

The **Supporting Documentation** for your application must be provided in Sections E through H as listed below. There are no page limits for Sections E, F, and H. However, there are page limitations for biographical sketches and job descriptions as specified in Section G.

' **Section E - Literature citations**

This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

' **Section F - Budget justification, existing resources, other support**

Provide a narrative budget justification for direct costs requested and for your matching cash or in kind contributions. Describe how the categorical costs are derived. Discuss the necessity, rationale and allocation of the proposed costs. Provide a detailed budget for each budget period. Use the formats and guidance included in Part II of the GFA, Appendix B, Example A for developing this section of your application.

' **Section G - Biographical sketches and job descriptions**

c Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment from the individual with his/her sketch.

c Include job descriptions for key personnel. They should not be longer than **1 page**.

**Note:** Sample sketches and job descriptions are outlined in Item 6 in the Program Narrative section of the FORM PHS 5161-1.

' **Section H - Confidentiality and SAMHSA Participant Protection**

The seven areas you need to address in this section are outlined after the Project Narrative/Review Criteria description in this document.

' **6. APPENDICES**

c **Don't** use appendices to extend or replace **Project Narrative/Review Criteria, Sections A through D**. Appendices used for this purpose will **not** be considered by the peer review committee.

c **Use only the appendices listed below:**

**Appendix 1:** "Letters of Coordination and Support" (should **not** be longer than 10 pages in total).

**Appendix 2:** "List of Acronyms," with definitions, used in the application.

**Appendix 3:** A statement signed by the SSA director that certifies whether or not the State "has a fundamental basis for the collection, analysis, and reporting of substance abuse performance measures."

**Appendix 4:** Copies of data collection instruments.

**Appendix 5:** Sample consent forms.

' **7. ASSURANCES AND CERTIFICATIONS**

c **Assurances - Non-Construction Programs - Complete Standard**

Form 424B found in FORM PHS 5161-1.

## **8. DISCLOSURE OF LOBBYING ACTIVITIES**

Use Standard Form LLL (Rev. 7-97) (and LLL-A, if needed) found in the FORM PHS 5161-1. For guidance regarding lobbying activities, please see Part II of the GFA in the section entitled “Lobbying Prohibitions.”

## **9. CHECKLIST**

Use the “Checklist” included in the FORM PHS 5161-1. See Appendix C in Part II of the GFA for instructions.

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## **Project Narrative/ Review Criteria – Sections A Through D Highlighted**

**Sections A through D are the project narrative/review criteria part of your application and must describe what you intend to do with your project.** Below you will find detailed information on how to respond to sections A through D.

**c Sections A through D may not be longer than 25 pages in total.** See Part II of the GFA in the section entitled “Application Instructions” for details on issues such as number of copies, assembly and other page formatting (font, margins, spacing, etc.). **Failure to comply with these specifications will result in your application not being reviewed by the peer review committee.**

**c** A peer review committee will assign a point value to your application based on how well you address sections A through D. For additional information see Part II of the GFA in the section entitled “Review Process.”

**c** The number of points after each Section heading (Sections A through D) shows the maximum points a peer review committee may assign to that category. For example, a perfect score for Section A will result in a rating of 15 points.

**c** The bullets that follow each Section heading serve as a guide to the applicant for the areas that must be addressed in that Section. A summary paragraph or a simple ‘no activity’ statement may be sufficient to respond to a bullet as long as the entire narrative is integrated and complete. Each bullet does not have a separate weight.

**c** The peer review committee will also be looking for cultural competence. Cultural competence issues to be addressed are included, as appropriate, in Sections A through D. Points will be assessed for how well applications address the cultural aspects of the criteria. See Appendix D in Part II of the GFA entitled “Guidelines for Assessing Cultural Competence.”

