

**UNIFORM APPLICATION**

**FY 2005**

**SUBSTANCE ABUSE PREVENTION AND TREATMENT  
BLOCK GRANT**

**42 U.S.C. 300x-21 through 300x-64**

**Substance Abuse and Mental Health Services Administration**

**Center for Substance Abuse Treatment**

**Division of State and Community Assistance**

**Performance Partnership Grant Branch**

## INTRODUCTION

The SAPT Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 500 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (This will be a new OMB number); 1 Choke Cherry Road, 7thFloor, Room TBD, Rockville, Maryland 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX (SAPT UA will have a different number).

### **How the application helps the Center for Substance Abuse Treatment**

Part of the mission of the Center for Substance Abuse Treatment (CSAT) is to assist States<sup>1</sup> and communities to improve activities and services provided with funds from the Substance Abuse Prevention and Treatment (SAPT) Block Grant. One strategy CSAT is using to promote increased State accountability for the management of block grant funds is the uniform application. In accordance with the block grant regulations, it asks States to provide detailed data on expenditures of the FY 2002 SAPT Block Grant (and intended use of the FY 2005 SAPT Block Grant) and from State and local government funds. Another strategy is the State Systems Development Program, an enhanced technical assistance program involving conferences and workshops, development of training materials and knowledge transfer manuals, and on-site consultation.

### **How the application can help States**

The information gathered for the application can help States describe and analyze sub-State needs. This data can also be used to report to the State legislature and other State and local organizations. Aggregated together, statistical data from States' applications can demonstrate to Congress the magnitude of the national substance abuse problem. This information will also provide Congress with a better understanding of funding needs.

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<sup>1</sup>The term State is used to refer to all the States and territories eligible to receive Substance Abuse Prevention and Treatment Block Grant funds (See 42 U.S.C. 300x-64 and 45 C.F.R. 96.121).

**Where and when to submit the application.**

Submit one signed original of the application and two additional copies by October 1, 2004 to:

Ms. LouEllen M. Rice, Grants Management Officer  
Substance Abuse and Mental Health Services Administration  
Office of Program Services  
Division of Grants Management

**Regular Mail:**

**Overnight mail:**

1 Choke Cherry Road, 7<sup>th</sup> Floor  
Rockville, Maryland 20857

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Rockville, Maryland 20857

**Overview of the application**

The application has four sections. It covers the SAPT Block Grant for the prevention and treatment of substance abuse. Some sections require the completion of standard forms.

<b>Section</b>	<b>Contents</b>	<b>Forms</b>
<b>Section I</b>	Identifying information, Table of Contents, and Funding Agreements/Certifications	Forms 1, 2, 3;
<b>Section II</b>	Annual Report --- Actual use of FY 2002 SAPT Block Grant Funds . Narrative: FY 2002 Annual Report, FY 2004 Progress Report, FY 2005 Intended Use. Attachments -- Special requirements and waivers	Form 4; Form 6, 6A, Form 7A, Form 7B, and Tables I through IV
<b>Section III</b>	State Plan -- Intended use of FY 2005 SAPT Block Grant Funds	Forms 8-12
<b>Section IV A</b>	Voluntary Treatment Performance Measures	Forms T1-T9
<b>Section IV B</b>	Voluntary Prevention Performance Measures	Forms P1-P7

There are detailed instructions for each section and each form. All States must use this format. The structure of the application cannot be changed. It must be organized according to the Table of Contents (Form 2) that serves as a checklist and helps you ensure that your application is complete.

Each page of the application should be numbered consecutively with numbers centered at the bottom of the page. The State's name must be entered on every form. The application should be clipped or stapled securely, but not bound to hinder reproduction.

If you are using WEB-BGAS, the State need only print out the six Certifications/Assurances (Form 3), Assurances Non-Construction Programs, and Certifications, sign and mail them early enough to arrive at SAMHSA by October 1, 2004.

Copies of the uniform application and forms are available in MS Word from CSAT via the SAMHSA/CSAT home page. To download the application, go to

<http://www.samhsa.gov/centers/csat/content/ubgas/download.cfm>.

Directions to download and decompress the files are available on the page.

## **What to do if your State cannot complete all items**

If your State does not have reliable data to complete an item on the application, or if you cannot get sufficient information to respond fully by the due date, do not leave the item blank. Instead, use one of these options:

Provide a clear explanation of your problem in obtaining the data.

Describe the alternative method of data collection you use.

Explain how you carry out the activity.

Whenever you have a problem completing an item, describe what kind of financial or technical assistance you would need to improve your response in future years.

## **Getting assistance in completing the application**

If you have questions about programmatic issues, you may call CSAT's Division of State and Community Assistance, Performance Partnership Grant Branch at (301) 443-3820 or CSAP's Division of State and Community Systems Development, Systems Application Branch at (301) 443-0369 and ask for your respective State project officer or contact the State project officer directly by telephone or Internet e-mail using the directory provided (See Appendix A). If you have questions about fiscal or grants management issues, you may call the Grants Management Officer, Office of Program Services, Division of Grants Management, at (301) 443-4456.

## SECTION I

This section of the application has three items:

1. Face Page (Form 1)
2. Table of Contents (Form 2)
3. Funding Agreements/Certifications (Form 3)  
Assurances-Non-Construction Programs  
Certifications

### 1. Face Page

This form is pre-numbered as page 1. It requires the entry of identifying information and is self-explanatory. However, please take special note of the following:

- Y Item I requires both the name of the responsible agency designated by the Governor as the official grantee **and** the name of the organizational unit within that agency that administers the block grant.
- Y Item II requires identifying the person with overall responsibility for the block grant.
- Y Item III, State Expenditure Period, is the **most recent** 12-month State expenditure period for which expenditure information is complete. This is probably the most recent State fiscal year that is closed out. When you submit next year for the FY 2006 award, your State Expenditure period will be the **next** consecutive 12-month period.
- Y Item IV, Date Submitted, is the calendar date on which the uniform block grant application is submitted to SAMHSA.
- Y Item V, Contact Person Responsible For Application Submission, is the name of the individual to whom SAMHSA should address comments and/or questions concerning the content of the uniform block grant application.

### 2. Table of Contents

The Table of Contents shows exactly how to assemble and order your application. If you are using WEB-BGAS, Form 2 is a checklist that will help you see all the required Forms and checklists and which have at least some data entered on them. Once all items listed on Form 2 are complete, a State need only read, print, sign and mail Form 3, Assurances-Non-Construction Programs, and Certifications to complete their application.

If you are using a method other than WEB-BGAS, complete the uniform application (checklists, forms, and narrative) and enter the page numbers as appropriate. Remember that every page in the application, including forms, must be consecutively numbered. The Table of Contents is pre-numbered and starts on page 2. You can still use the Table of Contents as a checklist to ensure that your application is complete.

### **3. Funding Agreements/Certifications**

The following three standard forms must be signed by the Chief Executive Officer or an authorized designee and submitted with this application. Documentation authorizing a designee must be attached to the application.

#### **I. Chief Executive Officer's Funding Agreements/Certifications (Form 3)**

#### **II. Certifications**

##### **1. Certification Regarding Debarment and Suspension**

##### **2. Certification Regarding Drug-Free Workplace Requirements**

This certification is included in the application package. It has to be submitted only if a Statewide or agency-wide annual assurance has not been submitted to DHHS.

##### **3. Certifications Regarding Lobbying and Disclosure**

This certification, included in the application package, must be signed and submitted before the award of any Federal grant or cooperative agreement exceeding \$100,000.

##### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)**

##### **5. Certification Regarding Environmental Tobacco Smoke**

#### **III. Assurances -Non-Construction Programs**

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**Note:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
1. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction ~~con-struction~~ or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED



## CERTIFICATIONS

### 1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

### 2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a) above, the condition of employment under the grant, the employee will--
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management  
Office of Grants Management  
Office of the Assistant Secretary for Management and Budget  
Department of Health and Human Services  
200 Independence Avenue, S.W., Room 517-D  
Washington, D.C. 20201

### **3. CERTIFICATION REGARDING LOBBYING**

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

**5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED



## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10.
  - (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
  - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No.0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
0348-0046

**Reporting Entity:** \_\_\_\_\_ **Page** \_\_\_\_\_ **of** \_\_\_\_\_

**SECTION II: ANNUAL REPORT  
ACTUAL USE OF FY 2002**

**SAPT BLOCK GRANT FUNDS**

This section documents how the State used the FY 2002 award to meet the goals, objectives, and activities described in the application for those funds. Therefore, it is helpful to review the FY 2002 application (and any modifications or revisions that may have been made) before you complete this section. This information is required by section 1942 of the Public Health Service (PHS) Act (See 42 U.S.C. 300x-52). It addresses the report requirements of the SAPT Block Grant.

Section II refers to the statutory and regulatory requirements of the PHS Act, as amended (See 42 U.S.C. 300x-21 et. seq. and 45 C.F.R. Part 96).

By the time you complete this report, the State will have **spent** all of the FY 2002 block grant award and **obligated** all of the FY 2003 award. Therefore, all financial data requested should be available to you.

This section has five items. It requires completing four checklists, addressing the 17 Federal Goals for the FY 2002, 2004, and 2005 narratives, five forms, and four tables. Here is an overview of the requirements.

	Item	What you need to submit
1.	How allotments were used	Checklist
2.	How substance abuse funds were used; FY 2002 Annual Report, FY 2004 Progress Report, FY 2005 Intended use, and Attachments (A-K).	Form 4, and two checklists
3.	Entity Inventory; Tobacco report	Form 6 and list 6A
4.	Treatment Utilization Matrix	Form 7A, Form 7B
5.	Maintenance of Effort (MOE) Tables: Total Single State Agency Expenditures for Substance Abuse; Statewide Non-Federal Expenditures for Tuberculosis Services for Substance Abusers in Treatment; Statewide Non-Federal Expenditures for HIV Early Intervention Services to Substance Abusers in Treatment; and Expenditures for Services to Pregnant Women and Women With Dependent Children (Maintenance)	Tables I - IV

## 1. How allotments were used.

Enter the amount of the FY 2002 SAPT Block Grant that appears on line 8 of the Notice of Block Grant Award \$ \_\_\_\_\_.

## 2. How substance abuse funds were used and intended (narrative).

### NARRATIVES (17 FEDERAL GOALS FY 2002, FY 2004, AND FY 2005) AND ATTACHMENTS

Narratives for the 17 Federal Goals must be addressed for FFY 2002, 2004, and 2005 under each Federal Goal respectively.

In addressing the 17 Federal Goals for **FY 2002** describe, in a brief narrative, how the SAPT Block Grant funds were used to meet the **treatment and primary prevention goals, objectives, and activities** spelled out in the State's FY 2002 application. Be sure to specify the primary prevention activities performed for each of the six strategies. Include a description of the State's policies, procedures, and laws regarding substance abuse treatment, and information on what programs and activities were supported, what services were provided, and what progress was made (See 42 U.S.C. 300x-52 and 45 C.F.R. 96.122(f)(1)(ii)).

In addressing the 17 Federal Goals for **FY 2004**, provide a description of the State's progress in meeting the **treatment and primary prevention goals, objectives, and activities** included in the FY 2004 application and a brief description of the recipients of block grant funds. For primary prevention, the description should also address the State's progress in performing the activities for the six strategies articulated in the FY 2004 application, as well (See 42 U.S.C. 300x-52 and 45 C.F.R. 96.122(f)(5)(i)).

In addressing the 17 Federal Goals for **FY 2005**, describe the State's intended use of block grant funds, and the specific **treatment and primary prevention goals, objectives, and activities** the State will carry out to achieve these objectives. At a minimum, the narrative must address the following:

In an effort to provide more concrete guidance on the essential points that must be covered in the narratives, the following questions must be addressed when responding to each.

- (1) Who will be served-describe the target population and provide an estimate of the number of persons to be served in the target population;
- (2) What activities/services will be provided, expanded, or enhanced-this may include activities/services by treatment modality or prevention strategy;
- (3) When will the activities/services be implemented (date)-for ongoing activities/services, include information on the progress toward meeting the goals including dates on which integral activities/services began or will begin;
- (4) Where in the State (geographic area) will the activities/services be undertaken-this may include counties, districts, regions, or cities;
- (5) How will the activities/services be operationalized-this may be through direct procurement, subcontractors or grantees, or intra governmental agreements.

As an example, in response to the narrative on planned activities/services regarding the expansion of existing or creation of new programs for pregnant women and women with dependent children, a State might provide the following information:

"It is planned in FY 2005 to provide residential treatment services to 200 women with dependent children. In addition to providing residential treatment for women, facilities will be provided to allow the housing of minor children during the course of the treatment episode. This program is scheduled to be implemented in May 2005 in the four counties of the State that have the highest prevalence of substance abuse among women. We intend to fund this activity through a competitive contract with licensed, accredited providers in the four counties."

To complete the 17 Federal goals, objectives, and activities for the intended use plan, please address the Federal block grant requirements in a separate section **first** and then you may add an additional section describing other State requirements. List the specific objectives under each requirement and goal in priority order. Describe what activities the State plans to undertake to achieve these objectives. Include key elements in the State's strategy to improve existing programs, create new ones, and remove barriers to improvement and expansion. Keep your discussion of **each** goal or requirement, its objectives, and activities to **no more than one page per reporting year.**

The application requires 11 attachments (A-K). These are in narrative or checklist form and follow the related Federal goals below.

**GOAL # 1.** The State shall expend block grant funds to maintain a continuum of substance abuse treatment services that meet these needs for the services identified by the State. Describe the continuum of block grant-funded treatment services available in the State (See 42 U.S.C. 300x-21(b) and 45 C.F.R. 96.122(f)(g)).

**FY 2002 (Compliance):**

**FY 2004 (Progress):**

**FY 2005 (Intended Use):**

**GOAL # 2.** An agreement to spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse, specifying the activities proposed for each of the six strategies (See 42 U.S.C. 300x-22(b)(1) and 45 C.F.R. 96.124(b)(1)).

**FY 2002 (Compliance):**

**FY 2004 (Progress):**

**FY 2005 (Intended Use):**

**Attachment A: Prevention**

Answer the following questions about the **current year** status of policies, procedures, and legislation in your State. Most of the questions are related to Healthy People 2010 objectives. References to these objectives are provided for each applicable question. To respond, check the appropriate box or enter numbers on the blanks provided. After you have completed your answers, copy the attachment and submit it with your application.

1. Does your State conduct sobriety checkpoints on major and minor thoroughfares on a periodic basis? (HP 26-25)

- Yes
- No
- Unknown

2. Does your state conduct or fund prevention/education activities aimed at preschool children? (HP 26-9)

- Yes
- No
- Unknown

3. Does your State alcohol and drug agency conduct or fund prevention/education activities in every school district aimed at youth grades K-12? (HP 26-9)

SAPT BLOCK GRANT	OTHER STATE FUNDS	DRUG FREE SCHOOLS
Yes	Yes	Yes
No	No	No
Unknown	Unknown	Unknown

4. Does your State have laws making it illegal to consume alcoholic beverages on the campuses of State colleges and universities? (HP 26-11)

- Yes
- No
- Unknown

5. Does your State conduct prevention/education activities aimed at college students that include: (HP 26-11c)

Education bureau?	Yes	No	Unknown
Dissemination of materials?	Yes	No	Unknown
Media campaigns?	Yes	No	Unknown
Product pricing strategies?	Yes	No	Unknown
Policy to limit access?	Yes	No	Unknown

6. Does your State now have laws that suspend or revoke administrative drivers' licenses for those determined to have

been driving under the influence of intoxicants? (HP 26-24)

- Yes
- No
- Unknown

7. Has the State enacted and enforced new policies in the last year to reduce access to alcoholic beverages by minors such as (HP 26-11c,12,23 ):

Restrictions at recreational and entertainment events  
at which youth made up a majority of participants/consumers?

- Yes
- No
- Unknown

New product pricing?

- Yes
- No
- Unknown

New taxes on alcoholic beverages?

- Yes
- No
- Unknown

New laws or enforcement of penalties and license revocation  
for sale of alcoholic beverages to minors?

- Yes
- No
- Unknown

Parental responsibility laws for a child's possession  
and use of alcoholic beverages?

- Yes
- No
- Unknown

8. Does your State provide training and assistance activities for parents regarding alcohol, tobacco, and other drug use by minors?

- Yes
- No
- Unknown

9. What is the average age of first use for the following? (HP 26-9 and 27-4 ) (if available)

	<u>Age 0-5</u>	<u>Age 6-11</u>	<u>Age 12-14</u>	<u>Age 15-18</u>
Cigarettes	_____	_____	_____	
Alcohol	_____	_____	_____	
Marijuana	_____	_____	_____	

10. What is your State's present legal alcohol concentration tolerance level for: (HP 26-25 )

- Motor vehicle drivers age 21 and older?
- Motor vehicle drivers under age 21?

11. How many communities in your State have comprehensive, community-wide coalitions for alcohol and other drug

abuse prevention (HP 26-3)? \_\_\_\_\_

12. Has your State enacted statutes to restrict promotion of alcoholic beverages and tobacco that are focused principally on young audiences, (HP 26-11 and 26-16)?

Yes No Unknown

**GOAL # 3.** An agreement to expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children; and, directly or through arrangements with other public or nonprofit entities, to make available prenatal care to women receiving such treatment services, and, while the women are receiving services, child care (See 42 U.S.C. 300x-22(c)(1)(C) and 45 C.F.R. 96.124(c)(e)).

**FY 2002 (Compliance):**

**FY 2004 (Progress):**

**FY 2005 (Intended Use):**

**Attachment B: Programs for Pregnant Women and Women with Dependent Children** (See 42 U.S.C. 300x-22(c); 45 C.F.R. 96.124(c)(3); and 45 C.F.R. 96.122(f)(1)(viii))

**For the fiscal year three years prior (FY 2002) to the fiscal year for which the State is applying for funds:**

Refer back to your Substance Abuse Entity Inventory (Form 6). Identify those projects serving pregnant women and women with dependent children and the types of services provided in FY 2002. In a narrative of **up to two pages**, describe these funded projects.

The PHS Act required the State to expend at least 5 percent of the FY 1993 and FY 1994 block grant to increase (relative to FY 1992 and FY 1993, respectively) the availability of treatment services designed for pregnant women and women with dependent children.

**In up to four pages, answer the following questions:**

1. Identify the name, location (include sub-State planning area), Inventory of Substance Abuse Treatment Services (I-SATS) ID number (formerly the National Facility Register (NFR) number), type of care (refer to definitions in Section II.5), capacity, and amount of funds made available to each program designed to meet the needs of pregnant women and women with dependent children.
2. What did the State do to ensure compliance with 42 U.S.C. 300x-22(c)(1)(C) in spending FY 2002 block grant funds?
3. What special methods did the State use to **monitor** the adequacy of efforts to meet the special needs of pregnant women and women with dependent children?
4. What sources of data did the State use in estimating treatment capacity and utilization by pregnant women and women with dependent children?

5. What did the State do with FY 2002 block grant funds to establish new programs or expand the capacity of existing programs for pregnant women and women with dependent children?

**GOAL # 4.** An agreement to provide treatment to intravenous drug abusers that fulfills the 90 percent capacity reporting, 14-120 day performance requirement, interim services, outreach activities and monitoring requirements (See 42 U.S.C. 300x-23 and 45 C.F.R. 96.126).

**FY 2002 (Compliance):**

**FY 2004 (Progress):**

**FY 2005 (Intended Use):**

**Attachment C: Programs for Intravenous Drug Users (IVDUs)** (See 42 U.S.C. 300x-23; 45 C.F.R. 96.126; and 45 C.F.R. 96.122(f)(1)(ix))

**For the fiscal year three years prior (FY 2002) to the fiscal year for which the State is applying for funds:**

1. How did the State define IVDUs in need of treatment services?
2. What did the State do to ensure compliance with 42 U.S.C. 300x-22(a)(2) and 300x-23 of the PHS Act as such sections existed after October 1, 1992, in spending FY 2002 SAPT Block Grant funds (See 45 C.F.R. 96.124(a)(2) and 96.126(a))?
3. What did the State do to ensure compliance with 42 U.S.C. 300x-31(a)(1)(F) of the PHS Act prohibiting the distribution of sterile needles for injection of any illegal drug (See 45 C.F.R. 96.135(a)(6))?
4. 42 U.S.C. 300x-23(a)(1) requires that any program receiving amounts from the grant to provide treatment for intravenous drug abuse notify the State when the program has reached 90 percent of its capacity. Describe how the State ensured that this was done. Please provide a list of all such programs that notified the State during FY 2002 and include the program's I-SATS ID number (See 45 C.F.R. 96.126(a)).
5. 42 U.S.C. 300x-23(a)(2)(A)(B) of the PHS Act requires that an individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment within 14-120 days. Describe how the State ensured that such programs were in compliance with the 14-120 day performance requirement (See 45 C.F.R. 96.126(b)).
6. 42 U.S.C. 300x-23(b) of the PHS Act required any program receiving amounts from the grant to provide treatment for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo treatment. Describe how the State ensured that outreach activities directed toward IVDUs was accomplished (See 45 C.F.R. 96.126(e)).

