



Data Quality Standards for Prevention Services
Department of Health Care Services
Community Services Division, Prevention Services Section

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Background

The purpose of this document is to define data quality standards to ensure counties and sub-contractors enter quality data into the prevention data system. The Department of Health Care Services (DHCS) utilizes prevention data for the annual Substance Abuse Prevention and Treatment Block Grant (SABG) report and application as well as other national, state, and local data requests.

The SABG requires the completion of the following prevention tables as follows:

SABG Table	Data Elements Reported
5a Primary Prevention Expenditures Checklist	Institute of Medicine (IOM) Category by Center for Substance Abuse Prevention (CSAP) Strategy
5b SABG Primary Prevention Expenditures by IOM Category	IOM Category
5c SABG Primary Prevention Targeted Priorities-Substances	Priority Areas (substances)
5c SABG Primary Prevention Targeted Priorities-Populations	Demographics and Focus Populations
6 Non-Direct-Services/System Development	Community-Based Process Service Activities
9 Prevention Strategy Report	Risk Categories and CSAP Strategies
31 Individual-Based Programs and Strategies— Number of Persons Served by Age, Gender, Race, and Ethnicity	Demographics for Individual-based CSAP Strategies
32 Population-Based Programs and Strategies— Number of Persons Served by Age, Gender, Race, and Ethnicity	Demographics for Population-based CSAP Strategies
33 Number of Persons Served by Type of Intervention (IOM for individual-based and population- based strategies)	IOM Category and Demographics
34 Number of Evidence-Based Programs and Strategies by Type of Intervention	Evidence Based Program (EBP) Type and IOM Category
35 Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence Based Programs/Strategies	EBP Type, IOM Category, and Costs

Prevention Data Quality Standards

Counties must follow DHCS guidance for prevention data entry to ensure data integrity using the following data quality standards: validity, completeness, uniqueness, timeliness, orderly, accuracy, auditable, and consistency.

- 1. Prevention data is valid.** Data adheres to federal and state requirements.
 - 45 Code of Federal Regulations Subtitle A, 96.121
 - SABG Prevention Set-Aside funded programs are those directed at individuals who have not been determined to require treatment for a SUD. SABG Primary Prevention does not include the following services: SUD treatment, recovery, relapse prevention, early intervention, secondary/tertiary prevention services, mental health services, primary care services, or tobacco cessation services.
 - SABG recipients will categorize prevention services utilizing the six CSAP strategies: Alternatives, Community-based Process, Education, Problem Identification and Referral, Environmental, and Information Dissemination.
 - SABG County Contract (SCC)
 - Contractors and/or subcontractors receiving SABG Primary Prevention Set-Aside funding shall input planning, service/activity, and evaluation data into the prevention data system.
 - Counties shall refer to the SCC for DHCS' data entry requirements.
- 2. Prevention data is complete.** Available data is in the prevention data system.
 - The current Strategic Prevention Plan (SPP) is in the prevention data system.
 - Users will set up evidence-based programs by location.
 - Counties shall spell out acronyms in titles and narrative fields.
- 3. Prevention data is unique.** A data record with specific details appears once within the prevention data system.
 - Counties must enter a service once under the correct program.
 - Counties must enter demographics correctly without double-counting participants. Enter the demographics of a participant once per program.
 - Counties must enter service hours correctly without double-counting hours. The service duration accounts for the time of the actual service; not the cumulative hours staff attend the service.
- 4. Prevention data is timely.** Data represents reality within a reasonable timeframe.
 - Counties must enter data by the tenth of the following month. DHCS highly recommends data be entered daily or weekly, if possible.
 - Deadline extensions for data entry must be submitted to the DHCS analyst ten days prior to the established due date.
- 5. Prevention data is orderly.** The data follows the required format and structure.
 - Programs must be set up in the system correctly with correct program titles and accurate program descriptions.

- Programs and services must align with the correct goals, objectives, service populations, demographics, EBP types, IOM categories, and CSAP strategies.
- 6. Prevention data is accurate.** The data describes services realistically.
- Program descriptions shall detail the purpose of the program, how often the county implements the program, and identify focus populations.
 - Service entries shall provide adequate information to describe the service. Counties may require additional information from their sub-contractors.
 - Under no circumstances shall counties include proper names or other personal identifying information in the prevention data system. Counties will create alternate identifiers where data entry necessitates reporting for individuals.
 - Counties shall refer to DHCS guidance for data entry instructions for the current data entry system.
- 7. Prevention data is auditable.** The data is accessible for data entry reviews and tracking data modifications.
- Counties and sub-contractors must be set up in the prevention data system with a trackable identification number.
 - The prevention data system administers service reports for any identified timeframe to complete service reviews and audits.
 - Counties shall refer to DHCS service review guidance to ensure data quality.
- 8. Prevention data is consistent.** Similar data should agree.
- Same programs shall have identical program descriptions.
 - Refer to the *DHCS Center for Substance Abuse Prevention (CSAP) Strategies and Activities Definitions and Matrix* for CSAP strategy definitions, service activity definitions, CSAP strategy and IOM alignment, demographic requirements by service activity, and formulas to calculate demographics for some service activities under the Environmental Strategy.

References

1. American Health Information Management Association. *Data Standards, Data Quality, and Interoperability (AHIMA Practice Brief)*. 2007. Retrieved from: <http://www.umass.edu/eei/2009Workshop/pdfs/Data%20Standards,%20Data%20Quality,%20and%20Interoperability.pdf>
2. Mikhailouskaya, I. (2020, March 23). *Your Guide to Data Quality Management*. Science Soft. <https://www.scnsoft.com/blog/guide-to-data-quality-management>
3. Thatipamula. S. (2020, October 14). Data Done Right: 6 Dimensions of Data Quality. Smartbridge. <https://smartbridge.com/data-done-right-6-dimensions-of-data-quality/>
4. Substance Abuse and Mental Health Services Administration. (2015). *Primary Prevention and the Six Strategies and The Six Strategies and the Institute of Medicine (IOM) Model*. [PowerPoint Course]. Webpage: Online Course on the Primary Prevention Component of the SABG. <https://www.samhsa.gov/grants/block-grants/sabg/primary-prevention-course>