**Section A - Status of current SSA information systems and related technical staff (15 points)**

- ' Compare current administrative treatment data to proposed treatment performance measures required by the planned PPGs, as outlined in Appendix B of this document.
- ' Provide background on current administrative data systems, including hardware, software, analysis/reporting and related staff capabilities, and operating costs.
- ' Describe the number and types of treatment providers currently reporting data to the SSA, to the SAMHSA/Office of Applied Studies (OAS) Treatment Episode Data Set (TEDS), and to the SAMHSA/OAS N-SSATS Facility Survey.
- ' Describe steps taken to reduce the burden of administrative data reporting for CSAT grantees in your State (e.g., Targeted Capacity Expansion (TCE)) by integrating Government Performance and Results Act (GPRA) and PPG data collection and reporting processes.
- ' Describe current level of IT systems integration with in-State agencies (e.g., mental health, Medicaid, social services) that also assist substance abuse treatment clients.
- ' Describe the current technical, programmatic, and policy challenges for SSA administrative treatment data.
- ' State the purpose and goals of your project.
- ' Compare the purpose and goals of the proposed project to SDI purpose and goals.
- ' Describe plans for standardizing administrative data content and for upgrading system software, hardware, and related SSA staff.
- ' Describe plans for expanding the reporting universe of treatment providers, as well as plans for linking provider records to same-client records maintained by other State agencies (to assess unmet treatment need as well as treatment outcomes).
- ' Describe how the SDI activity will reduce data collection costs and/or improve the scope and quality of administrative information via better data collection methods, systems integration, and data analysis.
- ' Describe plans for increasing clinician productivity by reducing paperwork and by integrating administrative data processing with service delivery.
- ' Describe how improved administrative data will be used for quality assurance, program management, and policy planning by clinicians, providers, counties/regions, and managed care organizations, as well as the SSA.
- ' Describe SSA plans to comply with HIPAA regulations, as well as plans for HIPAA-related SSA assistance to sub-

**Section B - Project plan (45 points)**

State agencies and to publically funded treatment providers.

' Describe plans to integrate SSA administrative data reporting with Government Performance and Results Act (GPRA) reporting by CSAT grantees in your State (e.g., Targeted Capacity Expansion (TCE)).

' Describe plans for integrated data systems for substance abuse, mental health and Medicaid. Include letters of coordination and support in Appendix 1 of the application.

' Describe plans for collaboration with CSAT's PPG data standards development, HIPAA, and Web IT activities.

' Describe plans to upgrade client data reporting to TEDS and facility reporting to N-SSATS.

' Describe plans to partner with local and sub-state agencies in developing and operating administrative data services. Include letters of coordination and support in Appendix 1 of the application.

' Describe SSA plans for treatment process performance testing.

' Describe SSA plans for consumer self reported perception of care.

' Describe how the proposed activities are sensitive to cultural values and needs of the target population, related to language, race/ethnicity, gender, age, sexual orientation, disability and literacy levels as

well as any other factors important in understanding the population.

' Provide assurances of State capacity, resources, and support for continued implementation and reporting of treatment performance measures once the project ends.

### **Section C - Data collection and analysis (20 points)**

' Describe plans for integrating clinical record keeping and other client-level data processing with SSA and 3<sup>rd</sup> party billing activities.

' Describe plans for measuring, analyzing, and reporting treatment outcomes, and for using outcomes data to support treatment quality assurance.

' Describe current quality control procedures for data collection, editing, and transmission. Explain how these procedures will be evaluated and extended by the proposed project.

' Describe plans for integrated analysis of administrative treatment data with substance abuse prevalence and incidence survey data. Discuss State-level surveys as well as SAMHSA's National Household Survey on Drug Abuse (NHSDA) and Drug Abuse Warning Network (DAWN).

' If there are treatment performance measures listed in Appendix B of this document in which data collection would not be possible, describe the

reasons, and, if possible, provide a proxy measure that can be collected.

**Section D - Program management plan, staff, equipment, facilities, and resources (20 points)**

- ' Describe the project management plan, including proposed staff for the project as a whole, estimated time lines for proposed tasks, and staff loading by major task.
- ' Describe the expertise and experience (e.g., processing payments and grant reconciliation, treatment service delivery, IT, and analysis of treatment needs and services) of the project director and other key project team personnel, including SSA staff and proposed consultants and contractors.
- ' Describe the SSA's knowledge and experience with similar projects, and with SAMHSA/CSAT's activities related to PPG Outcome measures, HIPAA, database integration and Web IT.
- ' Describe competence of project team to address the culture, values and needs of the clinician and treatment client population, and proposed training (if any) to address important language race/ethnicity, age, gender, sexual orientation, disability, literacy issues.