**Attachment D: Program Compliance Monitoring (See 45 C.F.R. 96.122(f)(3)(vii))**

The Interim Final Rule (45 C.F.R. Part 96) requires effective strategies for monitoring programs' compliance with the following sections of the PHS Act: 42 U.S.C. 300x-23(a); 42 U.S.C. 300x-24(a); and 42 U.S.C. 300x-27(b).

**For the fiscal year two years prior (FY 2003) to the fiscal year for which the State is applying for funds:**

In up to three pages provide the following:

! A description of the strategies developed by the State for monitoring compliance with each of the sections identified below:

1. **Notification of Reaching Capacity** 42 U.S.C. 300x-23(a)  
(See 45 C.F.R. 96.126(f) and 45 C.F.R. 96.122(f)(3)(vii));
2. **Tuberculosis Services** 42 U.S.C. 300x-24(a)  
(See 45 C.F.R. 96.127(b) and 45 C.F.R. 96.122(f)(3)(viii)); and
3. **Treatment Services for Pregnant Women** 42 U.S.C. 300x-27(b)  
(See 45 C.F.R. 96.131(f) and 45 C.F.R. 96.122(f)(3)(vii)).

! A description of the problems identified and corrective actions taken.

**GOAL # 5.** An agreement, directly or through arrangements with other public or nonprofit private entities, to routinely make available tuberculosis services to each individual receiving treatment for substance abuse and to monitor such service delivery (See 42 U.S.C. 300x-24(a) and 45 C.F.R. 96.127).

**FY 2002 (Compliance):**

**FY 2004 (Progress):**

**FY 2005 (Intended Use):**

**GOAL # 6.** An agreement, by designated States, to provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery (See 42 U.S.C. 300x-24(b) and 45 C.F.R. 96.128).

**FY 2002 (Compliance):**

**FY 2004 (Progress):**

**FY 2005 (Intended Use):**

**Attachment E: Tuberculosis (TB) and Early Intervention Services for HIV** (See 45 C.F.R. 96.122(f)(1)(x))

**For the fiscal year three years prior (FY 2002) to the fiscal year for which the State is applying for funds:**

Provide a description of the State's procedures and activities and the total funds expended (or obligated if expenditure data is not available) for tuberculosis services. If a "designated State," provide funds expended (or obligated), for early intervention services for HIV.

Examples of **procedures** include, but are not limited to:

- ! development of procedures (and any subsequent amendments), for tuberculosis services and, if a designated State, early intervention services for HIV, e.g., Qualified Services Organization Agreements (QSOA) and Memoranda of Understanding (MOU);
- ! the role of the single State authority (SSA) for substance abuse prevention and treatment; and
- ! the role of the single State authority for public health and communicable diseases.

Examples of **activities** include, but are not limited to:

- ! the type and amount of training made available to providers to ensure that tuberculosis services are routinely made available to each individual receiving treatment for substance abuse;
- ! the number and geographic locations (include sub-State planning area) of projects delivering early intervention services for HIV;
- ! the linkages between IVDU outreach (See 42 U.S.C. 300x-23(b) and 45 C.F.R. 96.126(e)) and the projects delivering early intervention services for HIV; and
- ! technical assistance.

**GOAL # 7.** An agreement to continue to provide for and encourage the development of group homes for recovering substance abusers through the operation of a revolving loan fund (See 42 U.S.C. 300x-25 and 45 C.F.R. 96.129).

**FY 2002 (Compliance):** (participation OPTIONAL)

**FY 2004 (Progress):** (participation OPTIONAL)

**FY 2005 (Intended Use):** (participation OPTIONAL)

**Attachment F: Group Home Entities and Programs** (See 42 U.S.C. 300x-25; 45 C.F.R. 96.129; and 45 C.F.R. 96,122(f)(1)(vii))

**State reporting is required, as appropriate, for FY 1997-2001. Attachment F was made optional, effective FY 2001**

Provide a list of all entities that have received loans from the revolving fund during FY 2002 to establish group homes for recovering substance abusers. In a narrative of **up to two pages**, describe the following:

- ! the number and amount of loans made available during the applicable fiscal years;
- ! the amount available in the fund throughout the fiscal year;
- ! the source of funds used to establish and maintain the revolving fund;
- ! the loan requirements, application procedures, the number of loans made, the number of repayments, and any repayment problems encountered;
- ! the private, nonprofit entity selected to manage the fund;
- ! any written agreement that may exist between the State and the managing entity;
- ! how the State monitors fund and loan operations; and
- ! any changes from previous years' operations.

Λ For FY 2001 and subsequent fiscal years, participation is OPTIONAL.  
If State chooses to participate, reporting is required.

For FY 1993 through FY 2001, the Secretary may make a grant under Section 1921 only if the State involved has established and is providing for the ongoing operation of a revolving fund (See 42 U.S.C. 300x-25(a)).

**GOAL # 8.** An agreement to continue to have in effect a State law that makes it unlawful for any manufacturer, retailer, or distributor of tobacco products to sell or distribute any such product to any individual under the age of 18; and, to enforce such laws in a manner that can reasonably be expected to reduce the extent

to which tobacco products are available to individuals under age 18 (See 42 U.S.C. 300x-26 and 45 C.F.R. 96.130).

**FY 2004 (Compliance Progress for Inspections Conducted in FY 2004):**

- **Unweighted Rate:** \_\_\_\_\_
- **Weighted Rate:** \_\_\_\_\_

If not available, provide the date the State plans to submit its FY 2005 Annual Synar Report to SAMHSA (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_.

**GOAL # 9.** An agreement to ensure that each pregnant woman be given preference in admission to treatment facilities; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have capacity to admit the woman, or if no such facility has the capacity to admit the woman, will make available interim services within 48 hours, including a referral for prenatal care (See 42 U.S.C. 300x-27 and 45 C.F.R. 96.131).

**FY 2002 (Compliance):**

**FY 2004 (Progress):**

**FY 2005 (Intended Use):**

**Attachment H: Capacity Management and Waiting List Systems** (See 45 C.F.R. 96.122(f)(3)(vi))

**For the fiscal year two years prior (FY 2003) to the fiscal year for which the State is applying for funds:**

In **up to five pages**, provide a description of the State's procedures and activities undertaken, and the total amount of funds expended (or obligated if expenditure data is not available), to comply with the requirement to develop capacity management and waiting list systems for intravenous drug users and pregnant women (See 45 C.F.R. 96.126(c) and 45 C.F.R. 96.131(c), respectively). This report should include information regarding the utilization of these systems. Examples of **procedures** may include, but not be limited to:

- ! development of procedures (and any subsequent amendments) to reasonably implement a capacity management and waiting list system;
- ! the role of the Single State Authority (SSA) for substance abuse prevention and treatment;
- ! the role of intermediaries (county or regional entity), if applicable, and substance abuse treatment providers; and
- ! the use of technology, e.g., toll-free telephone numbers, automated reporting systems, etc.

Examples of **activities** may include, but not be limited to:

- ! how interim services are made available to individuals awaiting admission to treatment;

- ! the mechanism(s) utilized by programs for maintaining contact with individuals awaiting admission to treatment;
- ! technical assistance

**GOAL # 10.** An agreement to improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual (See 42 U.S.C. 300x-28(a) and 45 C.F.R. 96.132(a)).

**FY 2002 (Compliance):**

**FY 2004 (Progress):**

**FY 2005 (Intended Use):**

**GOAL # 11.** An agreement to provide continuing education for the employees of facilities which provide prevention activities or treatment services (or both as the case may be) (See 42 U.S.C. 300x-28(b) and 45 C.F.R. 96.132(b)).

**FY 2002 (Compliance):**

**FY 2004 (Progress):**

**FY 2005 (Intended Use):**

**GOAL # 12.** An agreement to coordinate prevention activities and treatment services with the provision of other appropriate services (See 42 U.S.C. 300x-28(c) and 45 C.F.R. 96.132(c)).

**FY 2002 (Compliance):**

**FY 2004 (Progress):**

**FY 2004 (Intended Use):**

**GOAL # 13.** An agreement to submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general (See 42 U.S.C. 300x-29 and 45 C.F.R. 96.133).

**FY 2002 (Compliance):**

**FY 2004 (Progress):**

**FY 2005 (Intended Use):**

**GOAL # 14.** An agreement to ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (See 42 U.S.C. 300x-31(a)(1)(F) and 45 C.F.R. 96.135(a)(6)).

**FY 2002 (Compliance):**

**FY 2004 (Progress):**

**FY 2005 (Intended Use):**

**GOAL # 15.** An agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant (See 42 U.S.C. 300x-53(a) and 45 C.F.R. 96.136).

**FY 2002 (Compliance):**

**FY 2004 (Progress):**

**FY 2005 (Intended Use):**

**Attachment I: Independent Peer Review** (See 45 C.F.R. 96.122(f)(3)(v))

**For the fiscal year two years prior (FY 2003) to the fiscal year for which the State is applying for funds:**

In **up to three pages** provide a description of the State's procedures and activities undertaken to comply with the requirement to conduct independent peer review during FY 2003 (See 42 U.S.C. 300x-53(a) and 45 C.F.R. 96.136).

Examples of **procedures** may include, but not be limited to:

- ! the role of the single State authority (SSA) for substance abuse prevention activities and treatment services in the development of operational procedures implementing independent peer review;
- ! the role of the State Medical Director for Substance Abuse Services in the development of such procedures;
- ! the role of the independent peer reviewers; and
- ! the role of the entity(ies) reviewed.

Examples of **activities** may include, but not be limited to:

- ! the number of entities reviewed during the applicable fiscal year;
- ! technical assistance made available to the entity(ies) reviewed; and
- ! technical assistance made available to the reviewers, if applicable.

**GOAL # 16.** An agreement to ensure that the State has in effect a system to protect patient records from inappropriate disclosure (See 42 U.S.C. 300x-53(b), 45 C.F.R. 96.132(e), and 42 C.F.R. part 2).

**FY 2002 (Compliance):**

**FY 2004 (Progress):**

**FY 2005(Intended Use):**

**GOAL #17** An agreement to ensure that the State has in effect a system to comply with 42 C.F.R. part 54 (See 42 C.F.R. 54.8(c)(4) and 54.8(b), Charitable Choice Provisions and Regulations

**FY 2002 (Compliance):** Not Applicable

**FY 2004 (Progress):**

**FY 2005 (Intended Use):**

Under Charitable Choice, States, local governments, and religious organizations, each as SAMHSA grant recipients, must: (1) provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); (2) refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The purpose of the following two checklists and brief description of any related training is to document how your State is complying with these provisions.

**Attachment J – Charitable Choice**

**Notice to Program Beneficiaries** – Check all that apply:

Use model notice provided in final regulations

Use notice developed by State (attached copy)

State has disseminated notice to local governments and other program participants (providers)

State requires program participants 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)

State and its local governments and religious organizations use SAMHSA's Treatment Facility Locator to help identify providers.

State and its local governments and religious organizations use other networks and information systems to help identify providers.

State maintains record of referrals made by program participants

Number of referrals made in FY2004

**Brief description (one paragraph)** of any training for local governments and faith-based and community organizations on these requirements.

## **Attachment K: Waivers**

If your State plans to apply for any of the following waivers, check the appropriate box and submit the request for a waiver at the earliest possible date.

To expend not less than an amount equal to the amount expended by the State for FY 1994 to establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children (See 42 U.S.C. 300x-22(c)(2) and 45 C.F.R. 96.124(d))

Rural area early intervention services HIV requirements  
(See 42 U.S.C. 300x.24(b)((5)(B) and 45 C.F.R. 96.128(d))

Improvement of process for appropriate referrals for treatment, continuing education, or coordination of various activities and services (See 42 U.S.C. 300x-28(d) and 45 C.F.R. 96.132(d))

Statewide maintenance of effort (MOE) expenditure levels  
(See 42 U.S.C. 300x-30(b) and 45 C.F.R. 96.134(b))

Construction/rehabilitation  
(See 42 U.S.C. 300x-31(c) and 45 C.F.R. 96.135(d))

If your State proposes to request a waiver at this time for one or more of the above provisions, include the waiver request as Attachment K to the application. The Interim Final Rule, 45 C.F.R. 96.124(d), 96.128(d), 96.132(d), 96.134(b), and 96.135(d), contains information regarding the criteria for each waiver, respectively.

### **Description of Calculations:**

In a brief narrative, provide a description of the amounts and methods used to calculate the following: (a) the base for services to pregnant women and women with dependent children as required by section 1922(c)(1); and, for 1994 and subsequent fiscal years report the Federal and State expenditures for such services; (b) the base and Maintenance of Effort (MOE) for tuberculosis services as required by section 1924(d); and, (c) for designated States, the base and MOE for HIV early intervention services as required by section 1924(d) (See 42 U.S.C. 300x-52 and 45 C.F.R. 96.122(f)(5)(ii)(A)(B)(C)).

## Preparing to complete the Substance Abuse State Agency Spending Report (Form 4)

This form requires you to enter amounts of funds, by source, for each kind of activity. You will enter **only** funds flowing through the principal agency of the State that administered the SAPT Block Grant. Amounts must be entered in whole dollar amounts. Before you begin completing the form, do the following:

- Y Enter the State's name in the box at the upper **left**.
- Y Enter in the box at the upper **right** the dates of the State expenditure period you identified on the Face Page (Form 1).
- Y Read the instructions carefully.
- Y Study the definitions of the row and column headings.

### How to complete Form 4

First review the definitions of the activities listed at the left. Then make sure you understand which fund sources are entered in columns A and B and which ones are entered in columns C through G.

### Rows 1 through 7 -- Activities

Rows 1 through 7 describe typical activities funded by the agency administering the SAPT Block Grant.

- Λ Note: Do not include expenditures for primary prevention in Rows 1, 2, and 3.

**Row 1: Substance abuse treatment and rehabilitation** -- This includes direct services to patients, such as outreach, detoxification, outpatient counseling, residential rehabilitation including therapeutic community stays, hospital-based care, vocational counseling, case management, central intake, and program administration.

- Λ Use this row **only** under the following conditions: (1) the State has a distinct category for treating persons with multiple substance abuse problems and/or (2) the State funds combined treatment programs.

**Row 2: Alcohol treatment and rehabilitation** -- This includes direct services to patients experiencing primary problems with alcohol, such as outreach, detoxification, outpatient counseling, residential rehabilitation, hospital-based care and abuse monitoring, vocational counseling, case management, central intake, and program administration.

**Row 3: Drug treatment and rehabilitation** -- This includes direct services to patients experiencing primary problems with illicit and licit drugs, such as outreach, detoxification, methadone detoxification and maintenance, outpatient counseling, residential rehabilitation including therapeutic community stays, hospital-based care, vocational counseling, case management, central intake, and program administration. The sum of rows 1, 2, and 3 should reflect the total amount that is spent on alcohol and drug treatment rehabilitation services out of the block grant.

**Row 4: Primary Prevention** -- This row collects information on primary prevention activities funded under the FY 2002 SAPT Block Grant. Primary prevention includes activities directed at individuals who do not require treatment for substance abuse. Such activities may include education, counseling, and other activities designed to reduce the risk of substance abuse by individuals. Note that under the SAPT Block Grant statute, **early intervention activities are not included as part of primary prevention.** Early intervention activities funded in FY 1993 and subsequent fiscal years should be included as part of row 1, 2, and 3.

**Row 5: Tuberculosis Services** -- This row collects information on tuberculosis services made available to individuals receiving treatment for substance abuse. Tuberculosis services include counseling, testing, and treatment for the disease. Funds made available from the grant to provide such services, either directly or through arrangements with other public or nonprofit private entities, should be recorded on row 5, column A.

**Row 6: HIV Early Intervention Services** -- This row collects information on 1 or more projects established to make available early intervention services for HIV disease at the sites in which individuals are receiving treatment for substance abuse. Funds made available from the grant 2 percent 5 percent, to establish such projects should be recorded on row 6, columns A. This row is applicable to those “designated States” whose rate of cases of acquired immune deficiency syndrome is equal to or greater than the case rate specified in the statute. The case rate data, as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the most recent calendar for which such data are available<sup>2</sup>, refers to such data that is available on or before October 1 of the fiscal year for which the State applied for a grant.

**Row 7: Administration** -- This includes grants and contracts management, policy and auditing, personnel management, legislative liaison, and other overhead costs in large departments and agencies. For FY 2002, a maximum of 5 percent of the SAPT Block Grant may have been spent on administration at the State level.

Do not account for administration at the program (or service provider) level on this row. Program level administration expenditures should be accounted for in Rows 1 - 6 above, as appropriate.

**Row 8: Column total** -- Use this row to enter the total of Rows 1 through 7. The column total amount should equal the amount of the FY 2002 SAPT Block Grant that appears on line 8 of the Notice of Block Grant Award (NGA).

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<sup>2</sup>Table 1. HIV/AIDS Surveillance Report, Year-end edition, Volume 9, No. 2, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention. Copies of the report are available through the CDC National AIDS Clearinghouse 1-800-458-5231.

## **Column A -- Expenditures of SAPT Block Grant**

Use these columns to record your State's use of FY 2002 SAPT Block Grant awards. In column A, enter FY **2002** block grant funds that were **spent** on each activity. Row 8 in this column should show the **total** amount the respective NGA . Remember to enter amounts in whole dollar amounts.

## **Columns C through G -- Expenditures of other funds**

Use these columns to report on funds from other sources spent by the designated substance abuse agency **during the 12-month expenditure period you entered in the box**. Thus, the time period on which you report here is different from the one covered by columns A and B. Here are the definitions for each column:

**Column C: Medicaid** -- Enter the total of all Federal, State and local match Medicaid funds in this column.

**Column D: Other Federal funds** -- This includes all other Federal funds for substance abuse that flow through the principal agency. Examples are HHS or other Federal categorical grant funds, Medicare, other public welfare funds such as Food Stamps (Title VIII), other public third party funds such as CHAMPUS, the Social Services Block Grant (Title XX), and the Maternal and Child Health Block Grant (Title V). Do not include Federal funds that go through other State offices/agencies or directly to providers.

**Column E: State funds** -- This includes all State general funds or special appropriations administered by the principal agency, such as fines, fees, and earmarked taxes. This column provides an estimate of annual State funding.

**Column F: Local funds** -- This includes appropriations from local government entities such as cities, other municipalities, special tax districts, and counties. Remember that local Medicaid match funds were reported in column C. Do not report them again here.

**Column G: Other funds** -- This includes funds from all other sources such as patient fees, nonprofit private entities like the United Way and the Robert Wood Johnson Foundation, and private third party payers such as Blue Cross/Blue Shield, health maintenance organizations, and other commercial insurers. If your agency receives no local or other funds, enter zeroes in columns F and G.

### **Detailing expenditures on primary prevention (Row 4)**

There are six primary prevention strategies typically funded by principal agencies administering the SAPT Block Grant. Here are the definitions of those strategies. PLEASE NOTE CATEGORY FOR REPORTING COSTS ASSOCIATED WITH IMPLEMENTING SECTION 1926--TOBACCO.

**Information Dissemination** -- This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention

and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two.

**Education** -- This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information strategy.

**Alternatives** -- This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities, and to discourage the use of alcohol and drugs through these activities.

**Problem Identification and Referral** -- This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted; however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

**Community-based Process** -- This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.

**Environmental** -- This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population.

**Other** -- The six primary prevention strategies have been designed to encompass nearly all of the prevention activities. However, in the unusual case an activity does not fit one of the six strategies it may be classified in the "Other" category.

