

# Iowa

## UNIFORM APPLICATION FY 2018 BEHAVIORAL HEALTH REPORT SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 06/07/2017 - Expires  
(generated on 07/17/2018 3:01:15 PM)

Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

# I: State Information

## State Information

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Organizational Unit Division of Behavioral Health

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### III. Expenditure Period

#### State Expenditure Period

From 10/1/2014

To 9/30/2016

#### Block Grant Expenditure Period

From 10/1/2014

To 9/30/2016

### IV. Date Submitted

Submission Date 11/29/2017 11:59:55 AM

Revision Date 7/17/2018 2:59:42 PM

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**Footnotes:**

## II: Annual Report

**Table 1 Priority Area and Annual Performance Indicators - Progress Report**

**Priority #:** 1  
**Priority Area:** Primary Prevention workforce survey and analysis  
**Priority Type:** SAP  
**Population(s):** PP

**Goal of the priority area:**

Re-convene workgroup, review workforce survey and analysis need

**Strategies to attain the goal:**

Reconvene workforce development committee, review and update survey, analyze data, and develop strategies to address recommendations

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Workforce Committee will be reconvened  
**Baseline Measurement:** Survey will be reviewed, summarized and updated.  
**First-year target/outcome measurement:** Reconvene workforce, review findings and/or update survey  
**Second-year target/outcome measurement:** Make recommendations to committee based on survey results  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Workforce Development Survey

**New Data Source(if needed):**

**Description of Data:**

data collected in survey process

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

to be determined

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

The Workforce Development Committee has not been reconvened in the last year. No survey has been conducted as the workforce group recommended waiting to proceed until a new integrated RFP is released in June 2017.

**How first year target was achieved (optional):**

Other workforce development steps that have been taken are:

- IDPH representative was a member of the group that put in place an Advanced Prevention Specialist Credential and two persons have already gone through the application process
- IDPH has worked with the CAPT to get more Iowa trainers for their national curricula: SAPST and Ethics for Prevention which we are now offering twice yearly.

• The IDPH Comprehensive Prevention Coordinator holds monthly contractor meeting with Comprehensive Prevention contractors for ongoing workforce and technical assistance issues

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

As was discussed during the SAMHSA Site Visit in September 2017, IDPH is completing a Prevention Strategic Planning process with stakeholder involvement. Once the plan has been approved by IDPH leadership, the Workforce Development Committee will be reconvened.

**How second year target was achieved (optional):**

Priority #: 2

Priority Area:

Priority Type: SAP

Population(s): Other (Adolescents w/SA and/or MH)

**Goal of the priority area:**

Monitor e-cigarette use on Iowa Youth Survey

**Strategies to attain the goal:**

Add question about use to monitor trends

**Annual Performance Indicators to measure goal success**

Indicator #: 1

Indicator: E-Cigarette Use among 6,8 or 11 graders

Baseline Measurement: Baseline measurement: Added question in 2014 IYS survey question about use and trends

First-year target/outcome measurement: Monitor for use at this point- 2014 baseline measurement: Three percent of 6th grader reported using e-cigarettes at least once in the past 30 days, 4% of 8th graders and 11percent of 11 graders

**Second-year target/outcome measurement:**

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Iowa Youth Survey

**New Data Source(if needed):**

**Description of Data:**

Survey Question asks each child in 6, 8 or 11 grade " In the past 30 days, on how many days have you used electronic cigarettes or e-cigarettes with response options of 0 days, 1-2 days, 3-5 days, 6-9 days 10-19 days, 20-29 days and 30 days.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

IYS is administered every two years. This data reflects 2014 data. next survey will be conducted in 2016 with data available in spring of 2017.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

As noted in the outcome section, the Iowa Youth Survey (IYS) was administered in 2016 and data will be available in spring of 2017 to compare against 2014 data. Additionally, one additional question was added in the 2016 IYS questions.

2014 IYS: In the past 30 days, on how many days have you used electronic cigarettes or e-cigarettes (battery-powered cigarettes)?

2016 IYS: In the past 30 days, on how many days have you used e-cigarettes (vape-pens, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods)

AND

How old were you when you first used an e-cigarette, vape-pen, e-hookah, mod-box, or other electronic cigarette for the first time?

**How first year target was achieved (optional):**

We added the age of first use question and added additional "slang" terms to the questions.

We will report progress in 2018 SABG Report.

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

The Iowa Youth Survey was completed in fall of 2016. The baseline results of the questions are listed below:

In the past 30 days, on how many days have you used electronic cigarettes or e-cigarettes (battery-powered cigarettes)? Most notably 88% of youth in all grades stated that they have never used and 14% of 11th graders reporting they first used at 15 or 16 years old.

In the past 30 days, on how many days have you used e-cigarettes (vape-pens, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods). Of the student reporting, 88% of all grades noted they have never used and 4% of 11th graders stated that had used 1-2 days.

**Priority #:** 3

**Priority Area:** Update the 2012 Epidemiological Profile

**Priority Type:** SAP

**Population(s):** PP

**Goal of the priority area:**

Update Epi profile to identify, analyze, and select indicators which guide primary prevention goals

**Strategies to attain the goal:**

Prioritize work in Epi workgroup meetings, review data sources and needs, summarize, make recommendations and prioritize needs within workgroup.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** New Epi Profile

**Baseline Measurement:** Review Epi profile completed in 2012, monitor new data sources/trends/update

**First-year target/outcome measurement:** New Epi Profile report completed

**Second-year target/outcome measurement:**

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

IDPH data sources/other data sources including hospital discharge data, Internal Classification of Diseases (ICD), tobacco, drugs, Synar data, etc

**New Data Source(if needed):**

**Description of Data:**

Tobacco, illicit drug use, Synar data, hospital discharge data, Iowa health Barometer Report, NSDUH, SAMHSA, Behavioral Risk Report,

etc

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

EPI Profile completed and new report developed and finalized. See attachment

Second Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

The EPI Profile was widely shared through the State Epidemiological Workgroup as well as placed on the IDPH website.

**Priority #:** 4

**Priority Area:**

**Priority Type:** SAP

**Population(s):** PP, Other (Adolescents w/SA and/or MH)

**Goal of the priority area:**

Underage and Binge Drinkin

**Strategies to attain the goal:**

Work with state Epi workgroup, Partnerships for Success Advisory Committee and Primary Prevention Contractors, PFS contractors to use prevention strategies to reduce consumption of alcohol by persons under age 21, reduce binge consumption of alcohol and reduce prescription and over the counter medication misuse.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Reduce the rate of underage alcohol use rate of 8th and 11th grade drinkers by at least 5% in funded counties

**Baseline Measurement:** Reduction of 5%

**First-year target/outcome measurement:**

**Second-year target/outcome measurement:**

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Iowa Youth Survey

**New Data Source(if needed):**

**Description of Data:**

data collected every two years in survey administered in school setting

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Data will not be available until spring of 2017 as this is a every two year survey

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

Awaiting data which will be available spring of 2017

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Priority #:** 5  
**Priority Area:** Addictions Services Transition and ASO Transition to new Managed Care Organization  
**Priority Type:** SAT  
**Population(s):** Other

**Goal of the priority area:**

Capacity of providers to meet and treat complex needs of their communities including bi-directional integration to treat clients physical health and other complex needs (mental health, disabilities, etc)  
  
SSA provider network will transition to new MCO network effective January 1, 2016.

**Strategies to attain the goal:**

Develop and post RFP in 2015 for new provider network, develop contracts and implement. IDPH will assure ASO transition activities support effective and efficient delivery of substance use disorder services to Iowan's. IDPH will partner with new MCO and new providers to outline requirements.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Release of new RFP and assure transition of services from Magellan to new Managed Care Organization (MCO)  
**Baseline Measurement:** Implement new provider contracts in 2016 and new MCO in January 2016  
**First-year target/outcome measurement:** Selection of new provider network and new MCO January 2016  
**Second-year target/outcome measurement:**  
**New Second-year target/outcome measurement(if needed):**  
**Data Source:**  
Contracts, RFP, new MCO selection  
**New Data Source(if needed):**  
**Description of Data:**  
NA  
**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

State appeals for new MCO companies may impact implementation

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

Progress; IA Health Link is the managed care program in Iowa that brings together most Medicaid programs. Most existing Medicaid members were enrolled in IA Health Link on April 1, 2016, and most new members who become eligible after April 1, 2016, will also be enrolled in IA Health Link. (Iowa did not roll out the new MCO structure on January 1-2016 as initially planned; instead, the MCO structure went into place on April 1, 2016). The goal of IA Health Link is to improve the coordination and quality of care that you receive while Iowa works towards a balanced, predictable state budget and a healthier state. IA Health Link is managed by MCOs that provide comprehensive health care services, including physical health, behavior health and long-term care services and support. IDPH contracted with Amerigroup, one of the selected MCO's, to manage the SSA funded network effective April 1, 2016. As a result of the change in MCO's by the state, Contracts, executed by Amerigroup, were extended through June 30, 2017. A new RFP (and new contracts) , will be released in early 2017, to become effective July 1, 2017.

**How first year target was achieved (optional):**

SSA funded provider contracts extended through June/2017. A new RFP and new contracts will be in effect July 1, 2017 as result of new MCO structure which went into effect April 1, 2016.