**Note:** Although the **budget** for the proposed project is not assigned points for review, the peer review committee will be asked to comment on the budget after the merits of the application application have been considered.

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## **Confidentiality and SAMHSA Participant Protection**

The CSAT Director has determined that cooperative agreements awarded through this announcement must meet SAMHSA Participant Protection Requirements. You must address 7 areas regarding SAMHSA participant protection in your supporting documentation. If one or all of the 7 areas are not relevant to your project, you must document the reasons. No points will be assigned to this section. Your response to this section does not count against the 25 page limit for Sections A-D.

This information will:

- c Reveal if the protection of participants is adequate or if more protection is needed.
- c Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In this section of your application (Confidentiality and Participant Protection Section) you will need to:

- c Report any possible risks for people in your project.
- c State how you plan to protect them from those risks.
- c Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following seven areas **must be discussed**:

### **Ø Protect Clients and Staff from Potential Risks**

- C Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse affects.
- C Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- C Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
- C Give plans to provide help if there are adverse effects to participants.
- C Where appropriate, describe alternative treatments and procedures that may be beneficial to the subjects. If you do not decide to use these other beneficial treatments, provide the reasons for not using them.

### **Ú Fair Selection of Participants**

- C Describe the target population(s) for the proposed project. Include racial/ethnic background, gender, age, sexual orientation, disability and literacy levels. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- C Explain the reasons for using special types of participants, such as pregnant women, children, people with mental disabilities, people in institutions, prisoners, or others

who are likely to be vulnerable to HIV/AIDS.

- C Explain the reasons for **including or excluding** participants.
- C Explain how you will recruit and select participants. Identify who will select participants.

### **Ú Absence of Coercion**

- C Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.
- C If you plan to pay participants, state how participants will be awarded money or gifts.
- C State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

### **Ú Data Collection**

- C Identify from whom you will collect data, for example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
- C Identify what type of specimens (e.g., urine, blood) will be used, if any. State

if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- C Provide in Appendix 4 “Data collection Instruments,” copies of all administrative data collection instruments that you currently use.

## Ü Privacy and Confidentiality

- C List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected. Describe:

- how you will use data collection instruments;

- where data will be stored;

- who will or will not have access to information; and

- how the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

**Note:** If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part 2 (42 CFR, Part 2).

## Ý Adequate Consent Procedures

- C List what information will be given to participants regarding the nature and purpose of their participation. Include how the data will be used and how you will keep the data private. Also, include:

- if their participation is voluntary,

- their right to leave the project at any time without problems,

- risks from the project, and

- plans to protect clients from these risks.

- C Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

**Note:** If the project poses potential physical, medical, psychological, legal, social or other risks, you should get **written** informed consent.

- C Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example:

- Will you read the consent forms?

- Will you ask prospective participants questions to be sure they understand the forms?

- Will you give them copies of what they sign?

**C** Include sample consent forms in your Appendix 5, titled “Sample Consent Forms.”

**Note:** Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

**C** Describe if separate consents will be obtained for different stages or parts of the project. For example:

- Will they be needed for both the treatment intervention and for the collection of data?

- Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

### **P Risk/Benefit Discussion**

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

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## **Special Considerations and Requirements**

SAMHSA’s policies and special considerations and requirements can be found in **Part II of the GFA** in the sections by the same names. The policies, special considerations, and requirements related to this program are:

**C** Population Inclusion Requirement,

**C** Government Performance Monitoring,

**C** Health People 2010: The Healthy People 2010 focus areas related to this program are in Chapter 26: Substance Abuse,

**C** Consumer Bill of Rights,

**C** Promoting Non-use of Tobacco,

**C** Letter of Intent,

**C** Intergovernmental Review (E.O. 12372), and

**C** Confidentiality/SAMHSA Participant Protection.



**NATIONAL TREATMENT PLAN (NTP)**

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated *Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative* (NTP) to build on recent advances in the field, to bring together the best ideas about improving treatment, and to identify action recommendations that could translate ideas into practice.