**Costs Associated with The Development and Conduct of Random, Unannounced Tobacco**

**Inspections** -- Include aggregate costs associated with carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections. Now refer back to Form 4 and look at all the entries you made on row 4 primary prevention. Use the table below to indicate how much funding supported each of the six strategies. Enter in whole dollar amounts. For sources of funds other than the SAPT Block Grant, report **only** those funds made available during the expenditure period identified on Form 4.

**Primary Prevention Expenditures Checklist**

		<u>Block Grant</u> <u>FY 2002</u>	<u>Other</u> <u>Federal</u>	<u>State</u>	<u>Local</u>	<u>Other</u>
	Information Dissemination	\$	\$	\$	\$	\$
	Education	\$	\$	\$	\$	\$
	Alternatives	\$	\$	\$	\$	\$
	Problem Identification & Referral	\$	\$	\$	\$	\$
	Community- based process	\$	\$	\$	\$	\$
	Environmental	\$	\$	\$	\$	\$
	Other	\$	\$	\$	\$	\$
	Section 1926 - Tobacco	\$	\$ _____*	\$ _____*	\$ _____*	\$ _____*
	<b>TOTAL</b>	\$	\$	\$	\$	\$

## **How to report expenditures on substance abuse resource development activities**

Expenditures on resource development activities may involve the time of State or sub-State personnel, or other State or sub-State resources. These activities may also be funded through contracts, grants, or agreements with other entities. Look at the following definitions to see if your State made these kinds of expenditures with the **FY 2002 block grant award** (column A on Form 4). Your State may use different terminology or a different classification system to describe these kinds of activities. Just do the best you can in converting your terminology into these seven categories.

**Planning, coordination, and needs assessment** -- This includes State, regional, and local personnel salaries prorated for time spent in planning meetings, data collection, analysis, writing, and travel. It also includes operating costs such as printing, advertising, and conducting meetings. Any contracts with community-based organizations or local governments for planning and coordination fall into this category, as do needs assessment projects to identify the scope and magnitude of the problem, resources available, gaps in services, and strategies to close those gaps.

**Quality assurance** -- This includes activities to assure conformity to acceptable professional standards and to identify problems that need to be remedied. These activities may occur at the State, sub-State, or program level. Sub-State administrative agency contracts to monitor service providers fall in this category, as do independent peer review activities.

**Training (post-employment)** -- This includes staff development and continuing education for personnel employed in local programs as well as support and coordination agencies, as long as the training relates to substance abuse services delivery. Typical costs include course fees, tuition and expense reimbursements to employees, trainer(s) and support staff salaries, and certification expenditures.

**Education (pre-employment)** -- This includes support for students and fellows in vocational, undergraduate, graduate, or postgraduate programs who have not yet begun working in substance abuse programs. Costs might include scholarship and fellowship stipends, instructor(s) and support staff salaries, and operating expenses.

**Program development** -- This includes consultation, technical assistance, and materials support to local providers and planning groups. Generally these activities are carried out by State and sub-State level agencies.

**Research and evaluation** -- This includes clinical trials, demonstration projects to test feasibility and effectiveness of a new approach, and program performance evaluation. These activities may have been carried out by the principal agency of the State or an independent contractor.

**Information systems** -- This includes collecting and analyzing treatment and prevention data to monitor performance and outcomes. These activities might be carried out by the principal agency of the State or an independent contractor.

**Now complete the following checklist:**

Did your State fund resource development activities from the FY 2002 block grant?

Yes

No

If **yes**, show the actual or estimated amounts spent. These amounts may be part of lines 1 through 4 in column A of Form 4. In describing resource expenditures, you are **not** limited to line 7 (Administration) funds alone. If you cannot separate expenditures on treatment resource development from those on primary prevention resource development, just enter the total amount on the "Total" line at the right. Enter amounts in whole dollars.

	<u>Treatment</u>	<u>Prevention</u>	<u>Total</u>
Planning, coordination, and needs assessment	\$ _____	\$ _____	\$ _____
Quality assurance	\$ _____	\$ _____	\$ _____
Training (post-employment)	\$ _____	\$ _____	\$ _____
Education (pre-employment)	\$ _____	\$ _____	\$ _____
Program development	\$ _____	\$ _____	\$ _____
Research and evaluation	\$ _____	\$ _____	\$ _____
Information systems	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

Please indicate if expenditures on resource development activities are actual or estimated.

Actual

Estimated

### **3. Entity inventory (Form 6)**

This item documents the activities for which FY 2002 funds were expended by entity. This information is required by CSAT to meet its obligations under the Federal Managers Financial Integrity Act of 1982 (See 31 U.S.C. 3512). The item requires completion of the Substance Abuse Entity Inventory followed by a listing of entities without an Inventory of Substance Abuse Treatment Services (I-SATS) ID that received funds from the FY 2002 SAPT Block Grant.

The term "entities" is used to cover State and non-State providers, sub-recipient agencies, and contractors, grantees, and other programs or entities directly funded by the State. It includes all direct providers of substance abuse prevention activities and treatment services as well as those who furnish services to these providers. Examples of the latter are trainers, technical assistance consultants, system developers, and evaluators. Expenditures, including grants and contracts of \$25,000 or less for similar purposes and similar areas, may be aggregated into a single line in column 1 if these funds are used by the same State ID/I-SATS ID number. Include only those entities that receive block grant funds.

Form 6 combines a great deal of important information. It identifies how and where each entity used FY 2002 block grant funds and how much of the funding went to alcohol services, drug services, prevention activities, services for HIV early intervention and services for pregnant women and women with dependent children.

#### **Preparing to complete Form 6**

Make a list of all entities that received FY 2002 block grant funds and/or to which FY 2002 block grant funds have been obligated. Each entity must have a unique number. You can either number the list consecutively, starting with 1, **or** use unique State identifier numbers. It does not matter which entity goes first on the list. If an entity has an Inventory of Substance Abuse Treatment Services (I-SATS) ID, place that ID number after the name. If your State funded direct service providers that have not yet been assigned a number, call the contractor for the Office of Applied Studies, SAMHSA, Ms. Alicia McCoy at 703-807-2329 to obtain one or complete the list attached to Form 6 (described immediately before Form 6A). If you are not using WEB-BGAS, you will need multiple copies of the form. Enter the State's name on each copy.

## How to complete Form 6

This form should be filled out in two stages. The first stage involves completion of columns 1 through 3. These columns record information about the entity. The second stage involves completion of columns 4 through 9. These columns record information about the use of funds.

Here are detailed instructions for each stage.

### Stage one: Entering entity information (Columns 1 through 3)

First complete columns 1 through 3 for each entity on your list, starting with the first one.

**Column 1: Entity number** -- This is the number from the entity list you assembled in preparing to complete the form.

**Column 2: I-SATS ID** -- If the entity has an I-SATS ID, enter that number here. Place an "X" in the box if the entity has no I-SATS ID.

**Column 3: Area served** -- This column shows the geographical area served by the entity and involves coded entries. Enter the code you assigned for the sub-State area(s) that the entity serves. Each State may elect how to define its sub-State planning areas. Please append a definition of each sub-State planning area by geographic entity. As an example, if sub-State planning area A comprises four counties, list the county names; if sub-State planning area A is a major metropolitan area and sub-State planning area B comprises the surrounding counties, provide that information. States are encouraged to keep the number of areas to a minimum; however, States must identify at least two sub-State planning areas. These same areas will be used in the needs assessment required in Section III of this application.

- Λ An entity may serve the whole State (Statewide) or an entity may serve several areas. For example, entity 1 is a program that serves the entire State. When completing columns 3 for this entity, enter a code of '99.' . . . When using the electronic Block Grant Application System (BGAS), a code of '99' must be entered for any 'Statewide' program. No other code will be accepted by program.

When an entity serves more than one sub-State Planning Areas(s)(SPAs), you will use multiple lines. For example, entity 2 serves two of the SPAs your State designates. You must complete columns 1-3 in one row for the first the entity serves. You must then complete columns 1-3 of a second row for the second SPA the entity serves.

### Stage two: Entering funding information (Columns 4 through 9)

These columns describe funding to providers and other entities and how the funding was used for substance abuse prevention activities and treatment services. They require distributing the funding in various ways. Remember that you have to fill out all these columns for **every** line you completed in stage one. If a column is **not** applicable to a given line, put a zero in that column. All of the columns, with the exception of column 5, refer to SAPT Block Grant funding only.

**Column 4: SAPT Block Grant** -- Expenditures from the **FY 2002** block grant award should be entered. Do not include funds for administration cost in this column.

**Column 5: State funds** -- Include all State funds spent **during the 12-month State expenditure period you designated on Form 4.** These funds were reported in column E on Form 4.

- A Columns 6 through 9 refer **only** to the portion of the **FY 2002** block grant award that went to either direct or indirect service providers, i.e., entities. Do not include funds spent on State staff or administration.

**Column 6: SAPT Block Grant funds for alcohol and drug services** -- Enter the amount of funds from the FY 2002 award for this purpose. **This includes funds used for alcohol and drug prevention and treatment activities.** Do not include funds for administration cost in this column.

**Column 7: SAPT Block Grant funds for primary prevention** -- Enter the amount of funds from the FY 2002 award for this purpose. This includes funds for education and counseling, and for activities designed to reduce the risk of substance abuse. Do not include funds for administration cost in this column.

**Column 8: SAPT Block Grant funds for HIV Early Intervention Services** -- Enter the amount of funds from the FY 2002 award for this purpose, if applicable. Include funds for pre-test counseling, testing, post-test counseling, and the provision of therapeutic measures to diagnose the extent of deficiency in the immune system to prevent and treat the deterioration of immune system, and to prevent and treat conditions arising from the disease. Include the cost of making referrals to other treatment providers in this item. Do not include funds for administration cost in this column.

**Column 9: SAPT Block Grant funds for services for pregnant women and women with dependent children** -- Enter the amount of funds from the FY 2002 award for this purpose. This includes treatment for pregnant women and women with dependant children, and while women are in treatment funds for prenatal care and childcare. Do not include funds for administration cost in this column.

Columns 6 through 9 may add up to more than column 4A. For example, a provider may operate an alcohol treatment program targeted toward women. The FY 2002 block grant funding for this provider would be entered twice, first in column 6 and again in column 9.

#### **List attached to Form 6**

Immediately following the Substance Abuse Entity Inventory form, insert a list of each entity that does **not** have a I-SATS ID number and provide the entity's **name, street address, city/state (including zip code), and telephone number (including area code)**. Use the same unique identifying number that you provided on Form 6 in column 1.

**(If your State is submitting an electronic application, enter this list as records in the screens immediately following Form 6.)**

## Prevention strategy report (Form 6A)

*NOTE: Completion of portions of this form will be optional for a further three years except for column B. During this time, SAMHSA would like to continue to work with the States to refine and finalize this form. SAMHSA is especially interested in developing common definitions for the elements being reported and identifying data sources which may be used to provide these data. States are requested to complete the form as completely as possible (e.g., at least column B and as much more as possible). Provide any comments that will enhance the meaningfulness of the information and aid in improving the completeness, validity and reliability of the data.*

The Prevention Strategy Report requires additional information (in accordance with section 1929 of the PHS Act) about the primary prevention activities conducted by the entities listed on Form 6, column 7. It seeks further information on the specific strategies and activities being funded by the principal agency of the State that addresses the sub-populations at risk for alcohol, tobacco, and other drug (ATOD) use/abuse.

### Instructions for completing Form 6A

This form has three columns. The first column seeks information about the sub-populations at risk that are being addressed by the State's primary prevention program; the second column seeks information about the specific primary prevention strategy(ies) and activities being employed to address each of these risk categories; and the third column seeks information about the total number of providers carrying out each of the activities reported in column B. States are required only to complete column B each year and are strongly encouraged to complete the other 2 columns, where possible. If the State completes optional column A, it need only report on those risk categories that were considered appropriate for its primary prevention program and that were addressed during the reporting year. In completing Column B, the State need only report on those strategies and activities that were considered appropriate and that were conducted during the reporting year.

#### Column A: Risk categories

States are asked to list each of the sub-populations at risk toward which their primary prevention program is directed. One risk category should be listed on each line. The risk categories and codes are listed below. (SAMHSA recognizes that resource limitations may result in a State's addressing only those risk categories of greatest concern.) For any risk category not listed below, code the category using codes beginning with "11" and enter a description on the same line. For example, if your State uses three risk categories that do not fit into any of the categories below, enter the code "11" and description of the category. The second category would be coded as "12" and its description beside it. The third category would be coded as "13", etc.

- 01 children of substance abusers
- 02 pregnant women/teens
- 03 drop-outs
- 04 violent and delinquent behavior

- 05 mental health problems
- 06 economically disadvantaged
- 07 physically disabled
- 08 abuse victims
- 09 already using substances
- 10 homeless and/or runaway youth
- 11 other, specify

**Column B: Strategy/activity**

This column describes the primary prevention strategy/activity or strategies and activities used by the principal agency of the State to address each of the risk categories identified in column A and involves coded entries listed below. The definitions for these strategies have been provided in the block grant regulations and are repeated in Section III of this Application. If a State employs strategies not covered by these six categories, please report these under “Other Strategies.”

A State may employ several strategies and activities for each risk category. For example, it may provide both parenting classes and a clearinghouse. Each strategy used to address a risk category should be listed on a separate line.

If you code “Other, specify,” enter the description of the type of strategy/activity on the same line.

The codes for use in column B are:

**Information Dissemination**

- 01 Clearinghouse/information resources centers
- 02 Resource directories
- 03 Media campaigns
- 04 Brochures
- 05 Radio and TV public service announcements
- 06 Speaking engagements
- 07 Health fairs and other health promotion, e.g., conferences, meetings, seminars
- 08 Information lines/Hot lines
- 09 Other, specify

**Education**

- 11 Parenting and family management
- 12 Ongoing classroom and/or small group sessions
- 13 Peer leader/helper programs
- 14 Education programs for youth groups

- 15 Mentors
- 16 Preschool ATOD prevention programs
- 17 Other, specify

**Alternatives**

- 21 Drug free dances and parties
- 22 Youth/adult leadership activities
- 23 Community drop-in centers
- 24 Community service activities
- 25 Outward Bound
- 26 Recreation activities
- 27 Other, specify

**Problem Identification and Referral**

- 31 Employee Assistance Programs
- 32 Student Assistance Programs
- 33 Driving while under the influence/driving while intoxicated education programs
- 34 Other, specify

**Community-Based Process**

- 41 Community and volunteer training, e.g., neighborhood action training, impactor training, staff/officials training
- 42 Systematic planning
- 43 Multi-agency coordination and collaboration/coalition
- 44 Community team-building
- 45 Accessing services and funding
- 46 Other, specify

**Environmental**

- 51 Promoting the establishment of review of alcohol, tobacco, and drug use policies in schools
- 52 Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drug use
- 53 Modifying alcohol and tobacco advertising practices
- 54 Product pricing strategies
- 55 Other, specify

**Other prevention activities**

For any prevention activity not included in the list above, code the activity using codes beginning with "71" and enter a description on the same line. For example, if your State uses three unique primary prevention activities that do not fit into any of the categories above, enter the code "71" in column B and description of the activity. The second activity would be coded as "72" and its description would be entered on a separate line. The third strategy would be coded as "73," etc.

**Column C: Providers**

This column records the number of providers performing each of the activities identified in Column B. Providers are those entities reported on Form 6 of the application as having expended prevention set-aside funds.

Enter the total number of providers that employ a specific strategy/activity to address the prevention needs of a risk category before proceeding to the next line.

#### 4. How to complete Form 7A

This form covers care the principal agency of the State purchased **in the State expenditure period** designated on Form 4.

Report the number of service delivery units approved (accredited, licensed, or deemed status) by the State for each level of service.

Use **column A** to report the number of State approved facilities (service delivery units) for each level of care and Total

Use **column B, E, and H** to report the number of services provided (total admissions) for each of the respective types of care.

Use **column C, F, and I** to report the number of persons served (unduplicated count) for each of the respective types of care.

Use **column D, G, and J** to report the cost per person for each of the respective types of care. Report the range of costs per person, i.e. the minimum and maximum cost per person (total cost, including operating and capital costs, divided by persons served)

- In programs that offer services to both the patient and family members or others, count only those who actually have a record and receive counseling or treatment services. For example, if a women's program provides only day care for patients' children, do not count the children.

Your State may not have funded all types of care. If any row is inapplicable, enter zeroes in the appropriate columns.

In **column K**, indicate whether or not there was a State-validated count of these admissions and people served by entering a checkmark on the left ("yes") or right ("no") side of the column.

! Did the State base the values reported on Form 7A from a client-based system(s) with unique client identifiers?

Yes

No

! Please estimate the percent of reported values that could be duplicative.

## **NUMBER OF PERSONS SERVED (UNDUPLICATED COUNT) FOR ALCOHOL AND OTHER DRUG USE IN STATE FUNDED SERVICES (FORM 7B)**

This item requires the completion of the number of persons served (unduplicated count) for alcohol and other drug use in State funded services (Form 7B). It documents the description of the persons who were served for alcohol and other drug use in State funded services. This form provides a breakout of persons served by age, gender, race and ethnicity. It also documents the number of clients who were homeless, or had co-occurring disorders, and the number of pregnant women.

### **How to complete Form 7B**

This form covers the number of persons served (unduplicated count) who received from care the principal agency of the State purchased **in the State expenditure period** designated on Form 4.

Report the number of persons served (unduplicated count) for all the columns and rows. For the “Total” columns and rows, enter the number of persons served for the total group captured within the cells in these columns and rows.

The Total reported on this form should equal the Total number Served on Form 7A.

**5. Maintenance of Effort (MOE) Tables: (Single State Agency (SSA) MOE, TB MOE, HIV MOE, and Women's Base).**

**Instructions and Forms for completing Tables I through IV**

**Table I**

Table I is a Maintenance of Effort (MOE) table tracking substance abuse funds flowing through the SSA during each State fiscal year (SFY).

S Enter expenditures for SFYs 2002, 2003, and 2004 in the corresponding boxes (B1, B2 and B3) in column B. (The State may, with approval from the Secretary, exclude from the calculation non-recurring expenditures awarded to the SSA for a specific purpose for SFY 2001 and subsequent fiscal years, see below).

S Compute the average of the amounts in B1 and B2 by adding the two amounts and dividing by 2. Enter the resulting average in Box C2.

The MOE for State fiscal year (SFY) 2004 is met if the amount in Box 3 is greater than or equal to the amount in Box C2 assuming the State complied with MOE requirements in these previous years.

The State may request an exclusion of certain non-recurring expenditures for a singular purpose from the calculation of the MOE, provided it meets CSAT approval based on review of the following information:

Did the State have any non-recurring expenditures for a specific purpose which were not included in the MOE calculation?

Yes\_\_\_\_ No \_\_\_\_

If yes, specify the amount \_\_\_\_\_.

Did the State include these funds in previous year MOE calculations? Yes\_\_\_ No\_\_\_.

Please describe in no more than three paragraphs for what purpose these funds will be used and attach supporting source documentation in the appendix (e.g., State legislation, budget act language, memoranda of understanding).

**Indicate whether the figures in Columns (B) and (C) are estimates or final figures, even if the estimate is zero.**

## Table II

Table II is a MOE table tracking all Statewide non-Federal funds spent on Tuberculosis (TB) services to substance abusers in treatment during each SFY.

1. Enter State funds spent on TB services for SFY 1991 in box A1 of Table II (Base).
2. Enter the actual or estimated percent of these funds that was spent on substance abusers in treatment for SFY 1991 in box B1 of Table II (Base).
3. Divide this percent by 100 to change it to a decimal.
4. Multiply the amount in box A1 by the decimal value of the amount in box B1. Enter the resulting amount in box C1 of Table II (Base).
5. Follow the same procedure for row 2 in Table II (Base) as was done in row 1.
6. Compute the average of the amounts in boxes C1 and C2. Enter the resulting average (MOE Base) in box D2.
7. Follow the above procedure (steps 1 through 4) for rows 3 and 4 of Table II (Maintenance).

**The TB MOE is met in State fiscal years 2003 and 2004 respectively, if each of the amounts in boxes C3 and C4 is equal to or greater than the amount in box D2 of the top chart.**

### **Tables III A, B, C, and D**

Tables III A, B, C and D are MOE tables tracking all non-Federal funds spent on early intervention services for HIV provided to substance abusers in treatment at the same site at which they receive substance abuse treatment during each SFY.