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

Due to complexities of the new MCO structure in place in Iowa; IDPH extended sole source contracts of existing providers within the RFP currently in place. IDPH extended Sole Source agreements with provider- both prevention and treatment through June 30-2018. A new RFP is currently being developed and will be released within next several months.

**How second year target was achieved (optional):**

IDPH extended sole source contracts with Providers through September 30-2018. New RFP to be released April/2018 on Iowagrants.gov website

**Priority #:** 6  
**Priority Area:** Medication Assisted Treatment/Opiate Use increase  
**Priority Type:** SAT  
**Population(s):** Other (Rural)

**Goal of the priority area:**

Provide MAT services to counties of highest need, expand access to medications, provider training on MAT

**Strategies to attain the goal:**

Conduct trainings, work with Board of Pharmacy, introduce evidenced based practice to prescribers, award contracts through discretionary grant to provide recovery support services to those in need of MAT services, provide state wide training events

**Priority #:** 7  
**Priority Area:**  
**Priority Type:** SAT  
**Population(s):** Other

**Goal of the priority area:**

ACA Reform Impact and Reimbursement Equity

**Strategies to attain the goal:**

IDPH will contract with Milliman Actuarial Firm to conduct a second study of potential impact of new Iowa health plans

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Monitor trends -Impact on IDPH funded services related to ACA/Iowa Health and Wellness and Marketplace plans

**Baseline Measurement:** Initial Milliman study conducted in 2014- Impact complex and not completely known; some services will not be covered and review of reimbursement for SA providers are not adequate or equitable

**First-year target/outcome measurement:** Conduct second study with Milliman in 2016

**Second-year target/outcome measurement:**

**New Second-year target/outcome measurement(if needed):** Review results of Milliman Study and legislative requirements to review substance related disorder reimbursement provisions

**Data Source:**

Milliman Report/IDPH data on services/Current Magellan data/Future MCO data on services utilized, Medicaid data

**New Data Source(if needed):**

Milliman Report and Report to Legislature as result of HF 2463

**Description of Data:**

As noted above

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Iowa has selected four new MCO's , to replace Iowa's 20-year behavioral health care-out managed care plan and single managed care organization contractor with a full managed care plan incorporating medical care, behavioral health and long term services and supports. Roll out to scheduled January 1, 2016.

**New Data issues/caveats that affect outcome measures:**

Approval by Iowa Legislators/Governor to increase SUD provider rates

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

IDPH convened stakeholder group, reviewed Milliman reports, review reimbursement provisions applicable to SUD providers. Recommendations for funding and report was made to General Assembly on findings and recommendation. No actions were taken by General Assembly.

**How second year target was achieved (optional):**

Reports to Iowa General Assembly, review of reimbursement funding, meetings with stakeholders and MCO's. IDPH determined adequacy of reimbursement was not adequate, SUD rebasing was needed, equity of reimbursement was not compatible to other providers of similar service and determined that the full extent of Medicaid expansion on the SUD provider network is not known yet. All outlined in report to Iowa General Assembly

**Priority #:** 8

**Priority Area:** Data System Management Needs for future data collection and reporting

**Priority Type:** SAT

Population(s): Other

Goal of the priority area:

Determine system needs for data collection and reporting

Strategies to attain the goal:

Hire Business analyst to investigate data methodologies and vendors, review federal requirements, meet with providers and determine strategies to determine best data system for SA providers

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: IDPH will determine data and system needs for required data input from substance providers and determine if ISMART WITS based system needs to be the continued data system

Baseline Measurement: IDPH has two ways for providers to submit required data to IDPH; one is through IDPH's Central Data Repository through the provider Electronic Health Record and one is direct data entry into the WITS-based Iowa System Management and Reporting Tool (I-SMART)

First-year target/outcome measurement: Business analysis will make recommendations to IDPH regarding data system pro's and con's and how to move IDPH forward with future required data reporting from substance providers

Second-year target/outcome measurement:

New Second-year target/outcome measurement(if needed):

Data Source:

NA

New Data Source(if needed):

Recommendations via report of business analyst

Description of Data:

NA

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Ability to fund data change needs

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

A business analyst/project manager was hired for the I-SMART Futures Project in July 2015. The goal was to review the current data systems and make recommendations for current and future data/system needs. An RFI was written and released in October 2015. From the responses received, two demonstrations of possible solutions were conducted. These demonstrations provided IDPH with baseline information regarding available options. Over the next five months, research was conducted to gather additional information regarding potential options, including: reduction of redundancy in reporting, role of the Iowa Health Information Network (IHIN), uniform data sets for problem gambling (PG) and substance use disorders (SUD), integrated warehousing and reporting (including public portal), performance and outcome measures, and customer feedback. A briefing document was presented to IDPH leadership in December 2015 to assist in making a decision about next steps. What we discovered from the previous 5 month's work, was that there was inadequate documentation and understanding of current PG and SUD Prevention and Treatment data sets.

It was decided a data model was needed that integrates currently separate Substance Use Disorder and Problem Gambling domains (Prevention and Treatment). The primary outcomes of this project were:

- 1) Document the "as-is" state of data dictionaries and models for both substance use disorders and problem gambling

- 2) Analyze and document the "as-is" information to derive the "to-be" state of an integrated data model and data dictionary
- 3) Research, analyze, and document implementation strategies

The detailed review of the current data system was completed in July 2016. On September 8, 2016 a day-long meeting with our vendor was held to review and discuss the "as is" and "to be" states, and three solutions the vendor proposed. The Department is currently analyzing proposed options, funding streams and potential timelines for implementation of an integrated, flexible and responsive data collection and reporting system.

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

**Priority #:** 9  
**Priority Area:** Priority Populations  
**Priority Type:** SAT  
**Population(s):** PWWDC, IVDUs, TB

**Goal of the priority area:**

Ensure priority populations receive preference to treatment and MCO (Magellan and new MCO effective January 1, 2016) establish policies and procedures to address federal and state requirements.

**Strategies to attain the goal:**

Monitor monthly Reports submitted to IDPH by the MCO on populations of focus; ensure timeliness to treatment services, ensure capacity issues are addressed and will work with new MCO's on establishment of processes to ensure all federal Block Grant requirements are met. IDPH will establish language regarding all standards in new RFP, contracts and will ensure processes are adhered to with new MCO.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Ensure capacity, wait times and priority admission status of priority populations meet standards  
**Baseline Measurement:** New RFP and contracts for new IDPH funded provider network will outline minimum clients served, document processes to ensure priority populations meet access standards, priority in treatment, geographic standards, and have defined providers for capacity management and timelines  
**First-year target/outcome measurement:** MCO will have specific access standards in placing for IDPH funded population and will be monitored on monthly basis by IDPH  
**Second-year target/outcome measurement:**  
**New Second-year target/outcome measurement(if needed):** New IDPH funded providers will receive training on data collection for capacity, wait times and data reporting by January 1, 2019

**Data Source:**

**New Data Source(if needed):**

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

According to Magellan data reports through expenditure period, capacity, wait times and priority admission status of priority populations met SABG standards.

**How first year target was achieved (optional):**

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

IDPH has met the year one target, In addition IDPH transitioned to a new MCO-Amerigroup and continues to meet and Amerigroup in coordination with IDPH, continues to monitor capacity, wait times and priority admission status. IDPH is in process of releasing new RFP for contractors and will provide new training to contractors regarding SABG requirements. Amerigroup/IDPH will continue to monitor and convey requirements to providers and review data reporting

**Footnotes:**

### III: Expenditure Reports

**Table 2 - State Agency Expenditure Report**

This table provides a report of SABG and State expenditures by the State Substance Abuse Authority during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds for authorized activities to prevent and treat substance abuse. For detailed instructions, refer to those in the Block Grant Application System (BGAS).

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$8,311,385		\$0	\$5,023,106	\$17,328,979	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$1,390,285		\$0	\$0	\$0	\$0	\$0
b. All Other	\$6,921,100		\$0	\$5,023,106	\$17,328,979	\$0	\$0
2. Substance Abuse Primary Prevention	\$3,071,845		\$0	\$1,557,562	\$821,097	\$0	\$0
3. Tuberculosis Services	\$0		\$0	\$0	\$0	\$0	\$0
4. HIV Early Intervention Services**	\$0		\$0	\$0	\$0	\$0	\$0
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	\$1,483,292		\$0	\$959,655	\$1,362,928	\$0	\$0
<b>11. SABG Total (Row 1, 2, 3, 4, 8, 9 and 10)</b>	<b>\$12,866,522</b>	<b>\$0</b>	<b>\$0</b>	<b>\$7,540,323</b>	<b>\$19,513,004</b>	<b>\$0</b>	<b>\$0</b>

\* Prevention other than primary prevention

\*\* Only HIV designated states should enter information in this row

Please indicate the expenditures are actual or estimated.