The NTP combines the recommendations of five Expert Panels, with input from six public hearings and solicitation of experience and ideas through written and online comments, into a five-point strategy: (1) Invest for Results; (2) No Wrong Door to Treatment; (3) Commit to Quality; (4) Change Attitudes; and (5) Build Partnerships. The recommendations represent the collective vision of the participants in the NTP conversation. The goal of these recommendations is to ensure that an individual needing treatment, regardless of the door or system through which he or she enters, will be identified and assessed and will receive treatment either directly or through appropriate referral. Systems must make every door the right door.

The NTP is a document for the entire substance abuse treatment field, not just CSAT. Implementing the NTP's recommendations go beyond CSAT or the Federal Government and will require commitments of energy and resources by a broad range of partners including State and local governments, providers, persons in recovery, foundations, researchers, the academic community, etc.

Copies of the NTP may be downloaded from the SAMHSA web site, [www.samhsa.gov](http://www.samhsa.gov) (click on CSAT and then on NTP), or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

**TREATMENT PERFORMANCE MEASURES**

According to the NASADAD Website, the current conceptualization of performance measurement under a SAPT Performance Partnership Grant (PPG) would allow States to measure variables using a variety of methodologies and instrumentation; however, States would be required to collect data in "core" indicator areas and optional State-selected indices and assess their performance against negotiated objectives or targets using a continuous quality improvement framework. The PPGs would focus on State systems accountability by requiring States to measure current performance, set targets and adjust State system activities and priorities based on State's performance relative to these targets.

## FORM 1A. Performance Measure

### Interim standard

Type: Effectiveness

Category: Health Status Physical

Alcohol use

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#### GOAL

To reduce alcohol use in substance abuse treatment population.

#### MEASURE

**Client behavior change:** Frequency of use in past 30 days at admission to AOD treatment and frequency of use at discharge based on prior 30 days (in treatment) or since admission if less than 30 days. Aggregate change in sample or population in 30 days prior to discharge compared to 30 days prior to admission.

#### DEFINITIONS

**Numerator:** Total number of days of use 30 days prior to discharge for each client.

**Denominator:** Total number of days of use 30 days prior to admission for each client.

**Units:** percentage change +/-

#### INTERIM STANDARD

(While guidance is provided, it is recognized that State systems and instruments may vary. States are required to detail exactly how this information is collected in State Detail 1B)

Clients should be evaluated on an admission to discharge basis. Data should be collected using TEDS elements to identify primary, secondary, tertiary drug use at admission and the associated frequency of use data. At discharge, States would collect equivalent data. In aggregate, based on client change from admission to discharge, States should report per cent change in frequency of use in past 30 days at admission to AOD treatment setting and in 30 days prior to discharge:

no past month use (0 days)

1-3 times/month (2 days)

1-2 times/week (6 days)

3-6 times/week (18 days)

daily (30 days)

#### DATA SOURCE and DATA ISSUES

Data Source: Primary data collection based on State standard for admission and discharge client data. E.G. TEDS.

Data Issues: Sampling issue, attrition (see sampling guidance). States may use instruments that differ from TEDS basis.

Primary, secondary, and tertiary drug use reports may change without systematic reference to admission data.

## FORM 2A. Performance Measure

### Interim standard

**Type: Effectiveness**

**Category: Health Status Physical**

**Other drug use**

---

#### GOAL

To reduce other drug use in substance abuse treatment population.

#### MEASURE

**Client behavior change:** Frequency of use in past 30 days at admission to AOD treatment and frequency of use at discharge based on prior 30 days (in treatment) or since admission if less than 30 days. Aggregate change in sample or population in 30 days prior to discharge compared to 30 days prior to admission.