#### **COMPLETE TABLE III A ONLY IF YOUR STATE WAS A DESIGNATED STATE BEGINNING IN 1993.**

1. Enter State funds spent on early intervention services for HIV for State fiscal years 1991 and 1992, respectively, in boxes A1 and A2 of the left chart.
2. Compute the average of the amounts in boxes A1 and A2. Enter the resulting average (MOE Base) in box B2.
3. Enter State funds spent on early intervention services for HIV for State fiscal years 2003 and 2004 respectively in boxes A3 and A4 of the right chart (MAINTENANCE).

#### **COMPLETE TABLE III B ONLY IF YOUR STATE WAS A DESIGNATED STATE BEGINNING IN 1994.**

1. Follow steps 1 and 2 above to complete boxes A1, A2, and B2 of the left chart for the years 1992 and 1993 (MOE Base).
2. Follow step 3 above to complete boxes A3 and A4 of the right chart for 2003 and 2004 respectively (MAINTENANCE).

#### **COMPLETE TABLE III C ONLY IF YOUR STATE WAS A DESIGNATED STATE BEGINNING IN 1995.**

1. Follow steps 1 and 2 above to complete boxes A1, A2, and B2 of the left chart for the years 1993 and 1994 (MOE Base).
2. Follow step 3 above to complete boxes A3 and A4 of the right chart for 2003 and 2004 respectively (MAINTENANCE).

**The HIV MOE is met in State fiscal year 2003 and 2004 respectively, if each of the amounts in boxes A3 and A4 in the right chart (MAINTENANCE), is equal to or greater than the amount in box B2 of the corresponding left chart (MOE Base).**

**COMPLETE TABLE III D ONLY IF YOUR STATE WAS A DESIGNATED STATE  
BEGINNING IN 1998.**

1. Follow steps 1 and 2 above to complete boxes A1, A2, and B2 of the left chart for the years 1996 and 1997 (MOE Base).
2. Follow step 3 above to complete boxes A3 and A4 of the right chart for 2002 and 2003 (MAINTENANCE).

The HIV MOE is met in State fiscal years 2004 if the amount in box A4 in the right chart (MAINTENANCE), is equal to or greater than the amount in box B2 of the corresponding left chart (MOE Base).

#### **Table IV**

Table IV tracks the total (block grant and State) expenditures for services to substance using pregnant women and women with dependent children during each fiscal year.

1. For 1994, enter the base in column A.
2. For Federal fiscal year 1995 and subsequent fiscal years the States must maintain expenditures for services for pregnant women and women with dependent children at a level that is not less than the FY 1994 expenditures; however, the expenditures may be any combination of SAPT Block Grant and State general revenue (including the State's contribution to Medicaid). Report Fiscal Years 2002, 2003, and 2004 expenditures in column B.

**Table I**

Total Single State Agency (SSA) Expenditures for Substance Abuse

Period (A)	Expenditures (B)	$\frac{B1 (2002) + B2 (2003)}{2}$ (C)
SFY 2002 (1)		
SFY 2003 (2)		
SFY 2004 (3)		

The State may request an exclusion from the calculation of the MOE certain non-recurring expenditures for a singular purpose, provided the State can demonstrate that the State's exclusion if certain funds request is consistent with the guidance published in the Federal Register (See Federal Register Notice, November 23, 2001 (66FR 226)).

Did the State have any non-recurring expenditures for a specific purpose that were not included in the MOE calculation?

Yes \_\_\_\_ No \_\_\_\_

If yes, specify the amount

Did the State include these funds in previous year MOE calculations? Yes \_\_\_\_ No

**Table II**

Statewide Non-Federal Expenditures for Tuberculosis Services to Substance Abusers in Treatment

**(Table II BASE)**

Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Clients who were Substance Abusers in Treatment (B)	Total State Funds Spent on Clients who were Substance Abusers in Treatment (AxB) (C)	Average of Column C1 and C2 $\frac{C1 + C2}{2}$ (MOE BASE) (D)
SFY 1991 (1)				
SFY 1992 (2)				

**Table II**

**Statewide Non-Federal Expenditures for Tuberculosis Services to Substance Abusers in Treatment  
(Table II MAINTENANCE)**

Period	Total of All State Funds Spent on TB Services  (A)	% of TB Expenditures Spent on Clients who were Substance Abusers in Treatment  (B)	Total State Funds Spent on Clients who were Substance Abusers in Treatment (AxB)  (C)
SFY 2003 (3)			
SFY 2004 (4)			



**Table III B**

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Substance Abusers in Treatment

**(Table III B)**

**USE THIS TABLE (III B) IF YOUR STATE IS A DESIGNATED STATE BEGINNING IN 1994.**

(BASE)			(MAINTENANCE)		
Period	Total of All State Funds Spent on Early Intervention Services for HIV	Average of Columns A1 and A2 $\frac{A1+A2}{2}$ (MOE Base)		Period	Total of All State Funds Spent on Early Intervention Services for HIV
	(A)	(B)			(A)
SFY 1992 (1)				SFY 2003 (3)	
SFY 1993 (2)				SFY 2004 (4)	

**Table III C**

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Substance Abusers in Treatment (**Table III C**)

**USE THIS TABLE (III C) IF YOUR STATE IS A DESIGNATED STATE BEGINNING IN 1995**

(BASE)			(MAINTENANCE)		
Period	Total of All State Funds Spent on Early Intervention Services for HIV	Average of Columns A1 and A2  $\frac{A1+A2}{2}$ (MOE Base)		Period	Total of All State Funds Spent on Early Intervention Services for HIV
	(A)	(B)			(A)
SFY 1993 (1)				SFY 2003 (3)	
SFY 1994 (2)				SFY 2004 (4)	

**Table III D**

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Substance Abusers in Treatment (**Table III D**)

**USE THIS TABLE (III D) IF YOUR STATE IS A DESIGNATED STATE BEGINNING IN 1998**

(BASE)

(MAINTENANCE)

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)		Period	Total of All State Funds Spent on Early Intervention Services for HIV  (A)
SFY 1996 (1)				SFY 2003 (3)	
SFY 1997 (2)				SFY 2004 (4)	

**Table IV**

Expenditures for Services to Pregnant Women  
and Women with Dependent Children

**(TABLE IV MAINTENANCE)**

Period	Total Women's BASE  (A)	Total Expenditures  (B)
1994		
2002		
2003		
2004		

**SECTION III: STATE PLAN--INTENDED USE OF FY 2005  
SUBSTANCE ABUSE PREVENTION AND TREATMENT  
BLOCK GRANT FUNDS**

This section describes how the State will use the FY 2005 SAPT Block Grant award. The following is an overview of its information requirements:

<b>Item</b>	<b>What you need to submit</b>	
(See Section II for narratives of intended goals, objectives, activities)		
1.	Planning	Narrative and checklist
2.	Needs assessment summary	Form 8 plus narrative
3.	Needs by age sex, and race/ethnicity	Form 9
4.	State use of needs assessment	Form 10
5.	Intended use plan	Form 11 Supplement and Form 11
6.	Treatment capacity	Form 12
7.	Purchasing services	Checklist
8.	Program performance monitoring	Checklist

## 1. Planning

This item addresses compliance of the State's planning procedures with several statutory requirements. It requires completion of narratives and a checklist.

These are the statutory requirements:

- ! Section 1929 requires the State to submit a statewide assessment of need for both treatment and prevention.
- ! Section 1941 requires the State to make the State plan public in such a manner as to facilitate public comment from any person during the development of the plan.

In a narrative of **up to three pages**, describe how your State carries out sub-State area planning and determines which areas have the highest incidence, prevalence, and greatest need. Include a definition of your State's sub-State planning areas. Identify what data is collected, how it is collected, and how it is used in making these decisions. States are required to utilize data from CSAT or CSAP needs assessment contracts. If the State does not use these data explain why. If there is a State, regional, or local advisory council, describe their composition and their role in the planning process. Describe the monitoring process the State will use to assure that funded programs serve communities with the highest prevalence and need.

In a narrative of **up to two pages**, describe the process your State used to facilitate public comment in developing the State's plan and its FY 2005 application for SAPT Block Grant funds.

Use the following checklist to indicate the criteria your State will use in deciding how to allocate FY 2005 block grant funds. Mark all criteria that apply. Indicate the priority of the criteria by placing numbers in the boxes. For example, if the most important criterion is "incidence and prevalence levels," put a "1" in the box beside that option. If two or more criteria are equal, assign them the same number.

Population levels (Specify formula:\_\_\_\_\_)

Incidence and prevalence levels

Problem levels as estimated by alcohol/drug-related crime statistics

Problem levels as estimated by alcohol/drug-related health statistics

Problem levels as estimated by social indicator data

Problem levels as estimated by expert opinion

Resource levels as determined by (specify method)\_\_\_\_\_.

Size of gaps between resources (as measured by\_\_\_\_\_) and needs (as estimated by \_\_\_\_).

Other (specify):\_\_\_\_\_.

## 2. Needs assessment summary

This item involves completion of a Treatment Needs Assessment Summary Matrix (Form 8) and a narrative explaining how the State arrived at the numbers entered on the form, the biases of the data, and how the State intends to improve the reliability and validity of its data. This information is required by statute and regulation (See 42 U.S.C. 300x-29 and 45 C.F.R. 96.133).

### How to complete the Treatment Needs Assessment Summary Matrix (Form 8)

Before you begin entering numbers, look at columns 6 and 7. It is the intent of Congress to target funding to areas severely impacted by substance use and trade. There are various ways to measure both the prevalence of substance-related criminal activity and the incidence of communicable diseases. With input from the States, CSAT has designated two indices for **column 6** (Prevalence of substance-related criminal activity). These indices are:

- ! number of DWI (driving while intoxicated) arrests
- ! number of drug-related arrests

The time period on which you report in this column is the **last calendar year for which you have the data**. In addition, you may use a third index of your choice for this column. If you choose to do so, write your index in the blank space in column 6C. If you choose not to enter a third index, cross out column 6C.

With input from the States, CSAT has designated three indices for **column 7** (Incidence of communicable diseases). These indices are:

- ! number of cases of Hepatitis B per 100,000 population
- ! number of cases of AIDS per 100,000 population
- ! number of cases of Tuberculosis per 100,000 population

Before you begin to enter data, fill in the box over column 6 indicating the time period covered by the entries you will make in that column.

**Here are instructions for completing each column:**

**Column 1: Sub-State planning area** -- Enter the name of the sub-State planning area.

**Column 2: Total population** -- Enter the total population of the sub-State planning area.

**Column 3: Total population in need** -- Enter on the **left** side (A) the area's total population in need of substance abuse treatment services, including those already receiving treatment. Enter on the **right** side (B) those who would seek treatment but are not currently being served.

**Column 4: Number of IVDU in need** -- Enter on the **left** side (A) the area's total number of IVDU in need, including those in treatment. Enter on the **right** side (B) those who would seek treatment but are not currently being served.

**Column 5: Number of women in need** -- Enter on the **left** side (A) the area's total number of women in need of substance abuse services, including those in treatment. Enter on the **right** side (B) those who would seek it but are not currently being served.

**Column 6: Prevalence of substance-related criminal activity** -- Using the indices provided and the one you may have selected and written in, enter the appropriate numbers.

**Column 7: Incidence of communicable diseases** -- Using the indices provided, enter the appropriate numbers. Do not enter data as fractions. For example, if there are 40 cases per 100,000 population, write "40" rather than "40/100,000."

**How your State determined the numbers for the matrix**

States are required to utilize data from CSAT or CSAP needs assessment contracts. If your State did not use this data, using **up to three pages**, explain what methods your State used to estimate the numbers of people in need of substance abuse treatment services, the biases of the data, and how the State intends to improve the reliability and validity of the data. Also indicate the sources of data used in making these estimates. In addition, provide any necessary explanation of the way your State records data or interprets the indices in columns 6 and 7.

**2. Needs by age, sex, and race/ethnicity (Form 9).**

This item requires completion of one set of worksheets for treatment (Form 9). The set consists of:

- ! one worksheet for the State as a whole (State Total combining all sub-State planning areas (SPAs))
- ! one worksheet for each sub-State planning area

Therefore, you will need to make multiple copies of the forms. Before you start filling in the cells, enter the name of the State and sub-State planning area (where applicable). The form is self-explanatory, distributing the populations by age, sex, and race-ethnicity. On Form 9, use column H to address special populations your State may have in addition to those listed.

The total of columns B through H should equal the total reported in column A.

## Instructions for completing FORM 10

### State Use of Needs Assessment Information Items

1. Answer the following question and check the appropriate box on the blanks provided about your State use of State Treatment Needs Assessment Program (STNAP) data on Forms 8 and 9.
2. Mark all that apply. If STNAP data are not used for any of the following, SKIP to item 4.

New funding resources--These are new dollar amounts appropriated over and above historical funding levels. These may be dollars appropriated for special initiatives, for new programs within the state, or for new services within programs.

Historical funding levels--These are dollar amounts appropriated to sustain existing initiatives, programs, or services. Mark "Historical Funding Levels" if additional dollars are appropriated to sustain existing initiatives, programs, or services due to increased cost of service provision, or increased number of persons served.

For example, if \$1,000,000 has been historically appropriated to women's residential programs, and in the current cycle an additional \$500,000 is appropriated to cover the cost of increased salaries, or facility maintenance, these funds should be counted as a historical funds.

Services planning--Services planning efforts may not or may not involve the appropriation of dollar amounts. Services planning efforts are to identify populations in the state that need new or increased services, to provide additional services to any or all programs, or provide new services based on changing patterns of substance abuse, e.g., an increase in methamphetamine use.

Legislative initiatives--This includes use of STNAP data to justify to the legislature a request for increased funding for new programs or services, or to lobby for changes in legislation.

Public information/education--This includes use of STNAP data to produce pamphlets or brochures on substance abuse patterns within the state or to provide background information for existing education efforts like DARE.

3a. A model is a formal representation of the relationship between components of a system based on observed data. An example of a model is a mathematical equation that predicts treatment use or demand based on population or geographic variables. The model may take the form of a severity index, a regression equation, or any other formula that takes into account all the components of a system.

3b. If a formal model is used, provide the equation, the variables used in constructing the model, the assumptions underlying the model (e.g., the model assumes that the majority of persons needing treatment live in urban areas and have a mean duration of substance use of 10 years), and the statistical methods used to construct and operate the model, for example, a linear regression equation. You may wish to consult with the state needs assessment project manager when completing this item.

4. If the results of the modeling equation are used to allocate resources, mark all that apply.

All sub-State planning areas--Mark this box only if resources are allocated to all sub-State planning areas.

Special populations--This may include women, adolescents, disabled persons or ethnic/racial minorities.  
Other--Mark this box if the results of the model are allocated to only some areas in the state, for example, high prevalence areas, only to some populations, or for other areas/groups not listed. Specify the purposes for which the results are used.

5. Complete this item only if the state does not use a formal allocation model as defined in 2a.  
Mark only one.

Population size in each sub-State planning area--Mark this box only if the total population in the sub-State planning area is used to allocate resources, whether or not need for treatment has been determined. In this case, population size is determined based on Census counts.

Geographically regardless of population size--Mark this box only if all geographic areas are used in the allocation scheme. For example, it may be that greater dollar amounts are allocated to tightly defined urban areas because the perceived need is greater, even though some suburban areas have a greater population but less perceived need.

Other--If the State allocates funding based on a combination of the listed choices, mark "Other" and specify. Mark "Other" and specify if the State allocates according to some method other than those listed above.

6. Mark only one box.

Final data not yet available--This item refers to data collected from the first needs assessment contract awarded to the State (Round I). Mark this box only if data from Round I are not in final form. Do NOT mark this box if the State has been awarded a Round II contract, and Round II data are not in final form.

Data are not reliable--Mark this box if the State believes that due to sampling, respondent under reporting, or other bias that the data do not reflect the true treatment needs in the State. For example, the adult household survey may have yielded low prevalence rates of treatment need, and the State believes that these data underestimate the true need.

Funding levels are mandated by statute--Mark this box if funding levels are mandated by statute, and a change in legislation would be necessary before funds could be reallocated according to any other means.  
Other--Mark this box and specify if none of the categories above apply.

## 5. Intended use plan (Form 11 Supplement)

Please complete the following statements:

The amount the State plans to expend for substance abuse prevention and treatment activities.  
\$=====

The amount the State plans to expend for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box E (1994)):  
\$=====

**This item requires the completion of the Intended Use Plan (Form 11).** The form is similar to the Substance Abuse State Agency Spending Report (Form 4) that you completed in Section II of the application.

- A Row 1: Total expenditures for substance abuse treatment and rehabilitation.

Here are instructions for columns A through F. Remember to enter **only** those funds to be spent by the agency administering the FY 2005 SAPT Block Grant and to enter figures in whole dollar amounts.

- A Most States report that they use the full 24-month period to spend block grant funds. The intent is to determine how much funding from other sources is available to the principal agency of the State for substance abuse prevention and treatment services during the same period. Even if your State plans to spend the FY 2005 award in less than 24 months, report for the full 24-month period in columns B through F.

**Column A: FY 2005 SAPT Block Grant** -- Enter the amounts of FY 2005 block grant funds your State plans to spend on each activity. If you do not know how much money your State will receive, base your entries on the amount of your prior FY award.

**Column B: Medicaid** -- Base your entries on an **estimate** of Medicaid funds available for the **24-month period in which your State is permitted to spend the prior FY block grant award.**

**Column C: Other Federal funds** -- Base your entries on an **estimate** of other Federal funds available for the **24-month period in which your State is permitted to spend the prior FY block grant award.**

**Column D: State funds** -- Base your entries on an **estimate** of State funds available for the **24-month period in which your State is permitted to spend the prior FY block grant award.**

**Column E: Local funds** -- Base your entries on an **estimate** of local funds available for the **24-month period in which your State is permitted to spend the prior FY block grant award.**

**Column F: Other** -- Base your entries on an **estimate** of other funds available for the **24-month period in which your State is permitted to spend the prior FY block grant award.**

Definitions of the funding sources in columns B through F were provided in the instructions for Form 04 in Section II of this application.

### **Detailing planned expenditures on primary prevention (Row 2) of Form 11**

Primary prevention activities are those directed at individuals who do not require treatment for substance abuse. In implementing the comprehensive primary prevention program, the State shall use a variety of strategies including but not limited to the following. If a State employs strategies not covered by these six categories, please report them under "Other" in a separate row for each one. PLEASE NOTE CATEGORY FOR REPORTING COSTS ASSOCIATED WITH IMPLEMENTING SECTION 1926--TOBACCO.

(1) Information Dissemination: This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Clearinghouse/information resource center(s);
- (ii) Resource directories;
- (iii) Media campaigns;
- (iv) Brochures;
- (v) Radio/TV public service announcements;
- (vi) Speaking engagements;
- (vii) Health fairs/health promotion; and
- (viii) Information line.

(2) Education: This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Classroom and/or small group sessions (all ages);
- (ii) Parenting and family management classes;
- (iii) Peer leader/helper programs;
- (iv) Education programs for youth groups; and
- (v) Children of substance abusers groups.

(3) Alternatives: This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would, therefore, minimize or obviate resort to the latter. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Drug free dances and parties;
- (ii) Youth/adult leadership activities;
- (iii) Community drop-in centers; and
- (iv) Community service activities.

(4) Problem Identification and Referral: This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Employee assistance programs;
- (ii) Student assistance programs; and
- (iii) Driving while under the influence/driving while intoxicated education programs.

(5) Community-Based Process: This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff/officials training;
- (ii) Systematic planning;
- (iii) Multi-agency coordination and collaboration;
- (iv) Accessing services and funding; and
- (v) Community team-building.

(6) Environmental: This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy shall include (but not be limited to) the following:

- (i) Promoting the establishment of review of alcohol, tobacco and drug use policies in schools;
- (ii) Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco, and other drug use;
- (iii) Modifying alcohol and tobacco advertising practices; and
- (iv) Product pricing strategies.

- (7) Other: The six primary prevention strategies have been designed to encompass nearly all of the prevention activities. However, in the unusual case an activity does not fit one of the six strategies it may be classified in the "Other" category.

