

National Outcome Measures (v1.2) - Instructions

1. Contents

- a. **Instructions** (PDF): "National Outcome Measures (v1.2) – Instructions" (*this document itself*)
- b. **Attachment 1** (PDF): "National Outcome Measures (v1.2) – Survey"
- c. **Attachment 2** (Excel): "National Outcome Measures (v1.2) – Report"

2. Purpose

- a. The purpose of the survey is to obtain localized data which aligns with the Substance Abuse and Mental Health Services Administration's National Outcome Measures. The survey contains questions about use, perception, attitude, and behaviors surrounding drug and alcohol use. Answers will help to improve and drive future prevention activities within the State of Hawaii.

3. Instructions

- a. Providers will establish survey administration, collection, data entry, data storage, and data submission protocols to protect the identity of all participants completing the survey.
- b. Providers will administer survey in Attachment 1 as part of their pre-assessment survey to all youth and young adults ages 9 thru 24 who receives prevention services from their organization. One survey per unduplicated participant per contract year.
- c. Providers will collect survey information and enter data using the Excel document in Attachment 2.
 - i. All participants will be assigned a log number.
 1. Providers will assign and document the log number on Attachment 1 which corresponds to the data entry log number on Attachment 2.
 - ii. Every survey administered will have an entry in Attachment 2. (*Participants that opt-out of the survey or do not answer all questions will still need a data entry.*)
- d. Providers will submit survey data in Attachment 2 within thirty (30) calendar days after the end of each contract year to their assigned Contract Manager from the Alcohol and Drug Abuse Division (ADAD).

4. Notes

- a. Attachment 1 (Survey):
 - i. Providers may use the survey in Attachment 1 as a hard-copy form or use another method to collect survey information as long as no questions or answer options change.
- b. If Providers need clarification on the instructions above or if there are issues with the reporting Excel file, please contact your ADAD Contract Manager.