#### DEFINITIONS

**Numerator:** Total number of days of use 30 days prior to discharge for each client.

**Denominator:** Total number of days of use 30 days prior to admission for each client.

**Units:** Percent change +/-

#### INTERIM STANDARD

(While guidance is provided, it is recognized that State systems and instruments may vary. States are required to detail exactly how this information is collected in State Detail 1B)

Clients should be evaluated on an admission to discharge basis. Data should be collected using TEDS elements to identify primary, secondary, tertiary drug use at admission and the associated frequency of use data. At discharge, States would collect equivalent data. In aggregate, based on client change from admission to discharge, States should report per cent change in frequency of use in past 30 days at admission to AOD treatment setting and in 30 days prior to discharge:

no past month use (0 days)

1-3 times/month (2 days)

1-2 times/week (6 days)

3-6 times/week (18 days)

daily (30 days)

#### DATA SOURCE and DATA ISSUES

Data Source: Primary data collection based on State standard for admission and discharge client data. E.G. TEDS.

Data Issues: Sampling issue, attrition (see sampling guidance). States may use instruments that differ from TEDS basis. Primary, secondary, and tertiary drug use reports may change without systematic reference to admission data.

## FORM 3A. Performance Measure

### Interim standard

**Type:** Social Support/Functioning

**Category:** Criminal Justice Involvement

**Number Arrests**

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#### GOAL

To reduce criminal justice involvement in substance abuse treatment population.

#### MEASURE

**Client behavior change:**

T1 - Number of arrests in past 6 months at admission to AOD treatment, and;

T2 - Number of arrests in 6 months prior to discharge or since admission to treatment if treatment is less than 6 months.

Aggregate change in sample or population.

#### DEFINITIONS

**Numerator:** Total number of arrests 6 months prior to discharge for each client, or since admission if treatment is less than 6 months.

**Denominator:** Total number of arrests 6 months prior to admission for each client.

**Units:** percentage change +/-

#### INTERIM STANDARD

(While guidance is provided, it is recognized that State systems and instruments may vary. States are required to detail exactly how this information is collected in State Detail 1B)

Clients should be evaluated on an admission to discharge basis. At discharge, States would collect equivalent data. In aggregate, based on client change from admission to discharge, States should report per cent change in number of arrests 6 months prior to admission to AOD treatment setting and in 6 months prior to discharge or since admission if treatment is less than 6 months:

#### DATA SOURCE and DATA ISSUES

Data Source: Not identified

Data Issues: Sampling issue, attrition (see sampling guidance).

## FORM 4A. Performance Measure

### Interim standard

**Type:** Economic Self-Sufficiency

**Category:** Employment

**Status of Employment**

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**GOAL** To increase employment in substance abuse treatment population.

**MEASURE** **Client behavior change:** Employment status in past 30 days at admission to AOD treatment and employment status at discharge based on prior 30 days (in treatment) or since admission if less than 30 days. Aggregate change in sample or population in 30 days prior to discharge compared to 30 days prior to admission.

**DEFINITIONS** **Numerator:** Status of employment 30 days prior to discharge for each client.

**Denominator:** Status of employment 30 days prior to admission for each client.

**Units:** percentage change +/-

### INTERIM STANDARD

(While guidance is provided, it is recognized that State systems and instruments may vary. States are required to detail exactly how this information is collected in State Detail 4B)

Clients should be evaluated on an admission to discharge basis. Data should be collected using the TEDS question related to employment. At discharge, States would collect equivalent data (TEDS+). In aggregate, based on client change from admission to discharge, States should report per cent change in status of employment in past 30 days at admission to AOD treatment setting and in 30 days prior to discharge:

- unemployed
- employed part time
- employed full time
- not in the labor force

### DATA SOURCE and DATA ISSUES

Data Source: Primary data collection based on State standard for admission and discharge client data. E.G.TEDS

Data Issues: Sampling issue, attrition (see sampling guidance). States may use instruments that differ from TEDS basis.

## FORM 5A

### Interim standard:

Type: Access

### Services to Pregnant Women

Category: Pregnant women

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#### GOAL

Ensure access to substance abuse treatment for pregnant women.

#### MEASURE

The measure is a simple frequency count of admissions.

The plan will provide a self - assessment of how successful the State AOD Agency is in the provision of services to this population. The self-assessment will include a projection of the State's goals for delivering services to this population, and the State's plan for achieving that goal.