**Section 1926 - Tobacco**

- (8) Costs Associated with The Development and Conduct of Random, Unannounced Tobacco Inspections-include aggregate costs associated with carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections.

**Primary Prevention Planned Expenditures Checklist**

Estimated data are acceptable in this checklist.

	<u>Block Grant</u> <u>FY 2005</u>	<u>Other</u> <u>Federal</u>	<u>State</u>	<u>Local</u>	<u>Other</u>
Information					
Dissemination	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Education	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Alternatives	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Problem					
Identification					
and Referral	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Community-					
based Process	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Environmental	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Section 1926-	\$ _____	\$ _____*	\$ _____*	\$ _____*	\$ _____
Tobacco					
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

\*Please list all sources, if possible ( e.g. Center for Disease Control and Prevention block grant, foundations)

**How to report planned expenditures on substance abuse resource development activities**

Your State may plan to spend FY 2005 block grant funds on substance abuse resource development activities. These kinds of activities were described in Section II. Complete the following checklist:

Does your State plan to fund resource development activities with FY 2005 funds?

- Yes
- No

If **yes**, show the **estimated** amounts that will be spent in the table below:

	<u>Treatment</u>	<u>Prevention</u>	<u>Total</u>
Planning, coordination, and needs assessment	\$ _____	\$ _____	\$ _____
Quality assurance	\$ _____	\$ _____	\$ _____
Training (post-employment)	\$ _____	\$ _____	\$ _____
Education (pre-employment)	\$ _____	\$ _____	\$ _____
Program development	\$ _____	\$ _____	\$ _____
Research and evaluation	\$ _____	\$ _____	\$ _____
Information systems	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

Remember that resource development expenditures are not limited to row 5, Form 11 (Administration). You may plan resource development expenditures from rows 1 through 5.

## 6. Treatment Capacity Matrix (Form 12)

This involves completion of the Treatment Capacity Matrix (Form 12). It is identical to Form 7, except that you enter information about **the 24-month period during which your principal agency of the State is permitted to spend the FY 2005 block grant award**. This is the same period covered on the Intended Use Plan (Form 11), and you have already estimated how much money the principal agency of the State will obligate and spend. The instructions for completing the form are the same as those for Form 7.

Remember that multiple forms are required:

- ! one for the State as a whole (State Total combining all sub-State planning areas (SPAs))
- ! one for each sub-State planning area

## 7. Purchasing services

This item requires completing two checklists.

There are many methods the State can use to purchase substance abuse services. Use the following checklist to describe how your State will purchase services with the FY 2005 block grant award. Indicate the proportion of funding that is expended through the applicable procurement mechanism. The total for these categories should equal 100 percent.

Competitive grants	Percent of Expense_____
Competitive contracts	Percent of Expense_____
Non-competitive grants	Percent of Expense_____
Non-competitive contracts	Percent of Expense_____
Statutory or regulatory allocation to governmental agencies serving as umbrella agencies that purchase or directly operate services	
According to county or regional priorities	
Other	Percent of Expense_____

There are also alternative ways a State can decide how much it will pay for services. Use the following checklist to describe how your State pays for services. Complete any that apply.

Line item program budget	Percent of Clients Served_____
	Percent of Expenditures_____
Price per slot	Percent of Clients Served_____
	Percent of Expenditures_____
Rate: _____ Type of slot:	
Rate: _____ Type of slot:	
Rate: _____ Type of slot:	
Price per unit of service	Percent of Clients Served_____
	Percent of Expenditures_____
Unit: _____ Rate:	
Unit: _____ Rate:	
Unit: _____ Rate:	
Per capita allocation (Formula):	Percent of Clients Served_____
	Percent of Expenditures_____

Price per episode of care:

Percent of Clients Served \_\_\_\_\_

Percent of Expenditures \_\_\_\_\_

Rate: \_\_\_\_\_ Diagnostic group:

Rate: \_\_\_\_\_ Diagnostic group:

Rate: \_\_\_\_\_ Diagnostic group:

## 8. Program performance monitoring

The purpose of this item is to document how the principal agency of the State will monitor and evaluate the performance of substance abuse service providers that receive State and/or block grant funds. Use the following checklist to indicate what methods your State uses. Check all that apply. When you are asked for frequency in the items below, use the following choices:

- ! monthly
- ! quarterly
- ! semi-annually
- ! annually
- ! every two years

On-site inspections

Frequency for treatment: (\_\_\_\_\_)

Frequency for prevention: (\_\_\_\_\_)

Activity reports

Frequency for treatment: (\_\_\_\_\_)

Frequency for prevention: (\_\_\_\_\_)

Management information system

Patient/participant data reporting system

Frequency for treatment: (\_\_\_\_\_)

Frequency for prevention: (\_\_\_\_\_)

Performance contracts

Cost reports

Independent peer review

Licensure standards - programs and facilities

Frequency for treatment: (\_\_\_\_\_)  
Frequency for prevention: (\_\_\_\_\_)

Licensure standards - personnel  
Frequency for treatment: (\_\_\_\_\_)  
Frequency for prevention: (\_\_\_\_\_)

Other (Specify): \_\_\_\_\_.

**SECTION IV-A**  
**VOLUNTARY TREATMENT PERFORMANCE MEASURES**

**INSTRUCTIONS**

**TREATMENT MEASURES**

**Data is requested on the following forms:**

Form T2 – Employment Status

Form T3 – Living Status

Form T4 – Criminal Justice Involvement

Form T5 – Alcohol Use

Form T6 – Other Drug Use

Form T7 – Infectious Diseases

Form T8 – Social Support of Recovery

Form T9 - Retention

## **GENERAL INSTRUCTIONS FOR VOLUNTARY FORMS T2-T9:**

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. A State may wish to report on specific modalities separately such as outpatient, residential or opiate replacement therapy. The State should discuss how it addressed tracking clients receiving opiate 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 State Fiscal Year for which the data are available at the time the application is submitted. In no case should the reporting year be earlier than the year for which the State is reporting SAPT Block Grant expenditures in the application being submitted. Indicate the State Fiscal Year chosen for reporting in the appropriate place on the form.
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. The State should discuss how it addressed tracking clients receiving opiate replacement therapy/pharmacotherapy in their State and provide a description in the State Description of Data Collection form. Persons receiving pharmacotherapy using methadone may be included in the State report of client data or may be reported separately.
5. Please complete each form if possible.
6. Forms T2-T9 report percent changes in the indicator areas that have occurred between admission and discharge based on information collected at those data collection points. 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.  
  
*The State may not be able to report on an episode basis therefore must report the basis it has used for producing the reported data. For example, the State may only be able to report based on Modalities/Levels of Care. The State should discuss the specific approach used to define admission and discharge within this framework.*
7. For each table, please respond to the questions related to data source, how are admission and discharge basis defined, how admission and discharge data are collected, how admission and discharge data are linked, and inability to report.

**FORM T2- EMPLOYMENT STATUS  
TREATMENT PERFORMANCE MEASURE  
PERCENT CHANGE IN EMPLOYMENT STATUS (From Admission to Discharge)**

STATE: \_\_\_\_\_

REPORTING PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIA/ ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS/ UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
AGE																					
<18																					
18+																					
<b>TOTAL</b>																					
18-24																					
25-34																					
35-44																					
45-64																					
65+																					
HOMELESS OR AT RISK OF BEING HOMELESS																					
Co-OCCURRING DISORDERS																					
PREGNANT WOMEN																					

M=Male; F=Female

**THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE**

**T2.1**  Client Self Report  
 What is the source of data for this table? (Select all that apply)  Administrative Data Source  Other: Specify \_\_\_\_\_

**T2.2**  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  
 How is Admission/ Discharge Basis defined? (Select one)  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 \_\_\_\_\_

**T2.3**  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 \_\_\_\_ months post  admission  discharge  
 How was the discharge data collected? (Select one)  Discharge data is collected for the census of all clients who were admitted to treatment  Discharge data is collected for a sample of all clients who were admitted to treatment  Other: Specify \_\_\_\_\_  
 Discharge records are collected or created for all clients who were admitted to treatment  
 Discharge records are NOT completed for some clients who were admitted to treatment. Specify proportion of clients without a discharge record: \_\_\_\_\_%

**T2.4**  Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID). Select type of UCID:  Statewide  County/Regional  Facility  
 Was the admission and discharge data linked?  No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data

(Select one)  No, admission and discharge records were matched using probabilistic record matching

**T2.5**  
Why are you Unable to Report? (Select all that apply)

<input type="checkbox"/> Not Applicable, data reported above	<input type="checkbox"/> Information is not collected at Admission	<input type="checkbox"/> Information is not collected at Discharge	<input type="checkbox"/> Information not collected by categories requested
<input type="checkbox"/> State collects information on the indicator area but utilizes a different measure	<input type="checkbox"/> Other: Specify _____		

**Performance Measure Data Collection**  
**Interim Standard – Percent Change in Employment Status**

GOAL To improve the employment status of persons treated in the States substance abuse treatment systems.

MEASURE The change in proportion of *all clients receiving treatment* who reported being employed (including part-time) at discharge.

DEFINITIONS Change in proportion of *all clients receiving treatment* who reported being employed (including part-time) at discharge equals the proportion of clients reporting being employed (including part-time) at admission subtracted from the proportion of clients reporting being employed (including part-time) at discharge.

**For example:**

Category	Admission (%)	Discharge (%)	Difference (%)
Employed (including part-time)	15	45	+30

Thus there was a 30 % increase in the proportion of clients reporting being employed (including part-time) at discharge.

HEALTHY PEOPLE 2010 OBJECTIVES Related to Objective 26-8 (Developmental): Reduce the cost of lost productivity in the workplace due to alcohol and drug use.

INTERIM STANDARD FOR DATA COLLECTION Data related to employment status should be collected using the relevant Treatment Episode Data Set (TEDS) element at admission and discharge. States would report percentage differences in employment status for the 30 days preceding admission to treatment, and the 30 days preceding discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge records through a unique statewide client ID.

“Employed” includes those employed full time (35 or more hours per week) and part time (less than 35 hours per week). **Exclude those not in the labor force, including, homemakers, students, those disabled, retired persons, those not looking for work in the last 30 days and those in institutions**

DATA SOURCE(S) Primary data collection based on State standard for admission and discharge client data. (e.g., TEDS, Addiction Severity Index (ASI), ASI-Lite, etc.)

DATA ISSUES State instruments may differ from TEDS definitions. States may lack a unique statewide client ID to link admission and discharge records.

FORM T2

**State Description of Employment Status Data Collection (Form T2)**

GOAL	To improve the employment status of persons treated in the States substance abuse treatment systems.
MEASURE	The change in proportion of <i>all clients receiving treatment</i> who reported being employed (including part-time) at discharge
STATE CONFORMANCE TO INTERIM STANDARD	States are required to detail exactly how this information is collected. Where data and methods vary from interim standard, variance must be described .
	State collects admission and discharge data on employment that can be reported using TEDS definitions. YES _____ NO _____
	State tracked clients from admission to discharge records matched on a unique statewide client ID. YES _____ NO _____
	State reported data using data other than admission and discharge data. YES _____ NO _____
	State reported data using administrative data. YES _____ NO _____
DATA SOURCE(S)	Source(s):
DATA ISSUES	Issues:
DATA PLANS IF DATA IS NOT AVAILABLE	State must provide time-framed plans for capturing employment status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost

**FORM T3-LIVING STATUS  
TREATMENT PERFORMANCE MEASURE  
PERCENT CHANGE IN HOMELESSNESS\* (From Admission to Discharge)**

STATE:

REPORTING PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

AGE	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIA/ ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS/ UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
<18																					
18+																					
<b>TOTAL</b>																					
18-24																					
25-34																					
35-44																					
45-64																					
65+																					
Co-occurring Disorders																					
PREGNANT WOMEN																					

M=Male; F=Female

\* See detail sheet for definition of homelessness (or at risk of being homeless)

**THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE**

<b>T3.1</b>	What is the source of data for this table? (Select all that apply)	<input type="checkbox"/> Client Self Report <input type="checkbox"/> Administrative Data Source <input type="checkbox"/> Other: Specify _____
<b>T3.2</b>	How is Admission/ Discharge Basis defined? (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 _____
<b>T3.3</b>	How was the discharge data collected? (Select one)	<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 ____ months post <input type="checkbox"/> admission <input type="checkbox"/> discharge <input type="checkbox"/> Discharge data is collected for the census of all clients who were admitted to treatment <input type="checkbox"/> Discharge data is collected for a sample of all clients who were admitted to treatment <input type="checkbox"/> Discharge records are collected or created for all clients who were admitted to treatment <input type="checkbox"/> Discharge records are NOT completed for some clients who were admitted to treatment. Specify proportion of clients without a discharge record: _____%
<b>T3.4</b>	Was the admission and discharge data linked? (Select one)	<input type="checkbox"/> Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID). Select type of UCID: <input type="checkbox"/> Statewide <input type="checkbox"/> County/Regional <input type="checkbox"/> Facility <input type="checkbox"/> No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort 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
<b>T3.5</b>		<input type="checkbox"/> Not Applicable, data reported above

Why are you Unable to Report?  Information is not collected at Admission  Information is not collected at Discharge  Information not collected by categories requested  
(Select all that apply)  State collects information on the indicator area but utilizes a different measure  Other: Specify \_\_\_\_\_

**Performance Measure Data Collection**  
**Interim Standard – Percent Change in Homelessness (Living Status)**

**GOAL** To improve living conditions of persons treated in the States substance abuse treatment systems.

**MEASURE** The change in proportion of *all clients receiving treatment* who reported being homeless at discharge.

**DEFINITIONS** Change in proportion of *all clients receiving treatment* who reported being homeless at discharge equals the proportion of clients reporting being homeless at admission subtracted from the proportion of clients reporting being homeless at discharge .

**For example:**

Category	Admission (%)	Discharge (%)	Difference (%)
Homeless	10	8	-2

Thus there was a 2% decrease in the proportion of clients reporting being homeless at discharge.

**HEALTHY PEOPLE  
2010 OBJECTIVES** No Related Objectives

**INTERIM STANDARD  
FOR DATA COLLECTION** Data related to living status should be collected using the relevant Treatment Episode Data Set (TEDS) element at admission and discharge. The reported measure will reflect differences in homelessness at admission to treatment, and at discharge. States should track client-level data by matching admission to discharge records through a unique statewide client ID

TEDS defines homeless as clients with no fixed address; includes shelters. Dependent living (at risk for being homeless) is defined as clients living in a supervised setting such as a residential institution, halfway house or group home

**DATA SOURCE(S)** Primary data collection based on State standard for admission and discharge client data. (e.g., TEDS, Addiction Severity Index (ASI), ASI-Lite, etc.)

**DATA ISSUES** State instruments may differ from TEDS definitions. States may lack a unique statewide client ID to link admission and discharge records

**FORM** T-3

**State Description of Homelessness (Living Status) Data Collection (Form T3)**

GOAL	To improve living conditions of persons treated in the States substance abuse treatment systems.
MEASURE	The change in proportion of <i>all clients receiving treatment</i> who reported being homeless at discharge.
STATE CONFORMANCE TO INTERIM STANDARD	<p>States are required to detail exactly how this information is collected. Where data and methods vary from interim standard, variance must be described..</p> <p>State collects admission and discharge data on living status that can be reported using TEDS definitions.</p> <p>YES _____ NO _____</p> <p>State tracked clients from admission to discharge records matched on a unique statewide client ID.</p> <p>YES _____ NO _____</p> <p>State reported data using data other than admission and discharge data.</p> <p>YES _____ NO _____</p> <p>State reported data using administrative data.</p> <p>YES _____ NO _____</p>
DATA SOURCE(S)	Source(s):
DATA ISSUES	Issues:
DATA PLANS IF DATA IS NOT AVAILABLE	State must provide time-framed plans for capturing living status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

**FORM T4-CRIMINAL JUSTICE INVOLVEMENT  
TREATMENT PERFORMANCE MEASURE  
PERCENT CHANGE IN PERSONS ARRESTED (From Admission to Discharge)**

STATE: \_\_\_\_\_ REPORTING PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

AGE	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIA/ ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS/ UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
<18																					
18+																					
<b>TOTAL</b>																					
18-24																					
25-34																					
35-44																					
45-64																					
65+																					
HOMELESS OR AT RISK OF BEING HOMELESS																					
CO-OCCURRING DISORDERS																					
PREGNANT WOMEN																					

M=Male; F=Female

**THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE**

**T4.1** What is the source of data for this table? (Select all that apply)

Client Self Report  
 Administrative Data Source  
 Other: Specify \_\_\_\_\_

**T4.2** How is Admission/ Discharge Basis defined? (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 \_\_\_\_\_

**T4.3** How was the discharge data collected? (Select one)

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 \_\_\_\_ months post  admission  discharge  
 Discharge data is collected for the census of all clients who were admitted to treatment  
 Discharge data is collected for a sample of all clients who were admitted to treatment  
 Discharge records are collected or created for all clients who were admitted to treatment  
 Discharge records are NOT completed for some clients who were admitted to treatment. Specify proportion of clients without a discharge record: \_\_\_\_\_%

**T4.4** Was the admission and discharge data linked?

Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID). Select type of UCID:  Statewide  County/Regional  Facility  
 No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data

(Select one)  No, admission and discharge records were matched using probabilistic record matching

**T4.5**  
Why are you Unable to Report? (Select all that apply)

Not Applicable, data reported above  
 Information is not collected at Admission  
 State collects information on the indicator area but utilizes a different measure  
 Information is not collected at Discharge  
 Information not collected by categories requested  
 Other: Specify \_\_\_\_\_

**Performance Measure Data Collection**  
**Interim Standard –Percent Change in Persons Arrested**

GOAL To reduce the criminal justice involvement of persons treated in the States substance abuse treatment systems.

MEASURE The percent change in persons arrested in the last 30 days at discharge for *all clients receiving treatment*.

DEFINITIONS Change in proportion of persons arrested in the last 30 days at discharge for *all clients receiving treatment* equals the proportion of clients who were arrested in the 30 days prior to admission subtracted from the proportion of clients who were arrested in the last 30 days at discharge.

**For example:**

Category	Admission (%)	Discharge (%)	Difference (%)
Arrested	35	15	-20

**Thus there was a 20% decrease in the proportion of clients arrested in the last 30 days at discharge**

HEALTHY PEOPLE 2010 OBJECTIVES Related to Objective 26-8 (Developmental): Reduce the cost of lost productivity in the workplace due to alcohol and drug use. For drug abuse, most (56 percent) of the estimated productivity losses were associated with crime, including incarcerated perpetrators (26 percent) of drug-related crime

INTERIM STANDARD FOR DATA COLLECTION States will collect information on the percentage of clients with at least one arrest (a dichotomous response item: arrested – yes/no) in the 30 days preceding admission to treatment and the percentage of clients with at least one arrest in the 30 days prior at discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge records through a unique statewide client ID

A client who has one or more arrest counts (not charges) in the past 30 days, is included in this measure

DATA SOURCES Primary data collection based on State standard for admission and discharge client data. (e.g., TEDS, Addiction Severity Index (ASI), ASI-Lite, etc.)

DATA ISSUES State instruments may differ from TEDS definitions. States may lack a unique statewide client ID to link admission and discharge records

FORM T4

**State Description of Number of Arrests Data Collection (Form T4)**

GOAL To reduce the criminal justice involvement of persons treated in the States substance abuse treatment systems.

MEASURE The percent change in persons arrested in the last 30 days at discharge for *all clients receiving treatment*.

STATE CONFORMANCE TO INTERIM STANDARD States are required to detail exactly how this information is collected. Where data and methods vary from interim standard, variance must be described.

State collects admission and discharge data on criminal justice involvement that can be reported as a Yes/No response.

YES \_\_\_\_\_ NO \_\_\_\_\_

State tracked clients from admission to discharge records matched on a unique statewide client ID.

YES \_\_\_\_\_ NO \_\_\_\_\_

State reported data using data other than admission and discharge data.

YES \_\_\_\_\_ NO \_\_\_\_\_

State reported data using administrative data.