Actual       Estimated

**Footnotes:**

### III: Expenditure Reports

**Table 3 - SAPT Block Grant Expenditure By Service**

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

Service	Expenditures
<b>Healthcare Home/Physical Health</b>	<b>\$</b>
Specialized Outpatient Medical Services;	
Acute Primary Care;	
General Health Screens, Tests and Immunizations;	
Comprehensive Care Management;	
Care coordination and Health Promotion;	
Comprehensive Transitional Care;	
Individual and Family Support;	
Referral to Community Services Dissemination;	
<b>Prevention (Including Promotion)</b>	<b>\$</b>
Screening, Brief Intervention and Referral to Treatment ;	
Brief Motivational Interviews;	
Screening and Brief Intervention for Tobacco Cessation;	
Parent Training;	
Facilitated Referrals;	
Relapse Prevention/Wellness Recovery Support;	
Warm Line;	
<b>Substance Abuse (Primary Prevention)</b>	<b>\$</b>
Classroom and/or small group sessions (Education);	
Media campaigns (Information Dissemination);	
Systematic Planning/Coalition and Community Team Building(Community Based Process);	

Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
<b>Engagement Services</b>	<b>\$</b>
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
<b>Outpatient Services</b>	<b>\$</b>
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
<b>Medication Services</b>	<b>\$</b>
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
<b>Community Support (Rehabilitative)</b>	<b>\$</b>
Parent/Caregiver Support;	
Skill Building (social, daily living, cognitive);	

Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
<b>Recovery Supports</b>	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
<b>Other Supports (Habilitative)</b>	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
<b>Intensive Support Services</b>	\$
Substance Abuse Intensive Outpatient (IOP);	
Partial Hospital;	
Assertive Community Treatment;	

Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
<b>Out-of-Home Residential Services</b>	<b>\$</b>
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
<b>Acute Intensive Services</b>	<b>\$</b>
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
<b>Other (please list)</b>	<b>\$</b>
<b>Total</b>	<b>\$0</b>

**Footnotes:**

### III: Expenditure Reports

**Table 4 - State Agency SABG Expenditure Compliance Report**

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Category	FY 2015 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$9,738,110
2. Primary Prevention	\$2,620,556
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$650,456
6. Total	\$13,009,122

\*Prevention other than Primary Prevention

\*\*HIV Designated States

**Footnotes:**

Treatment expenses are reported as:

Table 4, Row 1 - \$9,738,110

Table 7 Column B - \$9,496,766

The difference of \$241,344 is for program expenses provided directly to sub-recipients for treatment services, eg personnel and line item support (travel, printing, office supplies, etc) that have historically been determined to be direct service and not state-level administration expenditures.

Primary prevention expenses are reported as:

Table 4, Row 2 - \$2,620,556

Table 7, Column D - \$2,426,690 (does not include Resource Development-Table 6)

Table 5b - \$2,426,690 (does not include Resource Development-Table 6)

Table 4, Row includes all expenses related to Primary Prevention.

Table 7, Column D and Table 5b are Primary Prevention expenses, excluding Resource Development (Table 6) expenditures.

The difference between the totals is \$193,866. Of that amount, \$72,542 was for Resource Development expenses as were reported in Table 6. The remainder, \$121,324 was not reported as Resource Development activities as these expenses were considered direct expenditures for Primary Prevention. Following the September 2017 SABG site visit and the April 30, 2018 Corrective Action Plan, IDPH is following current SAMHSA guidelines and definitions of Resource Development activities/reporting and the reporting of Direct and Exclusionary expenditures.

Table 5b. does \*not\* include expenditures for resource development.

### III: Expenditure Reports

**Table 5a - Primary Prevention Expenditures Checklist**

Expenditure Period Start Date:  Expenditure Period End Date:

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$ <input type="text"/>				
Information Dissemination	Indicated	\$ <input type="text"/>				
Information Dissemination	Universal	\$ <input type="text"/>				
Information Dissemination	Unspecified	\$ <input type="text"/>				
<b>Information Dissemination</b>	<b>Total</b>	\$	\$	\$	\$	\$
Education	Selective	\$ <input type="text"/>				
Education	Indicated	\$ <input type="text"/>				
Education	Universal	\$ <input type="text"/>				
Education	Unspecified	\$ <input type="text"/>				
<b>Education</b>	<b>Total</b>	\$	\$	\$	\$	\$
Alternatives	Selective	\$ <input type="text"/>				
Alternatives	Indicated	\$ <input type="text"/>				
Alternatives	Universal	\$ <input type="text"/>				
Alternatives	Unspecified	\$ <input type="text"/>				
<b>Alternatives</b>	<b>Total</b>	\$	\$	\$	\$	\$
Problem Identification and Referral	Selective	\$ <input type="text"/>				
Problem Identification and Referral	Indicated	\$ <input type="text"/>				
Problem Identification and Referral	Universal	\$ <input type="text"/>				
Problem Identification and Referral	Unspecified	\$ <input type="text"/>				
<b>Problem Identification and Referral</b>	<b>Total</b>	\$	\$	\$	\$	\$
Community-Based Process	Selective	\$ <input type="text"/>				

Community-Based Process	Indicated	\$ <input type="text"/>				
Community-Based Process	Universal	\$ <input type="text"/>				
Community-Based Process	Unspecified	\$ <input type="text"/>				
<b>Community-Based Process</b>	<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Environmental	Selective	\$ <input type="text"/>				
Environmental	Indicated	\$ <input type="text"/>				
Environmental	Universal	\$ <input type="text"/>				
Environmental	Unspecified	\$ <input type="text"/>				
<b>Environmental</b>	<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Section 1926 Tobacco	Selective	\$ <input type="text" value="0"/>				
Section 1926 Tobacco	Indicated	\$ <input type="text" value="0"/>				
Section 1926 Tobacco	Universal	\$ <input type="text" value="0"/>				
Section 1926 Tobacco	Unspecified	\$ <input type="text" value="0"/>				
<b>Section 1926 Tobacco</b>	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Other	Selective	\$ <input type="text" value="0"/>				
Other	Indicated	\$ <input type="text" value="0"/>				
Other	Universal	\$ <input type="text" value="0"/>				
Other	Unspecified	\$ <input type="text" value="0"/>				
<b>Other</b>	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	<b>Grand Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Footnotes:**

Expenditures reported by IOM categories rather than strategies. See Table 5b for dollar amounts.

No Block Grant funds used for 'Section 1926 Tobacco' activities. No substance abuse funds are used for activities targeted to individuals or a subgroup.

### III: Expenditure Reports

**Table 5b - Primary Prevention Expenditures by IOM Category**

Expenditure Period Start Date: 10/1/2014    Expenditure Period End Date: 9/30/2016

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$2,006,873	\$1,780,364	\$3,189,724		
Universal Indirect	\$130,799	\$116,036	\$207,891		
Selective	\$183,942	\$163,182	\$292,359		
Indicated	\$105,076	\$93,216	\$167,007		
<b>Column Total</b>	<b>\$2,426,690</b>	<b>\$2,152,798</b>	<b>\$3,856,981</b>	<b>\$0</b>	<b>\$0</b>

**Footnotes:**

Primary prevention expenses are reported as:

Table 4, Row 2 - \$2,620,556

Table 7, Column D - \$2,426,690 (does not include Resource Development-Table 6)

Table 5b - \$2,426,690 (does not include Resource Development-Table 6)

Table 4, Row includes all expenses related to Primary Prevention.

Table 7, Column D and Table 5b are Primary Prevention expenses, excluding Resource Development (Table 6) expenditures.

The difference between the totals is \$193,866. Of that amount, \$72,542 was for Resource Development expenses as were reported in Table 6. The remainder, \$121,324 was not reported as Resource Development activities as these expenses were considered direct expenditures for Primary Prevention. Following the September 2017 SABG site visit and the April 30, 2018 Corrective Action Plan, IDPH is following current SAMHSA guidelines and definitions of Resource Development activities/reporting and the reporting of Direct and Exclusionary expenditures.

Table 5b. does \*not\* include expenditures for resource development.

### III: Expenditure Reports

**Table 5c - SABG Primary Prevention Priorities and Special Population Categories**

Expenditure Period Start Date: 10/1/2014    Expenditure Period End Date: 9/30/2016

Targeted Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>
Heroin	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>
Synthetic Drugs (i.e. Bath salts, Spice, K2)	<input type="checkbox"/>
Targeted Populations	
Students in College	<input checked="" type="checkbox"/>
Military Families	<input type="checkbox"/>
LGBTQ	<input type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>
African American	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Rural	<input type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input type="checkbox"/>

**Footnotes:**

### III: Expenditure Reports

**Table 6 - Resource Development Expenditure Checklist**

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment						\$0.00
2. Quality Assurance		\$36,970.00		\$204,663.00		\$241,633.00
3. Training (Post-Employment)		\$12,547.00		\$50,430.00		\$62,977.00
4. Program Development		\$30,766.00		\$33,200.00		\$63,966.00
5. Research and Evaluation		\$59,995.00		\$146,450.00		\$206,445.00
6. Information Systems		\$46,917.00		\$145,129.00		\$192,046.00
7. Education (Pre-Employment)						\$0.00
<b>8. Total</b>	<b>\$0.00</b>	<b>\$187,195.00</b>	<b>\$0.00</b>	<b>\$579,872.00</b>	<b>\$0.00</b>	<b>\$767,067.00</b>

**Footnotes:**

Primary prevention expenses are reported as:

Table 4, Row 2 - \$2,620,556

Table 7, Column D - \$2,426,690 (does not include Resource Development-Table 6)

Table 5b - \$2,426,690 (does not include Resource Development-Table 6)

Table 4, Row includes all expenses related to Primary Prevention.

Table 7, Column D and Table 5b are Primary Prevention expenses, excluding Resource Development (Table 6) expenditures.

