



**Department of Health Care Services  
Substance Use Disorder  
Program, Policy, and Fiscal Division  
Prevention and Family Services Section**

**Primary Prevention  
Substance Use Disorder Data Service**

**Data Quality Standards**

*Updated July 2018*

## Primary Prevention Substance Use Disorder Data Service Data Quality Standards

The purpose of this document is to provide data quality standards for the Primary Prevention Substance Use Disorder (SUD) Data Service (PPSDS). All counties and subcontracted providers funded with Substance Abuse Prevention and Treatment Block Grant (SABG) dollars for primary prevention services are required to report data that meet the terms of the SABG Contract. Exhibit A, Attachment I A1 Program Specifications, Part III, Section C, paragraph 1 states, in part, “Contractor shall comply with the data quality standards”. Data quality standards are intended to provide counties and providers with clear expectations about the quality of data submitted to the California Department of Health Care Services (DHCS). In order for the State to assess the quality and consistency of data, data standards are necessary.<sup>1</sup>

Adhering to data quality standards is critical for the following reasons:

- The data is used to complete the annual reporting requirements for the SABG application as required by the Code of Federal Regulations (CFR) 45 Part 96, Subpart B, (96.17).
- The SABG application includes quantitative data tables that collect:
  - number of persons served;
  - demographics of the persons served;
  - risk levels of persons served (Institute of Medicine [IOM] categories);
  - underrepresented populations served;
  - Center for Substance Abuse Prevention (CSAP) Strategies utilized;
  - number of evidence-based programs being implemented; and,
  - the dollar amount of SABG funds utilized for each of the CSAP Strategies.
- 45 CFR Part 96.133 requires the State submit an assessment of the need in the state for authorized activities, both by locality and by the State in general.

The data must be reliable with real-time data as it is extracted for other uses such as national, state, and local reports, and statistical information to support local prevention efforts and funding. Examples of statutorily required reports include the *Report to Congress on Underage Drinking* as part of the Sober Truth on Underage Drinking (STOP Act).

The PPSDS data quality standards require that:

1. Quality data is timely.
2. Quality data is logical.

---

<sup>1</sup> American Health Information Management Association. *Data Standards, Data Quality, and Interoperability (AHIMA Practice Brief)*. 2007. Retrieved from: <http://www.umass.edu/eii/2009Workshop/pdfs/Data%20Standards,%20Data%20Quality,%20and%20Interoperability.pdf>

3. Quality data is accurate.
4. Quality data is complete.
5. Quality data is valid.

**Standard 1: Quality Data is Timely.**

Counties and providers are required to:

1. Report service/activity by the date of occurrence on an ongoing basis throughout each month. Data for each month must be entered into PPSDS no later than the 10<sup>th</sup> day of the following month. The 10-day grace period is not to be used to input all of the data for the month.
2. Correct/edit data within 30 days of receiving recommendations from the assigned DHCS Prevention Analyst.

Counties are required to:

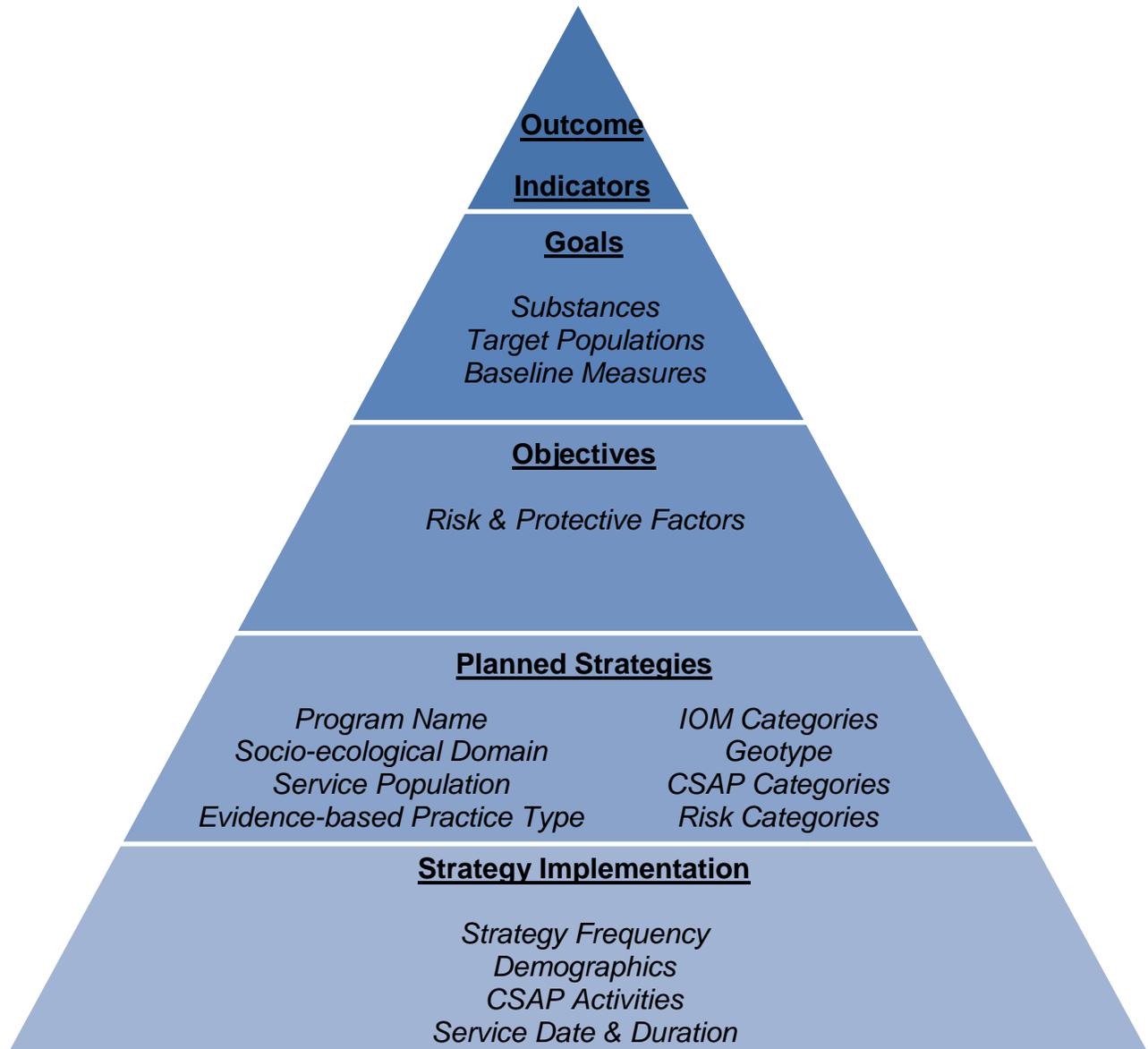
3. Ensure all data is accurately reported to DHCS by the following deadlines:

Quarter	Quarterly Data Due to DHCS
1 – July 1 to September 30	October 31
2 – October 1 to December 31	January 31
3 – January 1 to March 31	April 30
4 – April 1 to June 30	July 31

4. Submit the strategic prevention plan (SPP) to the assigned DHCS Prevention Analyst no later than May 31<sup>st</sup> that includes the previously approved chapters for final review and approval. Once the assigned DHCS Prevention Analyst approves the SPP, the county must enter the details of their newly approved SPP into the PPSDS within 30 days.
5. Submit a written request to the assigned DHCS Prevention Analyst requesting an extension, if established due dates cannot be met. A request for an extension must be submitted to the assigned DHCS Prevention Analyst at least 10-days prior to the established due date and must identify the proposed new due date. Note that extensions will only be granted due to system or service failure or other extraordinary circumstances.

**Standard 2: Quality Data is Logical**

1. The PPSDS is a hierarchical system that aligns with the Substance Abuse and Mental Health Services Administration’s Strategic Prevention Framework.



**Standard 3: Quality Data is Accurate**

1. Activity data must be in alignment with the planning data and must report the correct CSAP Activity and Duration of Service.

2. The Implementation Strategy Profile must accurately describe the activity, risk category and impacted target population. Strategy Implementations must also be correctly identified as being one-time, recurring, or session-based activities.
3. Counties and providers are responsible to edit data based on recommendations provided by the assigned DHCS Prevention Analyst to ensure accuracy by the proposed deadline.

**Standard 4: Quality Data is Complete**

1. Counties and providers must adhere to the guidelines set forth by DHCS for aggregating non-demographic data.
2. All required data entry fields must be populated, including baseline measures and demographic fields.

**Standard 5: Quality Data is Valid**

1. Data entered into PPSDS must reflect primary prevention services only. According to 45 CFR, 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. Services related to substance use treatment, recovery, relapse prevention, and/or secondary and tertiary prevention services, mental health services, primary care services, or tobacco cessation services (list is not all inclusive) may not be paid for with the SABG Primary Prevention Set-Aside dollars, and therefore, should not be included in PPSDS reporting.
2. The Agency Profile field within the PPSDS must contain all currently funded Primary Prevention providers.
3. The PPSDS data entered by funded providers will reflect progress toward achieving the goals and objectives identified in the county SPP.
4. Data entered in narrative fields must be clear and written for its intended audience. The narrative fields must not include the names of individual participants or county or provider staff. The use of acronyms in narrative fields is discouraged.
5. Documentation that supports the data entered into PPSDS must be retained. This documentation may be requested in the event of an audit.