YES \_\_\_\_\_ NO \_\_\_\_\_

DATA SOURCE(S) Source(s):

DATA ISSUES Issues:

DATA PLANS IF DATA IS NOT AVAILABLE State must provide time-framed plans for capturing arrest data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

**FORM T5- ALCOHOL USE  
TREATMENT PERFORMANCE MEASURE  
PERCENT CHANGE IN ABSTINENCE (From Admission to Discharge)**

STATE:

REPORTING PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIA/ ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS/ UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
AGE																					
<18																					
18+																					
<b>TOTAL</b>																					
18-24																					
25-34																					
35-44																					
45-64																					
65+																					
HOMELESS OR AT RISK OF BEING HOMELESS																					
Co-OCCURRING DISORDERS																					
PREGNANT WOMEN																					

M=Male; F=Female

**THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE**

**T5.1** What is the source of data for this table? (Select all that apply)

Client Self Report     
 Client Self Report confirmed by another source. → If checked, select one confirmation source:   
 Urinalysis, blood test or other biological assay  
 Administrative Data Source   
 Other: Specify \_\_\_\_\_     
 Collateral source  
 Other: Specify \_\_\_\_\_

**T5.2** How is Admission/ Discharge Basis defined? (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 \_\_\_\_\_

**T5.3** How was the discharge data collected? (Select one)

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 \_\_\_\_months post   
 admission   
 discharge  
 Discharge data is collected for the census of all clients who were admitted to treatment  
 Discharge data is collected for a sample of all clients who were admitted to treatment     
 Other: Specify \_\_\_\_\_  
 Discharge records are collected or created for all clients who were admitted to treatment  
 Discharge records are NOT completed for some clients who were admitted to treatment. Specify proportion of clients without a discharge record: \_\_\_\_\_%

**T5.4** Was the admission and discharge data linked?

Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID). Select type of UCID:   
 Statewide     
 County/Regional     
 Facility  
 No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data

(Select one)  No, admission and discharge records were matched using probabilistic record matching

**T5.5**  
Why are you Unable to Report? (Select all that apply)

<input type="checkbox"/> Not Applicable, data reported above	<input type="checkbox"/> Information is not collected at Admission	<input type="checkbox"/> Information is not collected at Discharge	<input type="checkbox"/> Information not collected by categories requested
<input type="checkbox"/> State collects information on the indicator area but utilizes a different measure	<input type="checkbox"/> Other: Specify _____		

**Performance Measure Data Collection**  
**Interim Standard – Percent Change in Abstinence -Alcohol Use**

GOAL To reduce substance abuse to protect the health, safety, and quality of life for all.

MEASURE The change in proportion of *all clients receiving treatment* who reported abstinence at discharge.

DEFINITIONS Change in proportion of *all clients receiving treatment* who reported abstinence at discharge equals the proportion of clients reporting abstinence at admission subtracted from the proportion of clients reporting abstinence at discharge.

**For example:**

Category	Admission (%)	Discharge (%)	Difference (%)
No past month use (abstinence)	10	50	+40

Thus there was a 40 % increase in the proportion of clients reporting abstinence at discharge.

HEALTHY PEOPLE 2010 OBJECTIVES Related to: Objective 26-9: Increase the age and proportion of adolescents who remain alcohol and drug free; Objective 26-10: Reduce past month use of illicit substances; Objective 26-11: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages; and Objective 26-12: Reduce average annual alcohol consumption.

INTERIM STANDARD FOR DATA COLLECTION Data related to alcohol use should be collected using the relevant Treatment Episode Data Set (TEDS) elements at admission and discharge to identify primary, secondary, and tertiary alcohol use and the associated frequency of use data. The reported measure will reflect differences in abstinence in the 30 days preceding admission to AOD treatment, and in the 30 days prior to discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge records through a unique statewide client ID.

Abstinence from alcohol use is defined as no past month use of alcohol

DATA SOURCE(S) Primary data collection based on State standard for admission and discharge client data. (e.g., TEDS, Addiction Severity Index (ASI), ASI-Lite, etc.)

DATA ISSUES State instruments may differ from TEDS definitions. States may lack a unique statewide client ID to link admission and discharge records

FORM T5

**State Description of Alcohol Use Data Collection (Form T5)**

GOAL To reduce substance abuse to protect the health, safety, and quality of life for all.

MEASURE The change in proportion of *all clients receiving treatment* who reported abstinence at discharge.

STATE CONFORMANCE TO INTERIM STANDARD States are required to detail exactly how this information is collected. Where data and methods vary from interim standard, variance must be described.

State collects admission and discharge data on alcohol use that can be reported using TEDS definitions.

YES \_\_\_\_\_ NO \_\_\_\_\_

State tracked clients from admission to discharge records matched on a unique statewide client ID.

YES \_\_\_\_\_ NO \_\_\_\_\_

State reported data using data other than admission and discharge data.

YES \_\_\_\_\_ NO \_\_\_\_\_

State reported data using administrative data.

YES \_\_\_\_\_ NO \_\_\_\_\_

DATA SOURCE(S) Source(s):

DATA ISSUES Issues:

DATA PLANS IF DATA IS NOT AVAILABLE State must provide time-framed plans for capturing alcohol use data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

**FORM T6- OTHER DRUG USE  
TREATMENT PERFORMANCE MEASURE  
PERCENT CHANGE IN ABSTINENCE (From Admission to Discharge)**

STATE: \_\_\_\_\_

REPORTING PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIA/ ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS/ UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
AGE																				
<18																				
18+																				
<b>TOTAL</b>																				
18-24																				
25-34																				
35-44																				
45-64																				
65+																				
HOMELESS OR AT RISK OF BEING HOMELESS																				
Co-OCCURRING DISORDERS																				
PREGNANT WOMEN																				

M=Male; F=Female

**THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE**

**T6.1** What is the source of data for this table? (Select all that apply)

Client Self Report     
 Client Self Report confirmed by another source. → If checked, select one confirmation source:   
 Urinalysis, blood test or other biological assay  
 Administrative Data Source   
 Other: Specify \_\_\_\_\_     
 Collateral source  
 Other: Specify \_\_\_\_\_

**T6.2** How is Admission/ Discharge Basis defined? (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 \_\_\_\_\_

**T6.3** How was the discharge data collected? (Select one)

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 \_\_\_\_months post   
 admission   
 discharge  
 Discharge data is collected for the census of all clients who were admitted to treatment  
 Discharge data is collected for a sample of all clients who were admitted to treatment     
 Other: Specify \_\_\_\_\_  
 Discharge records are collected or created for all clients who were admitted to treatment  
 Discharge records are NOT completed for some clients who were admitted to treatment. Specify proportion of clients without a discharge record: \_\_\_\_\_%

**T6.4** Was the admission and discharge data linked?

Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID). Select type of UCID:   
 Statewide     
 County/Regional     
 Facility  
 No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data

(Select one)  No, admission and discharge records were matched using probabilistic record matching

**T6.5**  
Why are you Unable to Report? (Select all that apply)

<input type="checkbox"/> Not Applicable, data reported above	<input type="checkbox"/> Information is not collected at Admission	<input type="checkbox"/> Information is not collected at Discharge	<input type="checkbox"/> Information not collected by categories requested
<input type="checkbox"/> State collects information on the indicator area but utilizes a different measure	<input type="checkbox"/> Other: Specify _____		

**Performance Measure Data Collection**  
**Interim Standard – Percent Change in Abstinence – Other Drug Use**

GOAL To reduce substance abuse to protect the health, safety, and quality of life for all.

MEASURE The change in proportion of *all clients receiving treatment* who reported abstinence at discharge.

DEFINITIONS Change in proportion of *all clients receiving treatment* who reported abstinence at discharge equals the proportion of clients reporting abstinence at admission subtracted from the proportion of clients reporting abstinence at discharge.

**For example:**

Category	Admission (%)	Discharge (%)	Difference (%)
No past month use (abstinence)	30	50	+20

Thus there was a 20 % increase in the proportion of clients reporting abstinence at discharge.

HEALTHY PEOPLE 2010 OBJECTIVES INTERIM STANDARD FOR DATA COLLECTION Related to Objective 26-10: Reduce past-month use of illicit substances. Treatment Episode Data Set (TEDS) elements at admission and discharge to identify primary, secondary, and tertiary other drug use and the associated frequency of use data. The reported measure will reflect differences in abstinence in the 30 days preceding admission to AOD treatment, and in the 30 days prior to discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge records through a unique statewide client ID

Abstinence from other drug use is defined as no past month use of other drugs.

DATA SOURCE(S) Primary data collection based on State standard for admission and discharge client data. (e.g., TEDS, Addiction Severity Index (ASI), ASI-Lite, etc.)

DATA ISSUES State instruments may differ from TEDS definitions. States may lack a unique statewide client ID to link admission and discharge records

FORM T6

**State Description of Other Drug Use Data Collection (Form T6)**

GOAL To reduce substance abuse to protect the health, safety, and quality of life for all.

MEASURE The change in proportion of *all clients receiving treatment* who reported abstinence at discharge.

STATE CONFORMANCE TO INTERIM STANDARD States are required to detail exactly how this information is collected. Where data and methods vary from interim standard, variance must be described.

State collects admission and discharge data on other drug use that can be reported using TEDS definitions.

YES \_\_\_\_\_ NO \_\_\_\_\_

State tracked clients from admission to discharge records matched on a unique statewide client ID.

YES \_\_\_\_\_ NO \_\_\_\_\_

State reported data using data other than admission and discharge data.

YES \_\_\_\_\_ NO \_\_\_\_\_

State reported data using administrative data.

YES \_\_\_\_\_ NO \_\_\_\_\_

DATA SOURCE(S) Source(s):

DATA ISSUES Issues:

DATA PLANS IF DATA IS NOT AVAILABLE State must provide time-framed plans for capturing other drug use data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

## Description of Data Collection Processes

1. Was the data the State reported on the performance measure forms tracked on the Treatment Episode Data Set (TEDS) basis, capturing data on all clients receiving treatment, using a unique statewide client ID? If so, please describe how the unique statewide client IDs were produced. If the State did not track data using a unique statewide client ID, describe how the data was produced (250 words or less).
2. Identify data analysis issues present in the State's data collection or analysis. Specify the (i) number of clients at admission i.e. the number of admissions, (ii) number of clients at admission who were matched at discharge, and (iii) number of clients at admission who were not matched at discharge. Identify any data manipulation techniques the State may have used to adjust for client attrition and missing data. Have any adjustments been made to factor in the impact on outcome data for clients having been in a controlled environment 30 days prior to admission (e.g., in institutional/ correctional settings like jails, prisons, psychiatric hospitals, etc)? If not, please indicate the percent of clients for whom data is being reported that resided in these settings within 30 days prior to admission (250 words or less).
3. If the State developed a basis for sampling its treatment system, specify the method for determining which clients were included in this sample and what was the targeted sample size. If the sample is something other than a probabilistic sample, identify what characteristics of the treatment population the sample attempted to match including a discussion of the proportional representativeness of this sample to the population's characteristics. Describe how these sampling procedures are evaluated, enhanced and documented in order that the sample may be replicated in subsequent reporting periods. If the State sampled its system's population, describe what programs and/ or modalities were included in your sampling frame. For any method, indicate what programs or modalities were excluded from your performance measure data collection and reporting (500 words or less).
4. If the State produces data on a cohort basis, describe how the cohorts were defined, including the temporal period from which the cohort was derived, and what were the attrition rates. Identify any data manipulation techniques the State may have used to adjust for client attrition and missing data (250 words or less).
5. States may have statutory or legislative authority for data collection on Human subject or participant protection mechanisms. Describe any such activity undertaken by the State resulting from the State's effort to report data on the voluntary performance measures (250 words or less).

**GENERAL INSTRUCTIONS FOR VOLUNTARY FORM T7:**

Infectious Diseases Performance Measure

This goal of this form is to determine the degree to which the Single State Agency provides and/or coordinates delivery of appropriate infection control practices within its service system for substance abuse treatment and prevention services. This form is a checklist to be completed by the Single State Agency (SSA). For each item, please check the box that best relates the degree to which that item describes the State Infectious Disease control program/practices. The SSA should develop a method for self-assessment to examine its policies, procedures and services relevant to infectious disease control. The SSA should attempt to use the same self-assessment criteria from year to year

**CHARACTERISTICS DOCUMENTING APPROPRIATE PRACTICES IN INFECTIOUS DISEASES CONTROL**

0 1 2 3\*

GGGG

1. Single State Agency (SSA) maintains Memoranda of Understanding (MOU) and/or other formal arrangements with appropriate public health agencies and other social service providers to provide continuum of care for persons with substance use disorders who are also at risk for infectious diseases including screening, assessment, referral and treatment for infectious diseases and preventive practices to control disease transmission.

Specify MOUs and other formal agreements maintained:

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0 1 2 3

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2. Single State Agency (SSA) or other State agency certification, licensure or contract provisions require infectious disease control procedure/ policies (infectious disease control standards) at the provider level.

0 1 2 3

GGGG

3. Single State Agency or other State agency monitors provider implementation of policies/ procedures.  
Specify licensure; certification; or contract provisions

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Specify authority administering licensure; certification; or contract process\_\_\_\_\_

Specify monitoring activities\_\_\_\_\_

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Specify proportion of programs meeting or exceeding infectious disease control standards during monitoring  
\_\_\_\_\_ %

CHARACTERISTICS OF HUMAN IMMUNODEFICIENCY VIRUS AND TUBERCULOSIS CONTROL ACTIVITY

HUMAN IMMUNODEFICIENCY VIRUS

YES NO

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Is the State a "designated State" (i.e. cumulative case rate is equal to or greater than 10/100,000)?

YES NO

G

G

Was the State a "designated State" (i.e. cumulative case rate is equal to or greater than 10/100,000) in at least one of the last two years?

YES NO

G

G

If the State is a designated State, have HIV infection procedures been developed by the principal agency for substance abuse in consultation with the State Medical Director and in cooperation with the State Department of Health/Communicable Disease Officer?

Whether or not the State is a "designated State":

0 1 2 3

GGGG

4. Are early intervention services provided at the site where individuals are undergoing treatment.

Specify the number of sites providing early intervention services: \_\_\_\_\_

If more than one site is indicated, specify number of sites that are located in a rural area \_\_\_\_\_

0 1 2 3

GGGG

5. Do these sites have established linkages with a comprehensive community resource network of related health and social service organizations.

0 1 2 3  
GGGG

6. Do State funded substance abuse programs provide on-site or through referral:

(A) Appropriate pre-test and post-test counseling for HIV and AIDS.

(B) testing individuals with respect to such disease, including tests to diagnose the extent of the deficiency, tests to provide information on appropriate therapeutic measures, and for preventing and treating conditions arising from the disease.

(C) providing the therapeutic measures described in (B).

TUBERCULOSIS

0 1 2 3  
GGGG

7. Are tuberculosis services as described in 45 C.F.R. part 96.127 and 96.121, provided at the site where individuals are undergoing treatment.

0 1 2 3  
GGGG

8. Have infection control procedures established by the principal agency of the State for substance abuse, in cooperation with the State Medical Director and in cooperation with the State Department of Health/Tuberculosis Control Officer that are designed to prevent the transmission of tuberculosis.

Specify the proportion of sites providing screening services directly or through referral: \_\_\_\_\_

Specify the proportion of sites Identifying those individuals who are at high risk of becoming infected: \_\_\_\_\_

Specify the proportion of sites providing case management activities of clients with TB to ensure that individuals receive necessary services: \_\_\_\_\_

YES NO  
G G

Have TB procedures been developed by the principal agency for substance abuse in consultation with the State Medical Director and in cooperation with the State Department of Health/Tuberculosis Control Officer?

0 1 2 3

GGGG

9. Have effective strategies been developed for monitoring programs compliance with 45 C.F.R. parts 96.121 and 96.127.

Specify the procedures utilized:

YES NO

G

G

Licensure or program certification standards

YES NO

G

G

Contract or grant specifications/requirements

YES NO

G

G

On-site monitoring

YES NO

G

G

Client records audits

Total \_\_\_\_\_

- 0 - Not addressed;
- 1 - Inadequately addressed;
- 2 - Adequately addressed;
- 3 - Completely addressed

Total the numbers in the boxes (possible 0-27) and enter the number in the total cell.

**FORM T8 – SOCIAL SUPPORT OF RECOVERY**  
**PERCENT CHANGE IN INVOLVEMENT IN SOCIAL SUPPORT OF RECOVERY (From Admission to Discharge)**

STATE: \_\_\_\_\_

REPORTING PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 (MM/DD/YYYY) (MM/DD/YYYY)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIA/ ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS/ UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
AGE																					
<18																					
18+																					
<b>TOTAL</b>																					
18-24																					
25-34																					
35-44																					
45-64																					
65+																					
HOMELESS OR AT RISK OF BEING HOMELESS																					
CO-OCCURRING DISORDERS																					
PREGNANT WOMEN																					

M=Male; F=Female

**THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE**

**T8.1** What is the source of data for  Client Self Report  Administrative Data Source  Other: Specify \_\_\_\_\_

**T8.2** How is Admission/ Discharge Basis defined? (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 \_\_\_\_\_

**T8.3** How was the discharge data collected? (Select one)  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 \_\_\_\_ months post  admission  discharge  Discharge data is collected for the census of all clients who were admitted to treatment  Discharge data is collected for a sample of all clients who were admitted to treatment  Discharge records are collected or created for all clients who were admitted to treatment  Discharge records are NOT completed for some clients who were admitted to treatment. Specify proportion of clients without a discharge record: \_\_\_\_\_ %  Other: Specify \_\_\_\_\_

**T8.4** Was the admission and discharge data linked? (Select one)  Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID). Select type of UCID:  Statewide  County/Regional  Facility  No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data  No, admission and discharge records were matched using probabilistic record matching

**T8.5** Why are you Unable to Report? (Select all that apply)  Not Applicable, data reported above  Information is not collected at Admission  Information is not collected at Discharge  Information not collected by categories requested  State collects information on the indicator area but utilizes a different measure  Other: Specify \_\_\_\_\_

**Performance Measure Data Collection**  
**Interim Standard – Percent Change in Social Support of Recovery**

**GOAL** To improve clients’ participation in social support of recovery activities to reduce substance abuse to protect the health, safety, and quality of life for all.

**MEASURE** The change in proportion of *all clients receiving treatment* who reported participation in one or more social and or recovery support activity at discharge.

**DEFINITIONS** Change in proportion of *all clients receiving treatment* who reported participation in one or more social and recovery support activities at discharge equals the proportion of clients reporting participation at admission subtracted from the proportion of clients reporting participation at discharge.

**For example:**

Category	Admission (%)	Discharge (%)	Difference (%)
Participation in social and/or recovery support activities	10	50	+40

Thus there was a 40 % increase in the proportion of clients reporting abstinence at discharge.

**HEALTHY PEOPLE 2010 OBJECTIVES** Related to: Objective 26-9: Increase the age and proportion of adolescents who remain alcohol and drug free; Objective 26-10: Reduce past month use of illicit substances; Objective 26-11: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages; and Objective 26-12: Reduce average annual alcohol consumption.

**INTERIM STANDARD FOR DATA COLLECTION** Data should be collected using the elements as follows:  
 Participation in social support of recovery activities are defined as attending self-help, attending religious/faith affiliated recovery or self help groups, attending meetings of organizations other than the organizations described above or interactions with family members and/or friends supportive of recovery.

The reported measure will reflect differences in participation in the 30 days preceding admission to AOD treatment, and in the 30 days prior to discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge records through a unique statewide client ID.

**DATA SOURCE(S)** Primary data collection based on State standard for admission and discharge client data. (e.g., TEDS, Addiction Severity Index (ASI), ASI-Lite, etc.)