#### DEFINITIONS

**Numerator:** To be determined by the State.

**Denominator:** To be determined by the State.

**Units:** To be determined by the State.

#### INTERIM STANDARD

To be identified by the State.

(While guidance is provided, it is recognized that State systems and instruments may vary. States are required to detail exactly how this information is collected in State Detail 5B)

#### DATA SOURCE and DATA ISSUES

Data Source: To be identified by the State. The TEDS data element for ascertaining whether the client is pregnant at the time of admission may be used.

Data Issues: Sampling issue, attrition (see sampling guidance).

**FORM 6A**

**Interim standard:**

**Type:** Health Status

Early intervention to HIV/AIDS services (for designated and non-designated States).

**Category:** People living with HIV/AIDS

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**GOAL** (for designated and non-designated States)

Ensure access to HIV/AIDS services for clients in the AOD treatment system who are at-risk or living with HIV/AIDS.

**MEASURE**

Checklist of State AOD Agency policies communicated through administrative mechanisms. The checklist may include:

- MOUs and other linkage agreements
- HIV/AIDS counseling programs
- Pre- and post-test counseling
- Conduct of Orasures and/or blood tests
- Referrals
- Interim services
- Other

These services may be made available either directly through the AOD Agency service provider, or through referral to HIV/AIDS service providers. The State Plan will include a projection of the State’s goals for ensuring access to HIV/AIDS services for their treatment population, and the State’s plan for achieving that goal.

**DEFINITIONS**

The State Plan will define the items to be included on their checklist.

**INTERIM STANDARD**

(While guidance is provided, it is recognized that State systems and instruments may vary. The State plan will detail exactly how this information is collected.)

These will vary by State.

**DATA SOURCE and DATA ISSUES:**

Data Source: to be determined by the State

Data Issues: Sampling issue, attrition (see sampling guidance).

**FORM 7A**

**Interim standard**

**Type:** Health Status/Physical

**Category:** TB

Access to services for individuals with TB.

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**GOAL**

Ensure access to TB treatment for clients in the AOD treatment system who have TB.

**MEASURE**

Checklist of State AOD Agency policies communicated through administrative mechanisms. The checklist may include:

- MOUs and other linkage agreements
- Conduct of screening of clients
- Conduct of screening of staff
- Referrals
- Assisting clients in medication compliance
- Interim services
- Other (refer to SAPT BG requirements for documentation)

These services may be made available either directly through the AOD Agency service provider, or through referral to a primary health care provider. The State Plan will include a projection of the State’s goals for ensuring access to treatment for TB for their treatment population, and the State’s plan for achieving that goal.

**DEFINITIONS**

The State Plan will define the items to be included on their checklist.

**INTERIM STANDARD**

The form and its instructions for this measure.

(While guidance is provided, it is recognized that State systems and instruments may vary. States are required to detail exactly how this information is collected in State Detail 7B)

**DATA SOURCE AND DATA ISSUES:**

Data source:  
Data issues:

## FORM 8A

### Interim standard

**Type: Effectiveness**

**Category: Co-occurring MH and SA**

These PPG AOD program measures are inadequate without parallel MH program measure. It is therefore recommended that acceptance by the NASADAD membership of this measure be contingent upon its adoption by the NASMHPD membership.

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### GOAL

Ensure services to clients with mental health disorder in the substance abuse treatment population

### MEASURE

1) Percent of Tx programs that:

- a) screen for co-occurring disorders
- b) assess and diagnose co-occurring disorders
- c) Provide Tx to clients w/co-occurring

disorders through collaborative, consultative, and integrated models of care.

2) Number of clients diagnosed with a co-occurring disorder

### DEFINITIONS

**Numerator:** # of Tx programs that screen/assess/provide tx

**Denominator:** # of Tx programs

**Units:** Percent

### INTERIM STANDARD

(While guidance is provided, it is recognized that State systems and instruments may vary. States are required to detail exactly how this information is collected in State Detail 1B)

### DATA SOURCE and DATA ISSUES

Data Source: TBD

Data Issues: Sampling issue, attrition (see sampling guidance).