MIS Guidance Document for Calculating the Number and Demographics of People Served

**Note:** SAPC grantees will use an online system to do their reporting. The form will be available in July 2015 and will be explained in the webinar for grantees on July 16. An [example](http://masstapp.edc.org/sites/masstapp.edc.org/files/Copy%20of%20CLEAN%20MIS%20NEW.xlsx#overlay-context=sapc-planning-tool/worksheets-and-resources) of the old Excel spreadsheet, which the new system is based on, is currently available online if you’d like an idea of what to expect.

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What Is This Document?

This guidance document explains how to use the accompanying spreadsheet that MassTAPP has developed with BSAS. The spreadsheet will help you report your data as accurately as possible and in a manner consistent with all other funded communities. It is designed to calculate all the totals you will need to report to BSAS using the numbers you populate the spreadsheet with, according to the instructions below. The spreadsheet can also help you answer other questions, for example:

* Which strategies reach which age groups?
* Which strategies require me to estimate demographic information?
* For which strategies can I analyze the demographic groups reached?
* How do my coalition’s strategies compare to one another, in terms of ages reached, numbers reached, and overall reach?

As BSAS grantees, you are required to report on how many people in your community you reach and how you reach them. As part of this requirement, you must submit an Excel spreadsheet to BSAS that includes counts of the numbers of people reached each month and their demographic information, accompanied by a narrative report. Your MassTAPP TA provider is available to assist you with this process.

The Big Picture of MIS Reporting

The Prevention Management Information System (MIS) data collection instrument has been designed for the purpose of capturing the information that BSAS needs to complete the yearly federal Uniform Block Grant Application to SAMHSA. The Substance Abuse Prevention Treatment Block Grant supports the staff and the operation of the prevention programs.

The aggregated statistical data from states can be used by SAMHSA to (1) demonstrate to Congress the array of substance abuse prevention strategies being implemented, (2) give them an understanding of who benefits from these strategies, and (3) provide them with a better understanding of future needs. Data from your reports may also be used by BSAS to get the big picture of how prevention work is impacting communities across the state.

Completing the Spreadsheet

### Demographics

Whenever possible, demographic information should be collected through self-reports (ask people how they identify in terms of gender, race, ethnicity, language group, and age). If that’s not possible, try to access information about the demographics of the people you reached through other means, such as school records or program files where participants have reported their own ethnicity, race, and language. In these cases, you’ll have to write an explanation about how you gathered the information.

It is important that you collect this information from a reliable source, such as school demographic data, and that you do not try to guess. If demographic information isn’t available, report the demographics as “unknown.”

### Strategies and Activities

Your first step in using the new spreadsheet should be to enter the names of the strategies that are part of your logic model and action plan under the “Strategies/Activities” tab.

### Calculating the “New” and “Total” Number of Participants

Each person should be counted as “new” only once each fiscal year (the state fiscal year goes from July 1 to June 30). For example, if you hold a monthly community meeting starting in July, you would only count the individuals as “new” in the month of July, and you would not include them in your “new” count again even if they attend your meeting each month. Demographics are only entered for new participants in order to avoid double-counting. You should keep track of the total number of people served by activity each month, but these totals will not be used by the spreadsheet to create the totals you submit in your quarterly summaries, since they will likely include multiple counts of the same people.

Definitions of Prevention Strategies

### Information Dissemination

These strategies provide awareness and knowledge of the nature and extent of substance abuse and addiction and its effects on individuals, families, and communities. Information dissemination is characterized by one-way communication from the source to the audience. Types of services conducted and methods used for implementing this strategy include clearinghouse/information resource centers, resource directories, media campaigns (including positive social norms marketing campaigns), brochures, radio and TV public service announcements, speaking engagements, health fairs, and other types of health promotion (e.g., conferences, meetings, seminars).

### Community-Based Process

These strategies aim to enhance the ability of the community to more effectively provide substance abuse prevention and treatment. This includes organizing, planning, and enhancing the efficiency and effectiveness of, for example, community and volunteer training (e.g., neighborhood action training, training of key people in the system, training of staff and officials), systematic planning, multi-agency coordination and collaboration, community team-building, and accessing services and funding.

### Education

Substance abuse prevention education involves two-way communication and interaction between the educator/facilitator and the participants. Types of services conducted and methods used include groups for children of substance abusers, classroom educational services, educational services for youth groups, parenting or family management services, peer leader/helper programs, and small-group sessions.

### Environmental

This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs by the general population. Types of services include compliance checks in liquor outlets or establishments; promoting the establishment or review of alcohol, tobacco, and drug use policies in schools; guidance and TA on monitoring the availability and distribution of alcohol, tobacco, and other drugs; modifying alcohol and tobacco advertising practices; and product pricing strategies.

**Note:** Social marketing and positive social norms marketing campaigns are not examples of environmental strategies, according to the Center for Substance Abuse Prevention. These fall under “information dissemination.”

### Problem Identification and Referral

These strategies aim to classify those who have indulged in illegal or age-inappropriate use of tobacco or alcohol and those who have indulged in the first use of illicit drugs, and to assess whether their behavior can be reversed through education. Types of services include employee assistance programs, student assistance programs, and DUI, DWI, and MIP (Minor In Possession of Alcohol) programs.

### Alternatives

These strategies provide for the participation of target populations in activities that exclude substance abuse, for example, drug-free dances and parties, youth-adult leadership activities, community service activities, community drop-in centers, Outward Bound, and recreation activities.