**DATA ISSUES** State instruments may differ from TEDS definitions. States may lack a unique statewide client ID to link admission and discharge records

**FORM** T8

**State Description of Social Support of Recovery Data Collection (Form T8)**

GOAL	To improve clients' participation in social support of recovery activities to reduce substance abuse to protect the health, safety, and quality of life for all.
MEASURE	The change in proportion of <i>all clients receiving treatment</i> who reported participation in one or more social and or recovery support activity at discharge.
STATE CONFORMANCE TO INTERIM STANDARD	<p>States are required to detail exactly how this information is collected. Where data and methods vary from interim standard, variance must be described.</p> <p>State collects admission and discharge data on social support of recovery that can be reported using definitions provided as follows:</p> <p>Participation in social support of recovery activities are defined as attending self-help, attending religious/faith affiliated recovery or self help groups, attending meetings of organizations other than the organizations described above or interactions with family members and/or friends supportive of recovery.</p> <p>YES_____ NO_____</p> <p>State tracked clients from admission to discharge records matched on a unique statewide client ID.</p> <p>YES_____ NO_____</p> <p>State reported data using data other than admission and discharge data.</p> <p>YES_____ NO_____</p> <p>State reported data using administrative data.</p> <p>YES_____ NO_____</p>
DATA SOURCE(S)	Source(s):
DATA ISSUES	Issues:
DATA PLANS IF DATA IS NOT AVAILABLE	State must provide time-framed plans for capturing social support of recovery data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

**FORM T9: RETENTION**

(Length of Stay (in Weeks), Average Number of Services per Client, Proportion of Clients Completing Treatment)

STATE:

	PROPORTION OF CLIENTS BY LENGTH OF STAY							H: Average Number of Services per Client	I: Proportion of Clients Completing Treatment
	A: Average Length of Stay	B: 1 - 2 Weeks	C: 3 - 10 Weeks	D: 11 - 20 Weeks	E: 21 - 30 Weeks	F: 31 - 40 Weeks	G: 40+ Weeks		
<b>TYPE OF CARE</b>									
<b>MORE THAN ONE LEVEL OF SERVICE RECEIVED</b>									
<b>DETOXIFICATION (24-HOUR CARE)</b>									
1. Hospital Inpatient									
2. Free-Standing Residential									
<b>REHABILITATION/ RESIDENTIAL</b>									
3. Hospital Inpatient									
4. Short-term (up to 30 days)									
5. Long-term (over 30 days)									
<b>REHABILITATION/ AMBULATORY</b>									
Outpatient									
6. Methadone									
7. Non-Methadone									
8. Intensive Outpatient									
9. Detoxification									

## **How to complete voluntary Form T9 – Retention**

This form covers care the principal agency of the State purchased **in the State expenditure period** designated on Form 4.

**Length of stay (LOS)** is described by the date of first individual or group addiction counseling service to the date of last contact for addiction services (date at which no additional services are received within thirty days).

Use **column A** to report the average length of stay and **columns B-G** to report proportional frequency distribution of clients by periods of lengths of stay at each level of service including clients served in more than one level of service.

If data is available, use **column H** to report the average number of discrete services provided (e.g. group counseling episodes, individual counseling episodes, etc.) for each of the respective levels of service including clients served in more than one level of service.

Use **column I** to report the proportion of persons completing treatment for each of the respective level of service including clients served in more than one level of service.

**SECTION IV - B  
VOLUNTARY PREVENTION PERFORMANCE MEASURES**

**INSTRUCTIONS**

**PURPOSE**

**PREVENTION PERFORMANCE MEASURES**

**Data requested on the following forms:**

Number of people served by: age, gender, race/ethnicity (Form Prevention P1)

Number of Services, by Service Types (Form Prevention P2 – EXCEL “Service Counts”)

Number and Percent of Evidence-Based Programs and Strategies (Form Prevention P3 – EXCEL “Program Counts”)

Perception of Risk/Harm (of Substance Use) (Form Prevention P4)

Attitudes about Substance Use (Form Prevention P5)

Availability of Alcohol to Underage Population thru Retail Sales (Form Prevention P6)

30 day Substance Use (Forms Prevention P7)

## GENERAL INSTRUCTIONS

The following set of instructions and optional forms are available for States to complete **on a voluntary basis**. It is understood that, at the current time, not all States have the infrastructure in place that supports the collection of such data. By participating on a voluntary basis, States can communicate their current capacity to report on the proposed SAPT supported program performance measures and will thus help inform future activities leading towards full implementation of the Performance Partnership Grant Program.

In completing these voluntary forms, please be sure to:

1. Include all participants who participated in services from prevention programs that received some or all of their funding from the Substance Abuse Prevention and Treatment Block Grant. Recurring services are defined in Minimum Data Set (MDS) descriptions as “...efforts undertaken with the same group of people over a fixed period of time, such as a parent education group where the same individuals meet once a week for 6 weeks.” If not all prevention programs are collecting pre-post data; please include in a brief narrative, an explanation for the number of programs included (e.g. sampling and sampling procedures, or census of all programs collecting pre-post). The number of programs responding may also reflect the percentage of programs targeting the specific outcome or risk factor indicated on the form. Therefore please include in the narrative the percentage of SAPT Block Grant supported programs targeting that particular outcome. Relevant narrative information that applies to all reported data should be provided in a section preceding the reporting forms. If there is information relevant to only one reporting form, please include it in a section immediately preceding the relevant form and so indicate.
2. States are asked to report these data for the most recent State Fiscal Year (SFY) for which data are available at the time the application is submitted. In no case should the reporting year be earlier than the year for which the State reports SAPT block grant expenditures. Please insert the relevant SFY in the indicated area on each form.
3. Please provide as much data as is available for each form.
4. Pretest data are defined as the data collected from participants at “intake” at the beginning of the service before they have received the intervention. Posttest data are defined as the data collected from participants after completion of the intervention. It would be helpful to SAMHSA if, in the explanatory narrative, the State would provide a brief explanation of the range of intervention dosages, e.g. length and intensity of services included in the programs that data are provided.
5. **OPTION:** If the State is using a standard statistical package that yields printouts containing the same information as the reporting forms, the State may attach the printouts in lieu of the reporting forms.
6. *If possible, please provide the computer files and data tapes along with the application. This will allow for further analysis at the*





**INSERT OVERALL NARRATIVE:** State applicants should include a discussion of topics relevant to outcome reporting in general. This would include topics mentioned in instructions above as well as any additional information (e.g., data infrastructure needs, etc.), the State deems important.

## **INSTRUCTIONS FOR VOLUNTARY FORMS PREVENTION P1 – P3:**

- 1- Include all "Participants" who received services from prevention programs that received some or all of their funding from the Substance Abuse Prevention and Treatment Block Grant.
- 2- Participants who received services in the reporting year include those in prevention programs at any point during the reporting year.
- 3- Report data for the most recent State Fiscal Year for which the data are available at the time the application is submitted. In no case should the reporting year be earlier than the year for which the State is reporting SAPT Block Grant expenditures in the application being submitted. Indicate the State Fiscal Year chosen for reporting in the appropriate place on the form. The same reporting year is to be used for all of the voluntary performance measures forms.
4. On Form Prevention P2, Service Types are those services categorized in CSAP's Minimum Data Set and Database Builder.
5. On Form Prevention P3, evidence-based prevention programs are those programs described in the National Registry of Effective Programs (NREP) as Model (**I** on Form P3), Effective (**II** on Form P3), or Promising (**III** on Form P3) Programs. Other evidence-based programs (**IV** in Form P3) are those programs designated by other organizations, (i.e., National Institute on Drug Abuse, Department of Education, Department of Justice, Center for Disease Control and Prevention, etc.), as: Best Practices, Principles of Effectiveness, Science-Based, Evidence-Based, Promising, etc, but have not gone through the CSAP NREP review process.

**FORM PREVENTION P1**

**NUMBER OF PERSONS SERVED**

count of persons served in  
**SAPT Block Grant**  
 Funded Services

STATE:                      **REPORTING PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_**

Persons served in Block Grant funded services include all persons served in prevention programs that receive all or part of their funding through the SAPT Block Grant.

	<u>TOTAL</u>	<u>SINGLE SERVICES</u>	<u>RECURRING SERVICES</u>		<u>TOTAL</u>	<u>SINGLE SERVICES</u>	<u>RECURRING SERVICES</u>		<u>TOTAL</u>	<u>SINGLE SERVICES</u>
<u>AGE</u>				<u>RACE/ETHNICITY</u>				<u>GENDER</u>		
<b>0-4</b>				AMERICAN INDIAN / ALASKA NATIVE				FEMALE		
<b>5-11</b>				ASIAN				MALE		
<b>12-14</b>				BLACK/AFRICAN AMERICAN						
<b>15-17</b>				HISPANIC/LATINO						
<b>18-20</b>				NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER						
<b>21-24</b>				WHITE						
<b>25-44</b>				MORE THAN ONE RACE						
<b>45-64</b>				OTHERS/UNKNOWN						
<b>65+</b>										
<u>Total</u>				<b>TOTAL</b>				<b>TOTAL</b>		



**FORM PREVENTION P2**  
**NUMBER OF SERVICES, BY SERVICE TYPES**

count of services in

**SAPT Block Grant**

Funded Services

**STATE:** \_\_\_\_\_ **REPORTING PERIOD: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

Services include all services that are funded in part or whole through the SAPT Block Grant.

Service Type	Single	Recurring	Total
STN01: Clearinghouse/Information Resource Center			
STN02: Health Fairs			
STN03: Health Promotions			
STN04: Original A/V Material Developed			
STN05: Original Written Material Developed			
STN06: Original Curricula Developed			
STN07: Original Periodicals Developed			
STN08: Original PSA's Developed			
STN09: Original Resource Directories Developed			
STN10: A/V Material Disseminated			
STN11: Printed Material Disseminated			
STN12: Curricula Disseminated			
STN13: Periodicals Disseminated			
STN14: PSA's Disseminated			
STN15: Resource Directories Disseminated			
STN16: Media Campaigns Distributed			
STN17: Speaking Engagement Attendees			
STN18: Telephone/Email Info Requests Received			
STE01: COSA Groups			
STE02: Classroom Educational Services			
STE03: Educational Services for Youth Groups			
STE04: Parenting/Family Management Services			
STE05: Peer Leader/Helper Programs			
STE06: Small Group Sessions			
STA01: ATOD-free Social/Recreational Events			
STA03: Community Drop-In Centers			
STA04: Community Drop-In Center Activities			
STA06: Community Services			
STA07: Youth/Adult Leadership Functions			
STP01: Employee Assistance Programs			
STP03: Student Assistance Programs			

STP05: DUI/SWI/MIP Programs			
STP06: Prevention Assessment and Referral			
STP07: Tobacco Court Mandated Programs for Youth			
STC01: Accessing Services and Funding			
STC02: Assessing Community Needs			

**STATE:**

**REPORTING PERIOD: FROM  
TO \_\_\_\_\_**

Services include all services that are funded in part or whole through the SAPT Block Grant.

Service Type	Single	Recurring	Total
STC3: Community/Volunteer Services			
STC04: Formal Community Teams			
STC05: Community Team Activities			
STC06: Training Services			
STC08: Technical Assistance Services			
STC10: Systematic Planning Services			
STV01: Environmental Consultation to Communities			
STV02: Preventing Underage Sale of Tobacco			
STV03: Preventing Underage Alcohol Beverage Sales			
STV04: Establishing ATOD-Free Policies			
STV05: Chaning Environ Codes/Ordinances/Regs/Legislation			
STV06: Public Policy Efforts			
<b>TOTAL SERVICES</b>			

**FORM PREVENTION P3**  
**NUMBER OF EVIDENCE-BASED PROGRAMS AND STRATEGIES**

count of programs in  
**SAPT Block Grant**  
 Funded Services

**STATE:** \_\_\_\_\_ **REPORTING PERIOD: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

Programs include all prevention programs that receive all or part of their funding through the SAPT Block Grant.

Program Name and Source	Program Counts by IOM Categories						TOTAL
	Universal Populations	Selective Populations	Indicated Populations				
List NREP Model Programs (such as Project Northland or Life Skills) below; attach information describing any adaptations made.							
<b>I</b>							
Model Programs Sutorial							
List NREP Effective programs (such as Reducing the Risk or FAN club) below; attach information describing any adaptations made.							
<b>II</b>							
Effective Programs subtotal							
List NREP Promising programs (such as Focus on Kids or Brain Power) below; attach information describing any adaptations made.							
<b>III</b>							
Promising Programs subtotal							
NREP Programs Total							
List the names and sources of other evidence-based programs below; attach additional information on the program.							
<b>IV</b>	Program	Source					
Evidence-based Programs subtotal							
List the names and sources of other non-evidence-based programs below; attach additional information on the program.							
<b>V</b>	Program	Source					

Non-Evidence-based Programs Subtotal							
Other Programs Total							
GRAND TOTAL all programs (NREP and Other)							
Overall Percent Evidence-Based							
Overall Percent Non-Evidence-Based							

**Form Prevention P4: Perception of Risk/Harm of Substance Use:**

For this measure, calculate the sum of scores for the 4 scale items (see items below). Calculate this sum at both pretest and posttest. Then determine the number and percent of participants whose score is equivalent to 3 or higher on the total of the 4 items (so, a sum of 12 on 4 items is equivalent to 3) at pretest and posttest. Report these numbers in the appropriate boxes in the table. For the change score column, report the difference (positive or negative) between pretest and posttest scores (e.g. if 100 youth perceived high risk – 3 or higher - at pretest and 120 perceived high risk at posttest, there was a +20 change score, which is equivalent to a 20% improvement). Repeat this process for the three IOM sub-populations among program participants, and the demographic sub-populations.

**Scale Items:**

How much do you think people risk harming themselves (physically or in other ways) if they: (*no risk, slight risk, moderate risk, great risk*)

- (1) take 1 or 2 drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?
- (2) smoke one or more packs of cigarettes per day?
- (3) try marijuana once or twice?
- (4) smoke marijuana regularly?

State  
 Check one line: Full Census of Participants \_\_\_\_\_ ; Sample of Participants \_\_\_\_\_

# of Programs \_\_\_\_\_

SFY from \_\_\_\_\_ to \_\_\_\_\_ (Include if different from Federal fiscal year)

Form Prevention P4: Perception of Risk/Harm (of Substance Use): Report the number and percent who respond “moderate risk” or “great risk” (add the 2 categories).

	Total Population N			Total Population %			Universal Population N			Universal Population %			Selective Population N			Selective Population %			Indicated Po	
	Pre N	Post N	Ch Sc	Pre %	Post %	Ch Sc	Pre N	Post N	Ch Sc	Pre %	Post %	Ch Sc	Pre N	Post N	Ch Sc	Pre %	Post %	Ch Sc	Pre N	Post N
Total																				
Male																				
Female																				
Am Ind/ Al Native																				
Asian																				
Black/ Afr Amer																				
Hispanic/ Latino																				
Nat Haw/ OthPac Isl																				
Multi- Racial																				
White/ Caucasian																				

Pre N = Number who have used at Pretest. Post N = Number who have used at Posttest.

Pre % = Percent who have used at Pretest. Post % = Percent who have used at Posttest.

Ch Sc N = Number whose use changed for the better (decreased or remained stable) at Posttest.

Ch Sc % = Percent whose use changed for the better (decreased or remained stable) at Posttest.

### **Form Prevention P5: Attitudes Toward Substance Use:**

For this measure, calculate the sum of scores for the 4 scale items (see items below). Calculate this sum at both pretest and posttest. Then determine the number and percent of participants whose score is equivalent to 3 or higher on the total of the 4 items (so, a sum of 12 on 4 items is equivalent to 3) at pretest and posttest. Report these numbers in the appropriate boxes in the table. For the change score column, report the difference (positive or negative) between pretest and posttest scores (e.g. if 100 youths' attitude toward use was wrong or very wrong – 3 or higher - at pretest and 120 youths' attitude toward use was wrong or very wrong, there was a +20 change score, which is equivalent to a 20% improvement). Repeat this process for the three IOM sub-populations among program participants, and the demographic sub-populations.

#### **SCALE ITEMS**

How wrong do you think it is for someone your age to: (*very wrong, wrong, a little bit wrong, not wrong at all*)

- (1) drink beer, wine, or hard liquor (for example, vodka, whiskey or gin) regularly?
- (2) smoke cigarettes?
- (3) smoke marijuana?
- (4) use LSD, cocaine, amphetamines or another illegal drug?

State  
 Check one line: Full Census of Participants \_\_\_\_\_ ; Sample of Participants \_\_\_\_\_

# of Programs \_\_\_\_\_

SFY from \_\_\_\_\_ to \_\_\_\_\_ (Include if different from Federal fiscal year)

Form Prevention P5: Attitudes toward Use of Substances: Report the number and percent who respond “wrong” or “very wrong” (add the 2 categories).

	Total Population N			Total Population %			Universal Population N			Universal Population %			Selective Population N			Selective Population %			Indicated Po	
	Pre N	Post N	Ch Sc	Pre %	Post %	Ch Sc	Pre N	Post N	Ch Sc	Pre %	Post %	Ch Sc	Pre N	Post N	Ch Sc	Pre %	Post %	Ch Sc	Pre N	Post N
Total																				
Male																				
Female																				
Am Ind/ Al Native																				
Asian																				
Black/ Afr Amer																				
Hispanic/ Latino																				
Nat Haw/ OthPac Isl																				
Multi- Racial																				
White/ Caucasian																				

Pre N = Number who have used at Pretest. Post N= Number who have used at Posttest.

Pre % = Percent who have used at Pretest. Post % = Percent who have used at Posttest.

Ch Sc N = Number whose use changed for the better (decreased or remained stable) at Posttest.

Ch Sc % = Percent whose use changed for the better (decreased or remained stable) at Posttest.

**Form Prevention P6: Retail Availability for Alcohol**

*Complete Form to calculate the rate of retail availability for alcohol at the community level and/or State. If statewide data of retail*

Column 1: Write the name of each community from which alcohol inspection results were collected (e.g., local community, county, or city). If not available, please write statewide or provide at a

minimum the name of one community.

Column 2: Report the estimate of the population of alcohol outlets in each community. If not available, please report statewide estimate of alcohol outlets or at a minimum report the estimate of the population of alcohol outlets for one community.

Column 3: Report the number of alcohol outlets that were inspected in each geographic location. If not available, please report the number of alcohol outlets inspected statewide or at a minimum report results from one community.

Column 4: Report the number of inspected alcohol outlets that failed inspection in each geographic location. If not available, please report the number of alcohol outlets inspected statewide or at a minimum for one community.

Column 5: Report the retailer availability rate for alcohol by dividing the number of inspected outlets that failed inspection by the number of inspected outlets.

State \_\_\_\_\_  
 Check one line: Full Census of Participants \_\_\_\_\_ ; Sample of Participants \_\_\_\_\_  
 SFY from \_\_\_\_ to \_\_\_\_  
 # of Programs \_\_\_\_\_  
 SFY from \_\_\_\_ to \_\_\_\_ (Include if different from Federal fiscal year)

**Form Prevention P6: Availability of Alcohol to Underage Population thru Retail Sales – Summary of Alcohol Inspection Results**

(1)	(2)	(3)	(4)	
Geographic Location	<b>N</b> Estimate of Outlet Population by Geographic Location	<b>n</b> Number of Outlets Inspected	<b>X</b> Number of Outlets Found In Violation	Rate of A
<b>TOTAL</b>				

N – Population estimate of alcohol outlets by geographic area  
 n – Number of outlets inspected by geographic area  
 x – Number of inspected outlets that sold alcohol  
 p – Rate of alcohol availability

**Form Prevention P7: 30 - Day Substance Use:**

**You will need to duplicate this form for each race/ethnic category.** We will change the reporting requirements for 30 day substance use measures at the time of the next application submission, when the PPG application is developed. This change will reflect a focus on stability of non-users and decreased use among those who have initiated use. Under consideration is reporting numbers and percentages of participants whose use remains stable or decreases as a measure of program success. On Form, you will continue to report 30 day use as indicated on previous voluntary prevention forms. This form, shown below, reports pretest and posttest, mean and standard deviation scores for program participants in regard to use of several substances (listed on the form).

Report the pretest and post test means and standard deviations, and the mean differences (and associated level of significance) for 30 day use scores for each of the substances indicated.

State \_\_\_\_\_  
 Check one line: Full Census of Participants \_\_\_\_\_ ; Sample of Participants \_\_\_\_\_  
 # of Programs \_\_\_\_\_

Race/Ethnic Group \_\_\_\_\_

**SFY FROM \_\_\_\_\_ TO \_\_\_\_\_ (INCLUDE IF DIFFERENT FROM FEDERAL FISCAL YEAR)**

**Form Prevention P7: Use of Substances: (Youth): During the past 30 days, how frequently (often) have you used (taken, had, etc.)**

Age	Total N			<18			18-20			>20								
	Total N			M			F			M			F					
	Pr 0	Po 0	T															
	SD	SD		SD	SD		SD	SD		SD	SD		SD	SD		SD	SD	
Alcohol																		
Tobacco																		
Marijuana																		
Crack or Cocaine																		
Amphet.																		
Inhalant																		

Pr = Pretest. Po= Posttest. M=Male. F=Female.