The difference between the totals is \$193,866. Of that amount, \$72,542 was for Resource Development expenses as were reported in Table 6. The remainder, \$121,324 was not reported as Resource Development activities as these expenses were considered direct expenditures for Primary Prevention. Following the September 2017 SABG site visit and the April 30, 2018 Corrective Action Plan, IDPH is following current SAMHSA guidelines and definitions of Resource Development activities/reporting and the reporting of Direct and Exclusionary expenditures.

Table 5b. does \*not\* include expenditures for resource development.

### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Entity Number	I-BHS ID		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Mailing Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds (B + D + E)	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV
4	IA900786		Southeast	Alcohol and Drug Dependency Services	1340 Mount Pleasant Street Lincoln Center	Burlington	IA	52601	\$352,658	\$262,255	\$0	\$90,403	\$0
IA102042	IA102042		Statewide	Amerigroup Iowa, Inc.	4800 Westown Parkway, Ste 200	West Des Moines	IA	50266	\$12,771	\$12,771	\$0	\$0	\$0
5	IA301316		Northeast	Area Substance Abuse Council	3601 16th Avenue SW	Cedar Rapids	IA	52404	\$1,289,332	\$1,080,754	\$364,841	\$208,578	\$0
59	IA901792		Central	Broadlawn Medical Center	1801 Hickman Road	Des Moines	IA	50314	\$82,363	\$82,363	\$0	\$0	\$0
201	IA902154		Statewide	Cedar Rapids Library	500 First Street SE	Cedar Rapids	IA	52401	\$193,157	\$128,828	\$0	\$64,329	\$0
15	IA301027		Southeast	Center for Alcohol and Drug Services, Inc.	1523 South Fairmount Street	Davenport	IA	52802	\$933,559	\$816,623	\$130,375	\$116,936	\$0
21	IA750454		Northwest	Community and Family Resources	726 South 17th Street	Fort Dodge	IA	50501	\$694,762	\$600,644	\$90,653	\$94,118	\$0
24	IA750363		Northwest	Community Opportunities dba New Opportunities	23751 Highway 30	Carroll	IA	51401	\$173,994	\$105,986	\$0	\$68,008	\$0
34	IA301100		Northwest	Compass Pointe	1900 Grand Avenue North Suite A	Spencer	IA	51301	\$347,237	\$215,286	\$0	\$131,951	\$0
14	IA902188		Southwest	Crossroads Behavioral Health Svcs Action Now Chemical Center	1003 Cottonwood Street	Creston	IA	50801	\$117,367	\$117,367	\$22,160	\$0	\$0
39	IA750132		Central	Employee and Family Resources	505 5th Avenue Suite 600	Des Moines	IA	50309	\$567,250	\$142,541	\$0	\$424,709	\$0
MD100623	MD100623		Statewide	FEI Com Inc	7175 Columbia Gateway Drive Suite A	Columbia	MD	21046	\$86,333	\$86,333	\$0	\$0	\$0
40	IA902170		Southwest	Heartland Family Services	515 East Broadway	Council Bluffs	IA	51503	\$302,364	\$302,364	\$51,046	\$0	\$0
57	IA900158		Northeast	Helping Services of Northeast Iowa	805 East Main Street P.O. Box 372	Decorah	IA	52101	\$145,999	\$0	\$0	\$145,999	\$0
64	IA901776		Central	House of Mercy	1409 Clark Street	Des Moines	IA	50314	\$279,302	\$279,302	\$138,754	\$0	\$0
207	IA100775		Statewide	Iowa Consortium for Substance Abuse	100 Oakdale Campus M306 Oakdale Hall	Iowa City	IA	52242-5000	\$146,450	\$146,450	\$0	\$0	\$0
				Iowa									

	208	IA100783	✓	Statewide	Substance Program Directors Assoc	430 Southgate Avenue	Iowa City	IA	52240	\$50,430	\$50,430	\$0	\$0	\$0
	31	IA301498	✗	Northwest	Jackson Recovery Center	800 5th Street Suite 200	Sioux City	IA	51101	\$905,118	\$783,471	\$270,313	\$121,647	\$0
	232	IA900126	✗	Statewide	Magellan Health Services	2600 Westown Pkwy Suite 200	West Des Moines	IA	50266	\$157,579	\$157,579	\$0	\$0	\$0
	16	IA900232	✗	Northeast	Northeast Iowa Behavioral Health, Inc.	905 Montgomery Street P.O. Box 349	Decorah	IA	52101	\$142,953	\$142,953	\$0	\$0	\$0
	36	IA301209	✗	Northeast	Pathways Behavioral Services	3362 University Avenue	Waterloo	IA	50701-2006	\$701,847	\$533,377	\$0	\$168,470	\$0
	26	IA301357	✗	North Central	Prairie Ridge Integrated Behavioral Healthcare dba Prairie Ridge	P.O. Box 1338	Mason City	IA	50402	\$650,061	\$583,368	\$92,667	\$66,693	\$0
	23	IA301571	✓	Southeast	Prelude Behavioral Services	430 Southgate Avenue	Iowa City	IA	52240	\$1,424,124	\$1,244,777	\$115,774	\$179,347	\$0
	30	IA750256	✗	Southeast	Southern Iowa Economic Development Assn	310 West Main	Ottumwa	IA	52501	\$328,169	\$213,202	\$0	\$114,967	\$0
	20	IA901958	✗	Northeast	Substance Abuse Service Center	799 Main Street Suite 110	Dubuque	IA	52001	\$292,627	\$292,627	\$95,624	\$0	\$0
	46	IA901974	✗	Northwest	Substance Abuse Services for Clayton County, Inc.	431 High Street P.O. Box 970	Elkader	IA	52043-0970	\$18,888	\$0	\$0	\$18,888	\$0
	25	IA901321	✗	North Central	Substance Abuse Treatment Unit of Central Iowa	220 Oak Street	Iowa Falls	IA	50126	\$233,118	\$163,808	\$0	\$69,310	\$0
	130	IA100759	✗	Central	United Community Services, Inc.	4908 Franklin Avenue	Des Moines	IA	50310-1901	\$550,148	\$550,148	\$0	\$0	\$0
	28	IA901693	✗	Southeast	Unity Healthcare dba Trinity Muscatine	1605 Cedar Street	Muscatine	IA	52761	\$111,242	\$65,886	\$0	\$45,356	\$0
	2	IA901826	✗	North Central	Youth and Shelter Services, Inc.	712 Burnett Street	Ames	IA	50010	\$156,750	\$29,756	\$0	\$126,994	\$0
	IA102300	IA102300	✗	Southwest	Zion Recovery Services, Inc.	P.O. Box 34	Atlantic	IA	50022	\$475,504	\$305,517	\$0	\$169,987	\$0
Total										\$11,923,456	\$9,496,766	\$1,372,207	\$2,426,690	\$0

\* Indicates the imported record has an error.

**Footnotes:**

Treatment expenses are reported as:

Table 4, Row 1 - \$9,738,110  
Table 7 Column B - \$9,496,766

The difference of \$241,344 is for program expenses provided directly to sub-recipients for treatment services, eg personnel and line item support (travel, printing, office supplies, etc) that have historically been determined to be direct service and not state-level administration expenditures.

Primary prevention expenses are reported as:

Table 4, Row 2 - \$2,620,556  
Table 7, Column D - \$2,426,690 (does not include Resource Development-Table 6)  
Table 5b - \$2,426,690 (does not include Resource Development-Table 6)

Table 4, Row includes all expenses related to Primary Prevention.

Table 7, Column D and Table 5b are Primary Prevention expenses, excluding Resource Development (Table 6) expenditures.

The difference between the totals is \$193,866. Of that amount, \$72,542 was for Resource Development expenses as were reported in Table 6. The remainder, \$121,324 was not reported as Resource Development activities as these expenses were considered direct expenditures for Primary Prevention. Following the September 2017 SABG site visit and the April 30, 2018 Corrective Action Plan, IDPH is following current SAMHSA guidelines and definitions of Resource Development activities/reporting and the reporting of Direct and Exclusionary expenditures.

Table 5b. does \*not\* include expenditures for resource development.

### III: Expenditure Reports

**Table 8a - Maintenance of Effort for State Expenditures for SAPT**

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2015) + B2(2016)</u> 2 (C)
SFY 2015 (1)	\$19,959,183	
SFY 2016 (2)	\$19,747,334	\$19,853,259
SFY 2017 (3)	\$19,811,673	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2015      Yes      X      No    \_\_\_\_\_  
 SFY 2016      Yes      X      No    \_\_\_\_\_  
 SFY 2017      Yes      X      No    \_\_\_\_\_

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

Yes    \_\_\_\_\_    No      X  

If yes, specify the amount and the State fiscal year: \_\_\_\_\_

If yes, SFY: \_\_\_\_\_

Did the State or Jurisdiction include these funds in previous year MOE calculations?

Yes    \_\_\_\_\_    No    \_\_\_\_\_

When did the State submit an official request to the SAMHSA Administrator to exclude these funds from the MOE calculations? \_\_\_\_\_

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance abuse prevention and treatment 42 U.S.C. §300x-30

1.) Funds are expended by the principal agency on a consistent basis.