0= Mean. SD = Standard deviation. Ethnicity= Complete this form for a single ethnic group. Do not combine groups.

Please indicate mean levels of use at pre-test and post-test. T = Please calculate differences in means and indicate those that are significant.

Source: National Household Survey. Monitoring the Future.



## LIST OF FORMS

<b>1</b>	Face Page
<b>2</b>	Table of Contents
<b>3</b>	Funding Agreements/Certifications (PHS 5161)
<b>4</b>	Substance Abuse State Agency Spending Report
<b>6</b>	Substance Abuse Entity Inventory
<b>6A</b>	Prevention Strategy Report
<b>G1</b>	Summary of Tobacco Inspection Results by State Geographic Sampling Unit
<b>G2</b>	Optional
<b>7A, 7B</b>	Treatment Utilization Matrix
<b>8</b>	Treatment Needs Assessment Summary Matrix
<b>9</b>	Treatment Needs by Age, Sex, and Race/Ethnicity
<b>10</b>	State Use of Needs Assessment Information Items
<b>11</b>	Intended Use Plan
<b>12</b>	Treatment Capacity Matrix
<b>T2</b>	Employment Status
<b>T3</b>	Living Status
<b>T4</b>	Criminal Justice Involvement
<b>T5</b>	Alcohol Use
<b>T6</b>	Other Drug Use
<b>T7</b>	Infectious Disease
<b>T8</b>	Social Support of Recovery
<b>T9</b>	Retention
<b>P1</b>	Number of People Served By: Age, Gender, and Race/Ethnicity
<b>P2</b>	Number of Services, By Service Types
<b>P3</b>	Number and Percent of Evidenced Based Programs and Strategies
<b>P4</b>	Perception of Risk/Harm
<b>P5</b>	Attitudes About Substance Use
<b>P6</b>	Availability of Alcohol to Under-Age Population Through Retail Sales
<b>P7</b>	30-Day Substance Use



**APPENDIX A**

**STATE PROJECT OFFICERS' DIRECTORY FOR**  
**CENTER FOR SUBSTANCE ABUSE TREATMENT**

**AND**

**CENTER FOR SUBSTANCE ABUSE PREVENTION**

**LIST OF DESIGNATED HIV STATES**

**To Be Added**

# **HIV DESIGNATED STATES**

**FOR FY 2005**

**(TBA)**

(Regarding requirements for the Substance Abuse Prevention and Treatment (SAPT) Block Grant)

When these data become available from the Centers for Disease Control (CDC), we will share them with the SAPT Block Grant Applicants.

<b>Uniform Application for FY 2005 Substance Abuse Prevention and Treatment Block Grant</b>		
State Name:		
<b>I. State Agency to be the Grantee for the Block Grant</b>		
Agency Name:		
Organization Unit:		
Mailing Address:		
City:	Zip Code:	
<b>II. Contact Person for the Grantee of the Block Grant</b>		
Name:		
Agency Name:		
Mailing Address:		
City:	Zip Code:	
Telephone:	Facsimile:	
<b>III. State Expenditure Period</b>		
From:	To:	
<b>IV. Date Submitted</b>		
Date:	Original	
	Revision	
<b>V. Contact Person Responsible for Application Submission</b>		
Name:	Telephone:	E-Mail:
	Facsimile:	

<b>FY 2005 Uniform Application for the Substance Abuse Prevention and Treatment Block Grant Table of Contents</b>		
<b>I. Identifying Information and Assurances</b>		<b>Page number</b>
<b>1</b>	<b>Face Page (Form1)</b>	
<b>2</b>	<b>Table of Contents (Form 2)</b>	
<b>3</b>	<b>Funding Agreements/Certifications</b>	
	<b>Chief Executive Officer's Funding Agreements/Certifications (Form 3)</b>	
	<b>PHS 5161-1 - Certifications Regarding: Debarment and Suspension; Drug-Free Workplace; Lobbying and Disclosure; Program Fraud Civil Remedies Act (PFCRA); Environmental Tobacco Smoke</b>	
	<b>Assurances-Non-Construction Programs</b>	
<b>II. Actual Use of FY 2002 Substance Abuse Prevention and Treatment Block Grant Funds and Obligations of FY 2003 Substance Abuse Prevention and Treatment Block Grant Funds</b>		
<b>1</b>	<b>How allotments were used (checklist)</b>	
<b>2</b>	<b>How substance abuse funds were used and intended (narrative)</b>	
	<b>Attachments on Special Requirements</b>	
<b>Attachment A</b>	<b>Prevention (checklist)</b>	
<b>Attachment B</b>	<b>Programs for Women (Narrative)</b>	
<b>Attachment C</b>	<b>Programs for IVDUs (narrative)</b>	
<b>Attachment D</b>	<b>Program Compliance Monitoring</b>	
<b>Attachment E</b>	<b>TB and Early Intervention Services for HIV</b>	
<b>Attachment F</b>	<b>Group Home Entities and Programs</b>	
<b>Attachment H</b>	<b>Capacity Management and Waiting List</b>	
<b>Attachment I</b>	<b>Independent Peer Review</b>	
<b>Attachment J</b>	<b>Charitable Choice</b>	
<b>Attachment K</b>	<b>Waivers (narrative)</b>	
	<b>Substance Abuse State Agency Spending Report (Form 4)</b>	
	<b>Primary Prevention Expenditures Checklist</b>	
	<b>Resource Development Expenditure Checklist</b>	
<b>3</b>	<b>Entity Inventory (Form 6)</b>	
<b>(Table of Contents continues on following pages.)</b>		

FY 2005 Uniform Application for the Substance Abuse Prevention and Treatment Block Grant Table of Contents (continued)		
<b>II. Actual Use of FY 2002 Substance Abuse Prevention and Treatment Block Grant Funds and Obligations of FY 2003 Substance Abuse Prevention and Treatment Block Grant Funds</b>		
	List of entities	
	Prevention Strategy Report (Form 6A)	
4	Treatment Utilization Matrix (Form 7A) for State	
	Treatment Utilization Matrix (Form 7A) for each sub-State planning area	
5	Tables I-IV: SSA MOE, TB MOE, HIV MOE and Women's Base.	
<b>III. Intended Use of FY 2005 Substance Abuse Prevention and Treatment of Block Grant Funds</b>		
1	Planning (narrative)	
	Criteria for allocating funds (checklist)	
2	Treatment Needs Assessment Summary Matrix (Form 8)	
	Methods for estimation (narrative)	
3	Treatment needs by age, sex, and race/ethnicity	
	Form 9 for State	
	Form 9 for each sub-State planning area	
4	Form 10 State use of needs assessment	
5	Intended use plan	
	Intended Use Plan (Form 11 Supplement, Form 11)	
	Primary Prevention Expenditure Checklist	
	Resource Development Expenditure Checklist	
6	Treatment Capacity	
	Treatment Capacity Matrix (Form 12) for State	
	Treatment Capacity Matrix (Form 12) for each sub-State planning area	
7	Purchasing Services	
	Methods for purchasing (checklist)	
	Methods for determining prices (checklist)	
8	Program Performance Monitoring (checklist)	

IV A. VOLUNTARY TREATMENT PERFORMANCE MEASURES	
<b>1</b>	<b>VOLUNTARY TREATMENT PERFORMANCE MEASURES</b>
	Form T2-Employment Status
	Form T3-Living Status
	Form T4-Criminal Justice Involvement
	Form T5-Alcohol Use
	Form T6-Other Drug Use
	Form T7-Infectious Disease
	Form T8-Social Support of Recovery
	Form T9-Retention
IV B. VOLUNTARY PREVENTION PERFORMANCE MEASURES	
<b>1</b>	<b>VOLUNTARY PREVENTION PERFORMANCE MEASURES</b>
	Form P1-Number of People Served
	Form P2-Number of Services, by Types
	Form P3-Number and Percent of Evidence-based Programs and Strategies
	Form P4-Perception of risk/harm(of substance use)
	Form P5-Attitudes about substance use
	Form P6-Availability of alcohol to underage population thru retail sales
	Form P7-30 day substance use

Form Approved 07/05/01

Application Page

Approval Expires 07/31/04

<b>UNIFORM APPLICATION FOR FY 2005 SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT Funding Agreements/Certifications as Required by the Public Health Service (PHS) Act</b>	
<i>The PHS Act, as amended, that the chief executive officer (or an authorized designee) of the applicant organization certify that the State will comply with the following specific citations as summarized and set forth below, and with any regulations or guidelines issued in conjunction with this Subpart except as exempt by statute. We will accept a signature on this form as certification of agreement to comply with the cited provisions of the PHS Act. If signed by a designee, a copy of the designation must be attached.</i>	
<b>I.</b>	<b>Formula Grants to States, Section 1921</b>
<b>Grant funds will be expended "only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities" as authorized.</b>	
<b>II.</b>	<b>Certain Allocations, Section 1922</b>
<ul style="list-style-type: none"> <li>• Allocations Regarding Alcohol and Other Drugs, Section 1922(a)</li> <li>• Allocations Regarding Primary Prevention Programs, Section 1922(b)</li> <li>• Allocations Regarding Women, Section 1922(c)</li> </ul>	
<b>III.</b>	<b>Intravenous Drug Abuse, Section 1923</b>
<ul style="list-style-type: none"> <li>• Capacity of Treatment Programs, Section 1923(a)</li> <li>• Outreach Regarding Intravenous Substance Abuse, Section 1923(b)</li> </ul>	
<b>IV.</b>	<b>Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, Section 1924</b>
<b>V.</b>	<b>Group Homes for Recovering Substance Abusers, Section 1925</b>
Optional from FY 2001 & subsequent fiscal years. Territories as described in Section 1925(c) are exempt.	
<b>The State "has established, and is providing for the ongoing operation of a revolving fund" in accordance with Section 1925 of the PHS Act, as amended. This requirement is now optional.</b>	
<b>VI.</b>	<b>State Law Regarding Sale Of Tobacco Products To Individuals Under Age of 18, Section 1926:</b>
<ul style="list-style-type: none"> <li>• The State has a law in effect making it illegal to sell or distribute tobacco products to minors as provided in Section 1926 (a)(1).</li> <li>• The State will enforce such law in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18 as provided in Section 1926 (b)(1).</li> <li>• The State will conduct annual, random unannounced inspections as prescribed in Section 1926 (b)(2).</li> </ul>	

<b>VII. Treatment Services for Pregnant Women, Section 1927</b>	
The State "will ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admission to treatment facilities receiving funds pursuant to the grant."	
<b>VIII. Additional Agreements, Section 1928</b>	
<ul style="list-style-type: none"> <li>• Improvement of Process for Appropriate Referrals for Treatment, Section 1928(a)</li> <li>• Continuing Education, Section 1928(b)</li> <li>• Coordination of Various Activities and Services, Section 1928(c)</li> <li>• Waiver of Requirement, Section 1928(d)</li> </ul>	
<b>IX. Submission to Secretary of Statewide Assessment of Needs, Section 1929</b>	
<b>X. Maintenance of Effort Regarding State Expenditures, Section 1930</b>	
With respect to the principal agency of a State, the State "will maintain aggregate State expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant."	
<b>XI. Restrictions on Expenditure of Grant, Section 1931</b>	
<b>XII. Application for Grant; Approval of State Plan, Section 1932</b>	
<b>XIII. Opportunity for Public Comment on State Plans, Section 1941</b>	
The plan required under Section 1932 will be made "public in such a manner as to facilitate comment from any person (including any	
<b>XIV. Requirement of Reports and Audits by States, Section 1942</b>	
<b>XV. Additional Requirements, Section 1943</b>	
<b>XVI. Prohibitions Regarding Receipt of Funds, Section 1946</b>	
<b>XVII. Nondiscrimination, Section 1947</b>	
<b>XVIII. Services Provided By Nongovernmental Organizations, Section 1955</b>	
I hereby certify that the State or Territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act, as amended, as summarized above, except for those Sections in the Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.	
State:	
Name of Chief Executive Officer or Designee:	
Signature of CEO or Designee:	
Title:	Date Signed:
If signed by a designee, a copy of the designation must be attached	

## SUBSTANCE ABUSE STATE AGENCY SPENDING REPORT

(Include ONLY funds flowing through your agency.)

State: \_\_\_\_\_

Dates of State expenditure period: from \_\_\_\_\_ to \_\_\_\_\_  
(Same as Form 01)

**SOURCE OF FUNDS**

ACTIVITY (See instructions for using Row 1)	SAPT Block Grant A. FY 2002 Award (spent)	C. Medicaid (Federal, State, and Local)	D. Other Federal funds (e.g., Medicare, other public welfare)	E. State funds	F. Local funds (Excluding local Medicaid)	G. Other
1. Substance abuse treatment and rehabilitation						
2. Alcohol treatment and rehabilitation						
3. Drug treatment and rehabilitation						
4. Primary prevention						
5. Tuberculosis Services						
6. HIV Early Intervention Services						
7. Administration Excluding program/provider level						
8. Column Total						

## SUBSTANCE ABUSE ENTITY INVENTORY

(Complete columns 1-3 first. Then complete columns 4-9 for each entry.)

State:

----- FY 2002 Award -----

1. Entity Number	2. National Register (I-SATS) ID Mark [X] box if no ID	3. Area Served 99-Statewide or Enter Sub-State Area Code (Enter only one SPA Per Line)	4. SAPT Block Grant A. FY 02	5. State Funds (Spent during State Expenditure Period.)	6. SAPT Block Grant Funds for Alcohol and Drug Prevention and Treatment Services	7. SAPT Block Grant Funds for Primary Prevention	8. Early Intervention for HIV Services (If Applicable)	9. SAPT Block Grant Funds for Services for Pregnant Women and Women with Dependent Children
	[ ]							
	[ ]							
	[ ]							
	[ ]							
	[ ]							



**FORM 7B**  
**NUMBER OF PERSONS SERVED FOR ALCOHOL AND OTHER DRUG USE IN STATE FUNDED SERVICES<sup>3</sup>**  
**(Unduplicated Count)**

Dates of State expenditure period from \_\_\_\_ to \_\_\_\_ (Same as Form 01)

	TOTAL		WHITE		BLACK		NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		ASIAN		AMERICAN INDIA/ ALASKA NATIVE		MORE THAN ONE RACE REPORTED		OTHERS/ UNKNOWN		NOT HISPANIC OR LATINO		HISPANIC OR LATINO	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
AGE																				
<18																				
18+																				
TOTAL																				
18-24																				
25-34																				
35-44																				
45-64																				
65+																				
HOMELESS OR AT RISK OF BEING HOMELESS																				
CO-OCCURRING DISORDERS																				
PREGNANT WOMEN																				

M=Male; F=Female

<sup>3</sup> Persons served in Block Grant funded services include all persons served in treatment programs that receive all or part of their funding through the Single State Agency (SAPT Block Grant funds, State resources, and other SSA administered resources)



Page \_\_\_\_\_ of \_\_\_\_\_ pages

**TREATMENT NEEDS BY AGE, SEX, AND RACE/ETHNICITY**  
 (Complete one form for State and one for each SPA.)

**State:**  
**Substate planning area:**

**SEX AND RACE/ETHNICITY**

AGE	A. TOTAL	B. WHITE		C. BLACK		D. NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. OTHERS/ UNKNOWN		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO		
		M	F	M	F	M	F	M	F	M	F	M	F	F	M	M	F	M	F	
1. 11 AND UNDER																				
2. 12 - 14																				
3. 15 - 17																				
4. 18 - 24																				
5. 25 - 44																				
6. 45 - 64																				
7. 65 AND OVER																				
8. TOTAL																				

**STATE USE OF NEEDS ASSESSMENT INFORMATION**

State:

Dates of State expenditure period:  
from \_\_\_\_\_ to \_\_\_\_\_

1. Did your State use the State Treatment Needs Assessment Program (STNAP) data on the following forms: **IF "NO" PLEASE RESPOND TO 1a BELOW:**

Form 8 ( ) Yes No ( )  
Form 9 ( ) Yes No ( )

1a. If STNAP data was not used what data source(s) did you use on forms 8 and 9:  
(Mark all that apply)

( ) Form 8 ( ) Form 9  
( ) State generated data sets ( ) State generated data sets  
( ) Other please specify: \_\_\_\_\_ ( ) Other please specify: \_\_\_\_\_

2 Does the state use the State Treatment Needs Assessment Program (STNAP) data for any of the following activities?  
(Mark all that apply)

[ ] Allocate new funding resources  
[ ] Allocate historical funding resources e.g. continued funding of existing providers  
[ ] Services planning  
[ ] Legislative initiatives  
[ ] Public information/education  
[ ] STNAP data not used for any of the above. Skip to item 6  
[ ] Other, specify \_\_\_\_\_

3 Has the state developed a formal model to allocate funding resources?

[ ] Yes -- go to 3a  
[ ] No -- Skip to 5

3a. Please explain the model, including assumptions and statistical methods.

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**Form 10 (continued)**

4. Does the state use the model to allocate resources to any of the following?  
(Mark all that apply)

- All substate planning areas |
- Special populations | -----> Skip to Form 11
- Other, specify \_\_\_\_\_ |

5. How does the state allocate funding resources?  
(Mark only one)

- Population size in each substate planning area
- Geographically regardless of population size
- Historical funding patterns
- Other, specify \_\_\_\_\_

6. For what reason are the STNAP data not used to allocate funding resources?  
(Mark only one)

- Final data not yet available
- Data are not reliable
- Funding levels are mandated by statute
- Other, specify \_\_\_\_\_

**INTENDED USE PLAN**

(Include ONLY funds to be spent by the agency administering the block grant. Estimated data are acceptable on this form.)

State:

**SOURCE OF FUNDS**

(24 Month Projection)

**ACTIVITY**

(See instructions for using Row 1.)

A. FY 2005  
SAPT  
Block Grant

B. Medicaid  
(Federal, State, and  
local)

C. Other Federal Funds  
(e.g., Medicare, other  
public welfare)

D. State funds

E. Local funds  
(excluding local  
Medicaid)

F. Other

ACTIVITY (See instructions for using Row 1.)	A. FY 2005 SAPT Block Grant	B. Medicaid (Federal, State, and local)	C. Other Federal Funds (e.g., Medicare, other public welfare)	D. State funds	E. Local funds (excluding local Medicaid)	F. Other
1. Substance abuse treatment and rehabilitation						
2. Primary Prevention						
3. Tuberculosis Services						
4. HIV Early Intervention Services						
5. Administration (excluding program / provider level)						
6. Column total						

# FORM 12: TREATMENT CAPACITY MATRIX

(Complete one form for State and one for each SPA.)

(Estimated data are acceptable on this form.)

**STATE:**  
**Substate Planning Area:**

Page \_\_\_ of \_\_\_ pages

<b>CAPACITY</b>												
TYPE OF CARE	Primary Diagnosis of Alcohol Problems				Primary Diagnosis of Drug Problems			Substance Abuse Problems (no primary diagnosis)			State-validated Count	
	A. Number of State Approved Facilities (Service Delivery Units)	B. Number of Services Provided (Total Admissions)	C. Number of Persons Served	D. Cost per Person (Minimum – Maximum)	E. Number of Services Provided (Total Admissions)	F. Number of Persons Served	G. Cost per Person (Minimum – Maximum)	H. Number of Services Provided (Total Admissions)	I. Number of Persons Served	J. Cost per Person (Minimum – Maximum)	K. (Check one box)	
											Yes	No
<b>DETOXIFICATION (24-HOUR CARE)</b>												
1. Hospital Inpatient				\$			\$			\$		
2. Free-Standing Residential				\$			\$			\$		
<b>REHABILITATION/ RESIDENTIAL</b>												
3. Hospital Inpatient				\$			\$			\$		
4. Short-term (up to 30 days)				\$			\$			\$		
5. Long-term (over 30 days)				\$			\$			\$		
<b>REHABILITATION/ AMBULATORY</b>												
Outpatient				\$			\$			\$		
6. Methadone				\$			\$			\$		
7. Non-Methadone				\$			\$			\$		
8. Intensive Outpatient				\$			\$			\$		
9. Detoxification				\$			\$			\$		
<b>TOTAL</b>												

Form Approved 07/05/01

Approval Expires 07/31/04