State funds are appropriated for substance abuse prevention and treatment by the Iowa Legislature on an annual basis. The Iowa Department of Public Health ("IDPH") dispenses these monies via subcontracts with Agency Providers ("Provider/s"), with the expectation of receiving monthly claims. Claims are paid out of state and SAPT Block Grant monies; IDPH pulls monies from the federal system as needed, for prompt payment to Providers.

2.) MOE funds computations are historically consistent.

Provider contracts are funded with a combination of state and SAPT Block Grant monies, based on current and historic funding and service levels.

The IDPH Legislative Liaison meets with legislators daily during session, discussing department priorities, one of which is the MOE requirement tied to the SAPT Block Grants funds.

3.) MOE funds are expended for authorized activities.

IDPH monitors and provides oversight to all Providers, via reports and site visits, to ensure activities are compliant with SAPT Block Grant requirements and as authorized by IDPH.

4.) Organizational structure changes and/or the placement of the principal agency within the state government does not result in changes in funding.

The Bureau of Substance Abuse became a part of IDPH on July 1, 1986, as a result of state government reorganization. There have been no noteworthy organizational structure changes since that time.

**Footnotes:**

Please see uploaded MOE Waiver Request Letter in attachments; along with Revenue Estimating Conference estimate of general fund receipts. Also sent to CSAT GPO on November 29, 2017.

**REVENUE ESTIMATING CONFERENCE  
ESTIMATE OF GENERAL FUND RECEIPTS  
December 12, 2016  
(\$ in millions)**

	FY15 ACTUAL	FY16 ACTUAL	% Change FY 16 Act vs. FY 15 Act	10/16 REC FY17 ESTIMATE	% Change FY 17 Est vs. FY 16 Act	12/16 REC FY17 ESTIMATE	% Change FY 17 Est vs. FY 16 Act	10/16 REC FY 18 ESTIMATE	% Change FY 17 Est vs. FY 16 Act	12/16 REC FY 18 ESTIMATE	% Change FY 18 Est vs. FY 17 Est
<b>TAX RECEIPTS</b>											
Personal Inc. Tax	4,207.3	4,355.5	3.5%	4,667.5	7.2%	4,608.1	5.8%	4,868.6	4.3%	4,854.2	5.3%
Sales/Use Tax	2,753.0	2,810.5	2.1%	2,902.2	3.3%	2,864.7	1.9%	3,016.1	3.9%	2,989.8	4.4%
Corporate Income Tax	576.3	520.5	-9.7%	530.8	2.0%	531.4	2.1%	554.1	4.4%	546.4	2.8%
Inheritance Tax	87.0	91.8	5.5%	97.7	6.4%	82.1	-10.6%	100.9	3.3%	86.3	5.1%
Insurance Premium Tax	109.6	119.7	9.2%	115.4	-3.6%	118.7	-0.8%	116.2	0.7%	120.0	1.1%
Cigarette Tax	0.0	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0%
Tobacco Tax	0.0	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0%
Beer Tax	14.5	14.1	-2.8%	14.1	0.0%	14.1	0.0%	14.1	0.0%	14.1	0.0%
Franchise Tax	46.9	52.1	11.1%	52.3	0.4%	48.9	-6.1%	55.2	5.5%	50.0	2.2%
Miscellaneous Tax	1.4	1.5	7.1%	1.5	0.0%	1.5	0.0%	1.5	0.0%	1.5	0.0%
<b>Total Tax Receipts</b>	<b>7,796.0</b>	<b>7,965.7</b>	<b>2.2%</b>	<b>8,381.5</b>	<b>5.2%</b>	<b>8,269.5</b>	<b>3.8%</b>	<b>8,726.7</b>	<b>4.1%</b>	<b>8,662.3</b>	<b>4.7%</b>
<b>OTHER RECEIPTS</b>											
Institutional Payments	15.5	12.1	-21.9%	6.1	-49.6%	6.8	-43.8%	6.1	0.0%	6.8	0.0%
Liquor Profits	108.4	112.3	3.6%	111.0	-1.2%	111.5	-0.7%	111.0	0.0%	111.5	0.0%
Interest	3.7	4.1	10.8%	4.2	2.4%	4.2	2.4%	4.3	2.4%	4.3	2.4%
Fees	27.7	28.1	1.4%	26.8	-4.6%	27.0	-3.9%	26.5	-1.1%	26.3	-2.6%
Judicial Revenue	99.9	97.7	-2.2%	97.7	0.0%	97.7	0.0%	97.7	0.0%	97.7	0.0%
Miscellaneous Receipts	39.7	42.7	7.6%	42.7	0.0%	43.3	1.4%	43.4	1.6%	43.6	0.7%
Racing & Gaming	0.0	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0%	0.0	0.0%
<b>Total Other Receipts</b>	<b>294.9</b>	<b>297.0</b>	<b>0.7%</b>	<b>288.5</b>	<b>-2.9%</b>	<b>290.5</b>	<b>-2.2%</b>	<b>289.0</b>	<b>0.2%</b>	<b>290.2</b>	<b>-0.1%</b>
<b>Total Gross Receipts</b>	<b>8,090.9</b>	<b>8,262.7</b>	<b>2.1%</b>	<b>8,670.0</b>	<b>4.9%</b>	<b>8,560.0</b>	<b>3.6%</b>	<b>9,015.7</b>	<b>4.0%</b>	<b>8,952.5</b>	<b>4.6%</b>
Accruals (net)	19.6	14.2		24.6	73.2%	36.6		28.9	17.5%	10.7	
Refunds	(967.9)	(1,018.3)	5.2%	(1,013.0)	-0.5%	(1,013.0)	-0.5%	(1,046.0)	3.3%	(1,018.0)	0.5%
School Infrastructure Transfer	(450.5)	(466.9)	3.6%	(474.4)	1.6%	(470.6)	0.8%	(495.2)	4.4%	(490.8)	4.3%
<b>Total Accrual General Fund Receipts</b>	<b>6,692.1</b>	<b>6,791.7</b>	<b>1.5%</b>	<b>7,207.2</b>	<b>6.1%</b>	<b>7,113.0</b>	<b>4.7%</b>	<b>7,503.4</b>	<b>4.1%</b>	<b>7,454.4</b>	<b>4.8%</b>
<b>Transfers</b>											
Lottery	72.4	85.5	18.1%	80.0	-6.4%	78.0	-8.8%	83.0	3.8%	81.0	3.8%
TTF Tax Credit Transfer	27.7	0.0		0.0		0.0		0.0		0.0	
Other Transfers	27.5	43.9	59.6%	20.9	-52.4%	20.9	-52.4%	20.9	0.0%	20.9	0.0%
<b>Total Transfers</b>	<b>127.6</b>	<b>129.4</b>	<b>1.4%</b>	<b>100.9</b>	<b>-22.0%</b>	<b>98.9</b>	<b>-23.6%</b>	<b>103.9</b>	<b>3.0%</b>	<b>101.9</b>	<b>3.0%</b>
<b>Net General Fund Revenues</b>	<b>6,819.7</b>	<b>6,921.1</b>	<b>1.5%</b>	<b>7,308.1</b>	<b>5.6%</b>	<b>7,211.9</b>	<b>4.2%</b>	<b>7,607.3</b>	<b>4.1%</b>	<b>7,556.3</b>	<b>4.8%</b>
<b>Estimated Gambling Revenues Transferred</b>											
To Other Funds	277.9	287.1	3.3%	289.3	0.8%	289.3	0.8%	292.3	1.0%	292.3	1.0%
Amount of Interest Earned on Reserve Funds (transfer to RIIF)	2.8	4.2	50.0%	4.2	0.0%	4.2	0.0%	4.2	0.0%	4.2	0.0%

Department of Management



Gerd W. Clabaugh, MPA  
 Director

Kim Reynolds  
 Governor

Adam Gregg  
 Lt. Governor

July 13, 2018

Elinore F. McCance-Katz, M.D., Ph.D.  
 Assistant Secretary for Mental Health and Substance Use  
 Substance Abuse and Mental Health Services Administration 5600 Fishers Lane  
 Rockville, MD 20857  
 Telephone: (240) 276-2000

Re: UPDATE - Iowa MOE Material Compliance Request for SFY 2017 State Expenditures

Dear Dr. McCance-Katz:

This letter serves as an update to Iowa’s May 10, 2018 request that Iowa be determined to be in material compliance with Substance Abuse Prevention and Treatment Block Grant maintenance of effort (MOE) requirements for State Fiscal Year 2017.

Please see information below on (1) Iowa’s expenditure history (**Update** information is so noted), (2) number of persons served, and (3) future funding commitment.

1. Expenditure History

Iowa’s expenditure history for the past five years is summarized below:

<b>Iowa State Substance Abuse Expenditure History</b>			
<b>Year</b>	<b>Expenditure</b>	<b>\$ (%) Change from Previous Year</b>	<b>Notes</b>
2012	\$17,896,961	\$1,150,780 (6%) decrease	MOE shortfall = \$1,338,107
2013	\$18,256,041	\$359,080 (2%) increase	MOE shortfall = \$216,310
2014	\$19,896,291	\$1,640,250 (9%) increase	MOE “surplus” = \$1,819,790
2015	\$19,959,183	\$62,892 (3%) increase	MOE “surplus” = \$883,018
2016	\$19,747,334	\$211,849 (2%) decrease*	MOE shortfall = \$180,403
2017	<b>Update:</b> \$19,770,694 \$19,811,673	<b>Update:</b> \$23,360-\$64,339 increase	<b>Update:</b> MOE shortfall = \$82,565-\$41,586

\* \$112,379 of the \$211,849 decrease in 2016 was related to the January-March 2016 transition period between Medicaid managed care plans, during which time no administrative fee was paid to any managed care organization. SAMSHA determined Iowa was in material compliance with MOE requirements for 2016.

2. Number of Persons Served

Iowa has continued to provide treatment services at or near historical levels. According to the data reported, the number of people receiving prevention services has varied, however, Iowa remains committed to assuring robust and comprehensive prevention services statewide. Note: in State Fiscal Year 2017, Iowa began offering Early Intervention services for at-risk persons through its treatment contractors. The number of persons receiving such services are included for 2017.

<b># of Iowans Receiving Services</b>			
<b>Year</b>	<b>Treatment</b>	<b>Early Intervention</b>	<b>Prevention</b>
2012	47,553	--	182,413
2013	51,218	--	188,687
2014	48,621	--	201,580
2015	47,606	--	200,052
2016	46,944	--	180,942
2017	46,352	29,161	169,013

\* Variation due to change in prevention data system and reporting technology.

3. Future Funding Commitment

Anticipated expenditures for State Fiscal Years 2018 and 2019 are currently projected at the same level as the actual expenditures for 2017.

Thank you for your consideration. Please contact me at [Kathy.Stone@idph.iowa.gov](mailto:Kathy.Stone@idph.iowa.gov) if any additional information is needed.

Sincerely,

Kathy Stone, MBA, LMSW  
Director – IDPH Division of Behavioral Health

cc: CSAT: Linda Fulton, Ph.D.  
IDPH: Jeana Christensen  
DeAnn Decker  
Sherry Frizell  
Michele Tilotta

### III: Expenditure Reports

**Table 8d - Expenditures for Services to Pregnant Women and Women with Dependent Children**

<b>Base</b>		
<b>Period</b>	<b>Total Women's Base (A)</b>	<b>Total Expenditures (B)</b>
SFY 1994	\$1,302,477	

<b>Maintenance</b>		
<b>Period</b>	<b>Total Women's Base (A)</b>	<b>Total Expenditures (B)</b>
SFY 2015		\$1,317,219
SFY 2016		\$1,353,775
SFY 2017		\$1,372,207
Enter the amount the State plans to expend in 2018 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>1390939.00</u>		

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). Iowa does not have a record of the original methodology used to determine the PWWDC baseline dollar amount for 1994 and is unable to recreate it.

No state funds are utilized for PWWDC services or activities. During the budgeting process for each new SAPT block grant, Iowa ensures a similar dollar amount is allocated based on previous years expenditures.

**Footnotes:**

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Column A (Risks)	Column B (Strategies)	Column C (Providers)
<b>Children of substance abusers</b>	1. Information Dissemination	
	4. Brochures	2
	6. Speaking engagements	9
	2. Education	
	2. Ongoing classroom and/or small group sessions	3
	3. Alternatives	
	2. Youth/adult leadership activities	3
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	5
	6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1	
<b>Pregnant women/teens</b>	1. Information Dissemination	
	6. Speaking engagements	9
	3. Alternatives	
	2. Youth/adult leadership activities	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	3
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
<b>Drop-outs</b>	1. Information Dissemination	
	6. Speaking engagements	1
<b>Violent and delinquent behavior</b>	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	7
	7. Health fairs and other	

	health promotion, e.g., conferences, meetings, seminars	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	2
	3. Alternatives	
	2. Youth/adult leadership activities	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	2
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
<b>Mental health problems</b>	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	7
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	4
<b>Economically disadvantaged</b>	1. Information Dissemination	
	6. Speaking engagements	9
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	5
	2. Education	
	2. Ongoing classroom and/or small group sessions	1
	3. Alternatives	
	2. Youth/adult leadership activities	3
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	3
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1

<b>Physically disabled</b>	<b>1. Information Dissemination</b>	
	4. Brochures	1
	6. Speaking engagements	2
	<b>5. Community-Based Process</b>	
	3. Multi-agency coordination and collaboration/coalition	1
	<b>6. Environmental</b>	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
<b>Abuse victims</b>	<b>1. Information Dissemination</b>	
	4. Brochures	1
	6. Speaking engagements	3
	<b>3. Alternatives</b>	
	2. Youth/adult leadership activities	1
	<b>5. Community-Based Process</b>	
	3. Multi-agency coordination and collaboration/coalition	2
<b>Already using substances</b>	<b>1. Information Dissemination</b>	
	4. Brochures	3
	6. Speaking engagements	14
	8. Information lines/Hot lines	1
	<b>2. Education</b>	
	2. Ongoing classroom and/or small group sessions	6
	<b>3. Alternatives</b>	
	2. Youth/adult leadership activities	2
	<b>4. Problem Identification and Referral</b>	
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	8
	<b>5. Community-Based Process</b>	
	3. Multi-agency coordination and collaboration/coalition	6
<b>Homeless and/or runaway youth</b>	<b>1. Information Dissemination</b>	
	6. Speaking engagements	5
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	<b>3. Alternatives</b>	
	2. Youth/adult leadership activities	1

	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	5
<b>Older Adults</b>	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	14
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	4
	3. Alternatives	
	2. Youth/adult leadership activities	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	7
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	2

**Footnotes:**

## IV: Population and Services Reports

**Table 10 - Treatment Utilization Matrix**

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

Level of Care	Number of Admissions $\geq$ Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
<b>DETOXIFICATION (24-HOUR CARE)</b>					
1. Hospital Inpatient	72	66	\$0	\$0	\$0
2. Free-Standing Residential	973	834	\$0	\$0	\$0
<b>REHABILITATION/RESIDENTIAL</b>					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	3621	3293	\$0	\$0	\$0
5. Long-term (over 30 days)	586	575	\$0	\$0	\$0
<b>AMBULATORY (OUTPATIENT)</b>					
6. Outpatient	14806	13592	\$0	\$0	\$0
7. Intensive Outpatient	4852	4413	\$0	\$0	\$0
8. Detoxification	0	0	\$0	\$0	\$0
<b>OPIOID REPLACEMENT THERAPY</b>					
9. Opioid Replacement Therapy	542	504	\$0	\$0	\$0
10. ORT Outpatient	0	0	\$0	\$0	\$0

**Footnotes:**

**IV: Population and Services Reports**

**Table 11 - Unduplicated Count of Persons**

Expenditure Period Start Date: 7/1/2016 Expenditure Period End Date: 6/30/2017

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	4015	2143	1078	425	123	3	2	27	4	37	30	73	30	27	13	2425	1169	395	161
2. 18 - 24	9173	5014	2593	743	253	20	7	80	26	59	45	100	69	115	49	5524	2812	632	226
3. 25 - 44	23998	13006	7438	1658	547	55	10	160	41	156	182	173	109	302	161	14232	7969	1100	417
4. 45 - 64	8961	5333	2473	590	185	14	1	40	5	47	34	48	17	123	51	5796	2646	270	64
5. 65 and Over	652	354	139	32	4	0	0	0	0	2	3	5	0	34	79	381	139	10	0
<b>6. Total</b>	<b>46799</b>	<b>25850</b>	<b>13721</b>	<b>3448</b>	<b>1112</b>	<b>92</b>	<b>20</b>	<b>307</b>	<b>76</b>	<b>301</b>	<b>294</b>	<b>399</b>	<b>225</b>	<b>601</b>	<b>353</b>	<b>28358</b>	<b>14735</b>	<b>2407</b>	<b>868</b>
7. Pregnant Women	619		522		38		1		2		24		19		13		581		38
Number of persons served who were admitted in a period prior to the 12 month reporting period		7271																	
Number of persons served outside of the levels of care described on Table 10		0																	

**Footnotes:**

## IV: Population and Services Reports

**Table 12 - HIV Designated States Early Intervention Services**

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

**Footnotes:**

Iowa is not an HIV designated state. Zero dollars spent

## IV: Population and Services Reports

**Table 13 - Charitable Choice**

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

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

- Used model notice provided in final regulation.
- Used notice developed by State (please attach a copy to the Report).
- State has disseminated notice to religious organizations that are providers.
- State requires these religious organizations 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).
- SAMHSA's Treatment Facility Locator is used to help identify providers.
- Other networks and information systems are used to help identify providers.
- State maintains record of referrals made by religious organizations that are providers.
- 0   Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

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

IDPH SABG Manager reviewed SABG requirements related to Charitable Choice with two SABG IDPH treatment funded providers during this time period.

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 14 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)**

### Short-term Residential(SR)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	378	397
Total number of clients with non-missing values on employment/student status [denominator]	1,988	1,988
Percent of clients employed or student (full-time and part-time)	19.0 %	20.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		3,270
Number of CY 2016 discharges submitted:		2,679
Number of CY 2016 discharges linked to an admission:		2,355
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,311
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		1,988

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

### Long-term Residential(LR)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	112	133
Total number of clients with non-missing values on employment/student status [denominator]	393	393
Percent of clients employed or student (full-time and part-time)	28.5 %	33.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		411
Number of CY 2016 discharges submitted:		549
Number of CY 2016 discharges linked to an admission:		479
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		464

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	393
---	-----

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
 [Records received through 2/1/2018]

### Outpatient (OP)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	5,433	6,033
Total number of clients with non-missing values on employment/student status [denominator]	9,351	9,351
Percent of clients employed or student (full-time and part-time)	58.1 %	64.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		16,710
Number of CY 2016 discharges submitted:		16,686
Number of CY 2016 discharges linked to an admission:		12,647
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,729
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		9,351

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
 [Records received through 2/1/2018]

### Intensive Outpatient (IO)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	527	546
Total number of clients with non-missing values on employment/student status [denominator]	1,497	1,497
Percent of clients employed or student (full-time and part-time)	35.2 %	36.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		5,834
Number of CY 2016 discharges submitted:		4,413
Number of CY 2016 discharges linked to an admission:		2,291
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,072

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):

1,497

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)**

### Short-term Residential(SR)

#### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	1,193	1,242
Total number of clients with non-missing values on living arrangements [denominator]	1,988	1,988
Percent of clients in stable living situation	60.0 %	62.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		3,270
Number of CY 2016 discharges submitted:		2,679
Number of CY 2016 discharges linked to an admission:		2,355
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,311
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		1,988

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

### Long-term Residential(LR)

#### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	212	228
Total number of clients with non-missing values on living arrangements [denominator]	394	394
Percent of clients in stable living situation	53.8 %	57.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		411
Number of CY 2016 discharges submitted:		549
Number of CY 2016 discharges linked to an admission:		479
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		464

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	394
---	-----

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
 [Records received through 2/1/2018]

### Outpatient (OP)

#### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	7,082	7,223
Total number of clients with non-missing values on living arrangements [denominator]	9,350	9,350
Percent of clients in stable living situation	75.7 %	77.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		16,710
Number of CY 2016 discharges submitted:		16,686
Number of CY 2016 discharges linked to an admission:		12,647
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,729
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		9,350

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
 [Records received through 2/1/2018]

### Intensive Outpatient (IO)

#### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	1,055	1,075
Total number of clients with non-missing values on living arrangements [denominator]	1,497	1,497
Percent of clients in stable living situation	70.5 %	71.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		5,834
Number of CY 2016 discharges submitted:		4,413
Number of CY 2016 discharges linked to an admission:		2,291
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,072

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):

1,497

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)**

### Short-term Residential(SR)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,600	1,699
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,829	1,829
Percent of clients without arrests	87.5 %	92.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		3,270
Number of CY 2016 discharges submitted:		2,679
Number of CY 2016 discharges linked to an admission:		2,355
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,333
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		1,829

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

### Long-term Residential(LR)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	314	348
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	369	369
Percent of clients without arrests	85.1 %	94.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		411
Number of CY 2016 discharges submitted:		549
Number of CY 2016 discharges linked to an admission:		479
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		476

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	369
---	-----

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

### Outpatient (OP)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	8,079	8,585
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	9,214	9,214
Percent of clients without arrests	87.7 %	93.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		16,710
Number of CY 2016 discharges submitted:		16,686
Number of CY 2016 discharges linked to an admission:		12,647
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		12,390
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		9,214

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

### Intensive Outpatient (IO)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,199	1,242
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,398	1,398
Percent of clients without arrests	85.8 %	88.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		5,834
Number of CY 2016 discharges submitted:		4,413
Number of CY 2016 discharges linked to an admission:		2,291
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,210

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):

1,398

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 17 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)**

### Short-term Residential(SR)

#### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,139	1,285
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,998	1,998
Percent of clients abstinent from alcohol	57.0 %	64.3 %

#### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		242
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	859	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		28.2 %

#### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,043
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,139	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.6 %

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	3,270
Number of CY 2016 discharges submitted:	2,679
Number of CY 2016 discharges linked to an admission:	2,355
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,333
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	1,998

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

## Long-term Residential(LR)

### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	229	215
All clients with non-missing values on at least one substance/frequency of use [denominator]	402	402
Percent of clients abstinent from alcohol	57.0 %	53.5 %

### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		41
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	173	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		23.7 %

### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		174
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	229	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		76.0 %

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	411
Number of CY 2016 discharges submitted:	549
Number of CY 2016 discharges linked to an admission:	479
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	476
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	402

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

## Outpatient (OP)

### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
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Number of clients abstinent from alcohol [numerator]	6,279	6,079
All clients with non-missing values on at least one substance/frequency of use [denominator]	9,545	9,545
Percent of clients abstinent from alcohol	65.8 %	63.7 %

**B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION**

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		1,084
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	3,266	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		33.2 %

**C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION**

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		4,995
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	6,279	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		79.6 %

**Notes (for this level of care):**

Number of CY 2016 admissions submitted:	16,710
Number of CY 2016 discharges submitted:	16,686
Number of CY 2016 discharges linked to an admission:	12,647
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	12,390
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	9,545

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**Intensive Outpatient (IO)**

**A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	937	941
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,546	1,546

Percent of clients abstinent from alcohol	60.6 %	60.9 %
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**B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION**

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		138
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	609	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		22.7 %

**C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION**

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		803
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	937	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		85.7 %

**Notes (for this level of care):**

Number of CY 2016 admissions submitted:	5,834
Number of CY 2016 discharges submitted:	4,413
Number of CY 2016 discharges linked to an admission:	2,291
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,210
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	1,546

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 18 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)**

### Short-term Residential(SR)

#### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	586	763
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,998	1,998
Percent of clients abstinent from drugs	29.3 %	38.2 %

#### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		297
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,412	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [ $\#T2 / \#T1 \times 100$ ]		21.0 %

#### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		466
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	586	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [ $\#T2 / \#T1 \times 100$ ]		79.5 %

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	3,270
Number of CY 2016 discharges submitted:	2,679
Number of CY 2016 discharges linked to an admission:	2,355
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,333
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	1,998

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

## Long-term Residential(LR)

### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	169	205
All clients with non-missing values on at least one substance/frequency of use [denominator]	402	402
Percent of clients abstinent from drugs	42.0 %	51.0 %

### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		89
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	233	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [ $\#T2 / \#T1 \times 100$ ]		38.2 %

### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		116
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	169	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [ $\#T2 / \#T1 \times 100$ ]		68.6 %

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	411
Number of CY 2016 discharges submitted:	549
Number of CY 2016 discharges linked to an admission:	479
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	476
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	402

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

## Outpatient (OP)

### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
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Number of clients abstinent from drugs [numerator]	6,152	5,785
All clients with non-missing values on at least one substance/frequency of use [denominator]	9,545	9,545
Percent of clients abstinent from drugs	64.5 %	60.6 %

**B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION**

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1,114
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	3,393	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		32.8 %

**C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION**

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		4,671
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	6,152	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		75.9 %

**Notes (for this level of care):**

Number of CY 2016 admissions submitted:	16,710
Number of CY 2016 discharges submitted:	16,686
Number of CY 2016 discharges linked to an admission:	12,647
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	12,390
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	9,545

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**Intensive Outpatient (IO)**

**A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	601	575
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,546	1,546

Percent of clients abstinent from drugs	38.9 %	37.2 %
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**B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION**

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		151
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	945	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		16.0 %

**C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION**

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		424
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	601	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		70.5 %

**Notes (for this level of care):**

Number of CY 2016 admissions submitted:	5,834
Number of CY 2016 discharges submitted:	4,413
Number of CY 2016 discharges linked to an admission:	2,291
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,210
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	1,546

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)**

### Short-term Residential(SR)

#### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	467	467
Total number of clients with non-missing values on self-help attendance [denominator]	2,333	2,333
Percent of clients attending self-help programs	20.0 %	20.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		3,270
Number of CY 2016 discharges submitted:		2,679
Number of CY 2016 discharges linked to an admission:		2,355
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,333
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		2,333

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

### Long-term Residential(LR)

#### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	106	106
Total number of clients with non-missing values on self-help attendance [denominator]	476	476
Percent of clients attending self-help programs	22.3 %	22.3 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		411
Number of CY 2016 discharges submitted:		549

Number of CY 2016 discharges linked to an admission:	479
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	476
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	476

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

### Outpatient (OP)

#### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	2,007	2,007
Total number of clients with non-missing values on self-help attendance [denominator]	12,390	12,390
Percent of clients attending self-help programs	16.2 %	16.2 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	16,710
Number of CY 2016 discharges submitted:	16,686
Number of CY 2016 discharges linked to an admission:	12,647
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	12,390
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	12,390

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

### Intensive Outpatient (IO)

#### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	429	429
Total number of clients with non-missing values on self-help attendance [denominator]	2,210	2,210
Percent of clients attending self-help programs	19.4 %	19.4 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	5,834
Number of CY 2016 discharges submitted:	4,413
Number of CY 2016 discharges linked to an admission:	2,291
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,210
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	2,210

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**Footnotes:**

## V: Performance Indicators and Accomplishments

Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	44	2	9	57
2. Free-Standing Residential	15	2	3	4
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	41	7	27	31
4. Short-term (up to 30 days)	33	11	22	29
5. Long-term (over 30 days)	102	42	79	115
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	101	41	76	131
7. Intensive Outpatient	64	19	38	83
8. Detoxification	154	89	154	219
<b>OPIOID REPLACEMENT THERAPY</b>				
9. Opioid Replacement Therapy	19	1	3	3
10. ORT Outpatient	119	24	84	174

Level of Care	2016 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	132	10
2. Free-Standing Residential	433	387
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	33	17

4. Short-term (up to 30 days)	2679	2355
5. Long-term (over 30 days)	549	479
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	16686	12417
7. Intensive Outpatient	4413	2291
8. Detoxification	2	2
<b>OPIOID REPLACEMENT THERAPY</b>		
9. Opioid Replacement Therapy	0	9
10. ORT Outpatient	0	230

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 2/1/2018]

**Footnotes:**

Data in Table 10-and 20 represent two separate reporting periods as per requirements of the SABG in reporting guidelines thus data will not be similar. . Table 10 is SFY2017 and Table 20 is CY2016. Table 20 is all payors reporting data and table 10 is all public funded. This may explain some of the data discrepancies.

Additionally, IDPH does not currently require discharge transfers to be completed when moving from one level of care to another, For example- an individual can be admitted into Outpatient (ambulatory detox) and be referred to residential, step down to IOP, and be discharged from IOP and the admission and discharge records will not match or be linked.

## V: Performance Indicators and Accomplishments

**Table 21 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: 30 Day Use**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 17 - CY 2015	10.1	
	Age 18+ - CY 2015	61.1	
2. 30-day Cigarette Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2015	6.2	
	Age 18+ - CY 2015	22.3	
3. 30-day Use of Other Tobacco Products	<p><b>Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]<sup>[1]</sup>?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
4. 30-day Use of Marijuana	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2015	5.6	
	Age 18+ - CY 2015	4.2	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]<sup>[2]</sup></p> <p><b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors' orders).</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.  
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 22 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception Of Risk/Harm of Use**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
2. Perception of Risk From Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 23 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Age of First Use**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of alcohol.</p>		
	Age 12 - 17 - CY 2015	13.6	
	Age 18+ - CY 2015	17.2	
2. Age at First Use of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2015	12.9	
	Age 18+ - CY 2015	16.1	
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product]<sup>[1]</sup>?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
4. Age at First Use of Marijuana or Hashish	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2015	14.2	
	Age 18+ - CY 2015	18.0	
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs]<sup>[2]</sup>?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of other illegal drugs.</p>		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.

[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 24 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception of Disapproval/Attitudes**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015	93.7	
2. Perception of Peer Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2015	92.6	
3. Disapproval of Using Marijuana Experimentally	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015	84.1	
4. Disapproval of Using Marijuana Regularly	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015	85.0	
5. Disapproval of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015	91.5	

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 25 - Prevention Performance Measures - Employment/Education; Measure: Perception of Workplace Policy**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]"</p> <p><b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 18+ - CY 2015		
	Age 12 - 17 - CY 2015		

**Footnotes:**

## V: Performance Indicators and Accomplishments

Table 26 - Prevention Performance Measures - Employment/Education; Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	<p><b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a>.</p> <p><b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2015	93.7	

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 27 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol-Related Traffic Fatalities**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	<p><b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System</p> <p><b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.</p>		
	CY 2015	32.7	

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 28 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol and Drug Related Arrests**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug- Related Arrests	<b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports <b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2015	23.3	

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 29 - Prevention Performance Measures - Social Connectedness; Measure: Family Communications Around Drug and Alcohol Use**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No]"</p> <p><b>Outcome Reported:</b> Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2015	56.6	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?<sup>[1]</sup>[Response options: 0 times, 1 to 2 times, a few times, many times]"</p> <p><b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2015	91.9	

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 30 - Prevention Performance Measures - Retention; Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ? <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2015	88.9	

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context having been exposed to prevention message.

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35**

### Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37

Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following forms:

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2015	12/31/2015
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2015	12/31/2015
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2015	12/31/2015
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2015	12/31/2015
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2014	9/30/2016

**Question 1:** Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

The NOMS data was collected in the Minimum Data Set (MDS) and the WITS/I-SMART (Iowa Service Management and Reporting Tool) systems. Data was merged manually in order to combine the two data sets.

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Participant race categories were reported as White, Black/African American, Native Hawaiian/Other Pacific Islander, Asian, American Indian/Alaskan Native, More than one race, and Race Unknown/Other. Participants reporting more than one race were entered in the More than one race category.

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity**

Category	Total
<b>Age</b>	
0-4	1053
5-11	19571
12-14	26524
15-17	28454
18-20	5131
21-24	6081
25-44	31225
45-64	21732
65 and over	3413
Age Not Known	14120
<b>Gender</b>	
Male	62137
Female	85458
Gender Unknown	9709
<b>Race</b>	
White	124215
Black or African American	9242
Native Hawaiian/Other Pacific Islander	261
Asian	1672
American Indian/Alaska Native	702
More Than One Race (not OMB required)	2105

Race Not Known or Other (not OMB required)	19107
<b>Ethnicity</b>	
Hispanic or Latino	8487
Not Hispanic or Latino	130323
Ethnicity Unknown	18494

**Question 1:** Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

The NOMS data was collected in the WITS/I-SMART (Iowa Service Management and Reporting Tool) reporting system.

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Participant race categories were reported as White, Black/African American, Native Hawaiian/Other Pacific Islander, Asian, American Indian/Alaskan Native, More than one race, and Race Unknown/Other. Participants reporting more than one race were entered in the More than one race category.

**Footnotes:**  
 In response to clarification received from the September 2017 SAMHSA technical review, Iowa has reviewed its processes for reporting Table 31 Individual-Based number of Unknown participants in each demographic category. Steps have been taken to guide providers in collecting more accurate demographics for future data reporting.

## V: Performance Indicators and Accomplishments

**Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity**

Category	Total
<b>Age</b>	
0-4	30
5-11	650
12-14	462
15-17	1033
18-20	130
21-24	30
25-44	41
45-64	43
65 and over	0
Age Not Known	6187
<b>Gender</b>	
Male	1689
Female	2038
Gender Unknown	4879
<b>Race</b>	
White	353
Black or African American	180
Native Hawaiian/Other Pacific Islander	0
Asian	0
American Indian/Alaska Native	0
More Than One Race (not OMB required)	15

Race Not Known or Other (not OMB required)	8058
<b>Ethnicity</b>	
Hispanic or Latino	157
Not Hispanic or Latino	1206
Ethnicity Unknown	7243

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention**

### Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	151055	N/A
2. Universal Indirect	N/A	8606
3. Selective	4162	N/A
4. Indicated	2087	N/A
<b>5. Total</b>	<b>157304</b>	<b>8606</b>

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention**

**Definition of Evidence-Based Programs and Strategies:** The guidance document for the Strategic Prevention Framework State Incentive Grant, **Identifying and Selecting Evidence-based Interventions**, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
  - Guideline 1:  
The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
  - Guideline 2:  
The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
  - Guideline 3:  
The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
  - Guideline 4:  
The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

Iowa has supported an Evidence Based Practice Work Group that has reviewed the above definition from CSAP and given guidance to a variety of SAMHSA grants. Starting winter 2018, this work group will begin to review the above definition of evidence-based to ensure ongoing relevance as well as identify a list of specific evidence based programs and policies/strategies that will be supported across all IDPH substance abuse prevention funding. The Iowa Department of Public Health's Substance Abuse Prevention program will also create an evidence based guide that includes definitions, supported programs and strategies/policies, and a petition process for funded agencies to submit programs not included on the approved list. Evidence-based programs, which were previously defined based on the recurring educational programs, were entered in the Iowa Service Management and Reporting Tool (I-SMART) system.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

Iowa used the I-SMART system's implemented strategy data to compile the numbers of evidence-based and non-evidence based programs and strategies.

**Table 34 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention**

	<b>A.</b> <b>Universal</b> <b>Direct</b>	<b>B.</b> <b>Universal</b> <b>Indirect</b>	<b>C.</b> <b>Universal</b> <b>Total</b>	<b>D.</b> <b>Selective</b>	<b>E.</b> <b>Indicated</b>	<b>F.</b> <b>Total</b>
1. Number of Evidence-Based Programs and Strategies Funded	408	38	446	120	32	598
2. Total number of Programs and Strategies Funded	477	84	561	132	78	771
3. Percent of Evidence-Based Programs and Strategies	85.53 %	45.24 %	79.50 %	90.91 %	41.03 %	77.56 %

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies**

Total Number of Evidence-Based Programs/Strategies for IOM Category Below		Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 778	\$ 296508.42
Universal Indirect	Total # 36	\$ 81607.59
Selective	Total # 204	\$ 124683.15
Indicated	Total # 74	\$ 32281.56
	Total EBPs: 1092	Total Dollars Spent: \$535080.72

**Footnotes:**

In response to clarification received from the September 2017 SAMHSA technical review, Iowa has reviewed its processes for calculating evidence-based program counts and dollars spent over the two-year award period. Iowa will continue to review reported data and work toward expanding its evidence-based programs and strategies through the evidence-based work group in order to more accurately capture prevention services.

## V: Performance Indicators and Accomplishments

### Prevention Attachments

#### Submission Uploads

##### FFY 2016 Prevention Attachment Category A:

File	Version	Date Added

##### FFY 2016 Prevention Attachment Category B:

File	Version	Date Added

##### FFY 2016 Prevention Attachment Category C:

File	Version	Date Added

##### FFY 2016 Prevention Attachment Category D:

File	Version	Date Added

Footnotes: