

Iowa

UNIFORM APPLICATION FY 2019 BEHAVIORAL HEALTH REPORT SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020
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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

I. State Agency for the Block Grant

Agency Name Iowa Department of Public Health

Organizational Unit Division of Behavioral Health

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Zip Code 50319-0075

II. Contact Person for the Block Grant

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Agency Name Iowa Department of Public Health

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III. Expenditure Period

State Expenditure Period

From 7/1/2017

To 6/30/2018

Block Grant Expenditure Period

From 10/1/2015

To 9/30/2017

IV. Date Submitted

Submission Date 11/27/2018 3:36:42 PM

Revision Date

V. Contact Person Responsible for Report Submission

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Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Iowans will have increased access to MAT providers
Priority Type: SAT
Population(s): PWWDC, TB, Other (Rural)

Goal of the priority area:

Expand Medication Assisted Treatment services to counties of highest need, expand access to medications, provider training on Medication Assisted Treatment

Strategies to attain the goal:

Conduct Mat Trainings, marketing to physicians, work with Board of Pharmacy

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Iowan's will have Increased access to MAT providers: number of physicians prescribing Buprenorphine
Baseline Measurement: Number of current Physicians currently certified to prescribe- in Iowa- 52
First-year target/outcome measurement: Increase number of physicians to 65
Second-year target/outcome measurement: Increase number of physicians to 80

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

Data Source:

Buprenorphine SAMHSA physician locator numbers

New Data Source(if needed):

Description of Data:

SAMHSA website

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Number of physicians listed on SAMHSA Buprenorphine locator is a voluntary -self directed process. Meaning physicians can choose to have their names listed on the SAMHSA website. Currently Iowa has 50 physicians choosing to not list their names on website

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):

Iowa now has 103 Bup. Physicians. IDPH engaged multiple strategies to achieve this goal including; multiple education conferences, individual outreach, media campaigning, work through other grants, partnerships with the Iowa Medical Board and Pharmacy Board, dedication of a FTE focused on opioid efforts, opening of medication clinics throughout the state.

Indicator #: 2

Indicator: Iowans will have increased access to MAT providers: number of physicians prescribing Buprenorphine

Baseline Measurement: Number of current physicians currently certified to prescribe in Iowa-52

First-year target/outcome measurement: Increase number of physicians to 65

Second-year target/outcome measurement: Increase number of physicians to 80

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

Data Source:

Buprenorphine SAMHSA physician locator numbers

New Data Source(if needed):

Description of Data:

SAMHSA website

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Number of physicians listed on SAMHSA Buprenorphine locator is voluntary- self directed process. Meaning physicians can choose to have their names listed on the SAMHSA website. Currently Iowa has 50 physicians not listed on website-choosing to not list their names.

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):

Iowa now has 103 Bup. Physicians. IDPH engaged multiple strategies to achieve this goal including; multiple education conferences, individual outreach, media campaigning, work through other grants, partnerships with the Iowa Medical Board and Pharmacy Board, dedication of a FTE focused on opioid efforts, opening of medication clinics throughout the state.

Priority #: 2

Priority Area: Expansion of Epi Workgroup membership and responsibilities

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Improve quality of data analysis and reporting by Epi Workgroup to expand membership and provide direction/review of additional data sets to assist in annual needs assessment

Strategies to attain the goal:

Review and expand membership to other state, community members. Review current data sets, review and update to capture the system needs.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Expand Epi workgroup membership and responsibilities to better inform needs assessment

and system data collection

Baseline Measurement:

First-year target/outcome measurement: Two new members will be added to the EPI workgroup by September 30, 2018

Second-year target/outcome measurement: Epi workgroup will increase external partner membership from 5 agencies represented to 10 agencies/communities/coalitions

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

Data Source:

Number of newly added members/agencies

New Data Source(if needed):

Description of Data:

New agencies/partner names added to EPI workgroup

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

staff time

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):

IDPH strategically developed listing of whom was needed and missing from the EPI workgroup. IDPH staff extended invitations and invitations were accepted by 10 additional representatives/agencies.; far exceeding goal. These representatives have already began attending EPI workgroup meetings. The additional individuals/agencies added include: Juvenile Justice rep, Division of Tobacco Use and Control Epi rep, Department of Education Rep, Office of Drug Control Policy rep, University of Northern Iowa Research rep, Alcohol Beveridges Division rep, Iowa Hospital Association rep, Poison Control rep, Iowa Behavioral Health Association rep, IDPH data management manager rep.

Indicator #:

2

Indicator:

Expand Epi workgroup membership and responsiblities to better inform needs assessment and system data collection of the Primary Prevention System

Baseline Measurement:

Data Priorities from Prevention

First-year target/outcome measurement:

Review all data needs collected and review current membership and determine what partners need to be included.

Second-year target/outcome measurement:

Epi workgroup will increase external partner membership from 5 agencies represented to 10 agencies/communities/coalitions

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

Data Source:

Current membership, needs of committee to add additional members. Types of data collected, types of data missing. EPI Bylaws, Primary Prevention Strategic Plan

New Data Source(if needed):

Description of Data:

Membership of EPI workgroup, multiple data sets (NSDUH, Iowa Health Barometer, NOMS, TEDS, state data), Review of Primary Prevention Strategic Plan

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Need to review Bylaws, time for review of data sets, time for external member to participate, review of types of data needed to inform Primary Prevention strategic planning.

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):

IDPH strategically developed listing of whom was needed and missing from the EPI workgroup. IDPH staff extended invitations and invitations were accepted by 10 additional representatives/agencies.; far exceeding goal. These representatives have already began attending EPI workgroup meetings. The additional individuals/agencies added include: Juvenile Justice rep, Division of Tobacco Use and Control Epi rep, Department of Education Rep, Office of Drug Control Policy rep, University of Northern Iowa Research rep, Alcohol Beveridges Division rep, Iowa Hospital Association rep, Poison Control rep, Iowa Behavioral Health Association rep, IDPH data management manager rep. Will continue to add additional membership as priorities and needs are prioritized through the new contracted provider network beginning in Jan/2019.

Priority #: 3

Priority Area: Newly Contracted IDPH funded network will meet performance measures for PPW and PWID populations

Priority Type: SAT

Population(s): PWWDC, TB

Goal of the priority area:

Ensure capacity, wait times, and priority admission status of priority populations to meet standards. Newly contracted providers will be provided education on SABG requirements, data reporting and follow-up as per contract standards. IDPH funded providers will have access to monthly data subscriptions to track requirements.

Strategies to attain the goal:

Review current processes at provider and Managed Care Organization, set standards with providers in new Release for Proposal (January 2018), provide technical assistance to provider network on ongoing basis, establish written or electronic tracking system

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Monitor and refine data reporting for services to PWWDC and PWID

Baseline Measurement: current wait list data from Managed Care Organization and Iowa's Data Reporting System

First-year target/outcome measurement: New Contracts, effective October 2018, will address reporting and interim service provision requirements

Second-year target/outcome measurement: All IDPH funded providers will be trained in documentation requirements of standards and reporting and a monthly subscription service to allow providers to track data more effectively will be reviewed for implementation

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

Data Source:

current wait list data from Managed Care Organization and Iowa's Data Reporting System

New Data Source(if needed):

Description of Data:

Monitor IDPH funded provider contracts on performance indicators related to data reporting and documentation of Interim services, access and capacity related to PWWDC and PWID

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Release of new RFP, training of new and current IDPH funded network, review of current reporting and data collection, implementation of new processes within existing data system, costs related to implementation of data system needs, data definitions.

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):

Contractors provided services according to current contract and RFP. Reporting requirements contained capacity and service components which providers completed and electronically conveyed to state. The state has SABG technical assistance in July/August/September of 2018 in which SAMHSA/JBS provided guidance based on IIDPH's contract, financial requirements, protocols, and SABG documentation guidance. IDPH released an RFP in July/2018 and will be selected new SABG provider network. New Contracts will begin January 2019. The guidance provided by SAMHSA/JBS will be incorporated into new contracts and monitoring documents.

Priority #: 4

Priority Area: Reduce Underage and Binge Drinking

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Reduce Underage and Binge Drinking

Strategies to attain the goal:

Work with State Epidemiological Workgroup, Partnerships for Success Advisory Committee, and a marketing firm to develop a statewide media campaign addressing underage and binge drinking.
State partners implement and support statewide media campaign addressing underage and binge drinking.
Require all Comprehensive Substance Abuse Prevention and Partnerships for Success providers to promote the statewide media campaign addressing underage and binge drinking in their service areas.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Reduce the underage alcohol use rate of 8th and Reduce the underage alcohol use rate of 8th and 11th grade students in Iowa by at least 2 percentage points statewide from the 2016 Iowa Youth Survey (IYS) to the 2018 IYS.

Baseline Measurement: 2016 (B16): 5% for 8th grade students and 21% for 11th grade students

First-year target/outcome measurement: 5% for 8th grade students and 21% for 11th grade students

Second-year target/outcome measurement: 2% for 8th grade students and 13% for 11th grade students

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

Data Source:

Iowa Youth Survey

New Data Source(if needed):

Description of Data:

The IYS is administered every other year to a near census of 6th, 8th, and 11th grade students across Iowa. The IYS is administered electronically, has approximately 200 questions, and takes roughly 35-40 minutes to complete.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Outcome measures not available annually as the IYS is administered every two years.

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:

IDPH is still awaiting results from the Iowa Youth Survey to determine if goal met. The IYS is being administered Oct. 1 - Nov. 7; with statewide data coming to us March 1, 2019.

How first year target was achieved (optional):

Data will be reviewed in March 2019 and strategies will be reviewed after receipt of results.

Priority #: 5

Priority Area: Development of Workforce Survey and Recovering of Workforce Development Workgroup

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Complete Workforce Survey and Analysis

Strategies to attain the goal:

Reconvene Workforce Development Task Force
Design Survey
Disseminate survey electronically

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Workforce Development Survey created and disseminated by the end of year one.

Baseline Measurement: No survey drafted.

First-year target/outcome measurement: Workforce Development Task Force meets regularly. Design workforce development survey, disseminate workforce survey to prevention providers across Iowa

Second-year target/outcome measurement: Workforce task force meets regularly to review results of survey, report of survey results drafted, report written, recommendations for workforce included within report

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

Data Source:

Workforce Development Task Force

New Data Source(if needed):

Description of Data:

Data will be qualitative in nature about the survey development process, administration, and Plan development.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Some funding to create the survey, administer it, and analyze the results will be needed, as well as an outside facilitator with experience doing workforce surveys.

Staff time may also be a limiting factor with the workforce 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:

Iowa's Strategic Plan was finalized in November 2017. Workgroups and task forces were created during the winter months in 2017-2018. These newly established groups began meeting in the spring 2018. The Workforce Development Task Force met in June and July to begin deciding on how to implement the Action Plan created through the Strategic Plan. Meetings were temporarily stopped due to the competitive RFP process happening to re-procure the Substance Abuse Prevention and Treatment Block Grant. Meetings will begin again in January 2019 once the RFP process is completed. During the two meetings in June and July 2018, the group prioritized the following goals with the Strategic Plan:

- Creation and dissemination of a new workforce development survey.
- Creation of an training system for the prevention field.
- Creation of an onboarding process for new prevention professionals.
- Develop partnerships between prevention professional and community organization to ensure consistent practices are applied.

How first year target was achieved (optional):

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). **Include ONLY funds expended by the executive branch agency administering the SABG.**

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

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	\$8,620,941		\$0	\$4,838,628	\$15,929,592	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$1,622,653						
b. All Other	\$6,998,288			\$4,838,628	\$15,929,592		
2. Substance Abuse Primary Prevention	\$3,028,810			\$1,680,564	\$1,757,296		
3. Tuberculosis Services							
4. HIV Early Intervention Services**							
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)	\$437,337			\$1,636,267	\$1,544,240		
11. Total	\$12,087,088	\$0	\$0	\$8,155,459	\$19,231,128	\$0	\$0

*Prevention other than primary prevention

**Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

This table provides a description of SABG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in BGAS. Only one column is to be filled in each year.

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

Category	FY 2016 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$9,479,269
2. Primary Prevention	\$2,959,412
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$654,667
Total	\$13,093,348

*Prevention other than Primary Prevention

**Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions

Footnotes:

Treatment expenses are reported as:

Table 4, Row 1: \$9,479,269

Table 7, Column B: \$9,177,395

The difference of \$301,874 is for program expenses provided directly to sub-recipients for treatment services, eg personnel and line item support (travel, printing, office supplies, etc) that were historically determined to be direct service and not state-level administration expenditures.

Primary prevention expenses are reported as:

Table 4, Row 2: \$2,959,412

Table 7 (Inventory) , Column D: \$2,701,936

Table 5b (IOM): \$2,701,936

The difference between Table 4 (\$2,959,412) and Tables 5b and 7 (\$2,701,412) is \$257,476.

Table 6 (Resource Development) expenses totaled \$234,872. It does not match the difference of \$257,476 as \$22,604 of that was considered to be direct expenditures (\$110,133 reported in Resource Develop [\$50,137-Training/\$59,996-Research and Evaluation]).

Following the Department 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 6 (Resource Development) does not include expenses as reported in Table 4, Row 5 (Admin).

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"/>				
Information Dissemination	Total	\$	\$	\$	\$	\$
Education	Selective	\$ <input type="text"/>				
Education	Indicated	\$ <input type="text"/>				
Education	Universal	\$ <input type="text"/>				
Education	Unspecified	\$ <input type="text"/>				
Education	Total	\$	\$	\$	\$	\$
Alternatives	Selective	\$ <input type="text"/>				
Alternatives	Indicated	\$ <input type="text"/>				
Alternatives	Universal	\$ <input type="text"/>				
Alternatives	Unspecified	\$ <input type="text"/>				
Alternatives	Total	\$	\$	\$	\$	\$
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"/>				
Problem Identification and Referral	Total	\$	\$	\$	\$	\$
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"/>				
Community-Based Process	Total	\$	\$	\$	\$	\$
Environmental	Selective	\$ <input type="text"/>				
Environmental	Indicated	\$ <input type="text"/>				
Environmental	Universal	\$ <input type="text"/>				
Environmental	Unspecified	\$ <input type="text"/>				
Environmental	Total	\$	\$	\$	\$	\$
Section 1926 Tobacco	Selective	\$ <input type="text"/>				
Section 1926 Tobacco	Indicated	\$ <input type="text"/>				
Section 1926 Tobacco	Universal	\$ <input type="text"/>				
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>				
Section 1926 Tobacco	Total	\$	\$	\$	\$	\$
Other	Selective	\$ <input type="text"/>				
Other	Indicated	\$ <input type="text"/>				
Other	Universal	\$ <input type="text"/>				
Other	Unspecified	\$ <input type="text"/>				
Other	Total	\$	\$	\$	\$	\$
Grand Total		\$	\$	\$	\$	\$

Footnotes:

Iowa does *not* spend SAPT or state funds for 1926 Tobacco activities.

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$2,260,981	\$1,406,296	\$1,470,505		
Universal Indirect	\$116,453	\$72,432	\$75,739		
Selective	\$223,450	\$138,983	\$145,328		
Indicated	\$101,052	\$62,853	\$76,091		
Column Total	\$2,701,936	\$1,680,564	\$1,767,663	\$0	\$0

Footnotes:

Treatment expenses are reported as:

Table 4, Row 1: \$9,479,269
 Table 7, Column B: \$9,177,395

The difference of \$301,874 is for program expenses provided directly to sub-recipients for treatment services, eg personnel and line item support (travel, printing, office supplies, etc) that were historically determined to be direct service and not state-level administration expenditures.

Primary prevention expenses are reported as:

Table 4, Row 2: \$2,959,412
 Table 7 (Inventory) , Column D: \$2,701,936
 Table 5b (IOM): \$2,701,936

The difference between Table 4 (\$2,959,412) and Tables 5b and 7 (\$2,701,412) is \$257,476.

Table 6 (Resource Development) expenses totaled \$234,872. It does not match the difference of \$257,476 as \$22,604 of that was considered to be direct expenditures (\$110,133 reported in Resource Develop [\$50,137-Training/\$59,996-Research and Evaluation]).

Following the Department 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 6 (Resource Development) does not include expenses as reported in Table 4, Row 5 (Admin).

III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

Targeted Substances	
Alcohol	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>
Prescription Drugs	<input 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 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: 10/1/2015 Expenditure Period End Date: 9/30/2017

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		\$29,258.00		\$29,258.00		\$58,516.00
2. Quality Assurance		\$55,023.00		\$64,863.00		\$119,886.00
3. Training (Post-Employment)		\$50,137.00		\$36,500.00		\$86,637.00
4. Program Development						\$0.00
5. Research and Evaluation		\$59,996.00		\$141,266.00		\$201,262.00
6. Information Systems		\$40,458.00		\$200,686.00		\$241,144.00
7. Education (Pre-Employment)						\$0.00
8. Total	\$0.00	\$234,872.00	\$0.00	\$472,573.00	\$0.00	\$707,445.00

Footnotes:

Treatment expenses are reported as:

Table 4, Row 1: \$9,479,269

Table 7, Column B: \$9,177,395

The difference of \$301,874 is for program expenses provided directly to sub-recipients for treatment services, eg personnel and line item support (travel, printing, office supplies, etc) that were historically determined to be direct service and not state-level administration expenditures.

Primary prevention expenses are reported as:

Table 4, Row 2: \$2,959,412

Table 7 (Inventory) , Column D: \$2,701,936

Table 5b (IOM): \$2,701,936

The difference between Table 4 (\$2,959,412) and Tables 5b and 7 (\$2,701,412) is \$257,476.

Table 6 (Resource Development) expenses totaled \$234,872. It does not match the difference of \$257,476 as \$22,604 of that was considered to be direct expenditures (\$110,133 reported in Resource Develop [\$50,137-Training/\$59,996-Research and Evaluation]).

Following the Department 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 6 (Resource Development) does not include expenses as reported in Table 4, Row 5 (Admin).

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

This table provides a report of the sub-recipients of SABG funds including community- and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes resource development expenditures.

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

Entity Number	I-BHS ID	i	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	Source of Funds SAPT Block Grant					
									A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
4	IA900786	✗	Southeast	Alcohol and Drug Dependency Services	1340 Mount Pleasant Street Lincoln Center	Burlington	IA	52601	\$338,415	\$237,116	\$0	\$101,299	\$0	
IA102042	IA102042	✗	Statewide	Amerigroup Iowa, Inc.	4800 Westown Parkway, Ste 200	West Des Moines	IA	50266	\$64,863	\$64,863	\$0	\$0	\$0	
5	IA301316	✓	Northeast	Area Substance Abuse Council	3601 16th Avenue SW	Cedar Rapids	IA	52404	\$1,413,016	\$1,117,431	\$369,204	\$295,585	\$0	
59	IA901792	✓	Central	Broadlawn Medical Center	1801 Hickman Road	Des Moines	IA	50314	\$61,591	\$61,591	\$0	\$0	\$0	
15	IA301027	✗	Southeast	Center for Alcohol and Drug Services, Inc.	1523 South Fairmount Street	Davenport	IA	52802	\$959,676	\$809,006	\$132,095	\$150,670	\$0	
21	IA750454	✓	Northwest	Community and Family Resources	726 South 17th Street	Fort Dodge	IA	50501	\$704,001	\$614,316	\$91,865	\$89,685	\$0	
24	IA750363	✗	Northwest	Community Opportunities dba New Opportunities	23751 Highway 30	Carroll	IA	51401	\$138,423	\$87,722	\$0	\$50,701	\$0	
34	IA301100	✓	Northwest	Compass Pointe	1900 Grand Avenue North Suite A	Spencer	IA	51301	\$346,673	\$199,272	\$0	\$147,401	\$0	
14	IA902188	✗	Southwest	Crossroads Behavioral Health Svcs Action Now Chemical Center	1003 Cottonwood Street	Creston	IA	50801	\$72,905	\$72,905	\$22,505	\$0	\$0	
39	IA750132	✓	Central	Employee and Family Resources	505 5th Avenue Suite 600	Des Moines	IA	50309	\$568,021	\$125,679	\$0	\$442,342	\$0	
MD100623	MD100623	✗	Statewide	FEI Com Inc	7175 Columbia Gateway Drive Suite A Suite A	Columbia	MD	21046	\$105,096	\$105,096	\$0	\$0	\$0	
40	IA902170	✗	Southwest	Heartland Family Services	515 East Broadway	Council Bluffs	IA	51503	\$314,252	\$314,252	\$51,745	\$0	\$0	
57	IA900158	✗	Northeast	Helping Services of Northeast Iowa	805 East Main Street P.O. Box 372	Decorah	IA	52101	\$162,220	\$0	\$0	\$162,220	\$0	
64	IA901776	✓	Central	House of Mercy	1409 Clark Street	Des Moines	IA	50314	\$317,308	\$317,308	\$156,425	\$0	\$0	
208	IA100783	✗	Statewide	Iowa Behavioral Health Association	430 Southgate Avenue	Iowa City	IA	52240	\$86,637	\$36,500	\$0	\$50,137	\$0	
207	IA100775	✓	Statewide	Iowa Consortium for Substance Abuse	100 Oakdale Campus M306 Oakdale Hall	Iowa City	IA	52242-5000	\$201,262	\$141,266	\$0	\$59,996	\$0	

31	IA301498	X	Northwest	Jackson Recovery Center	800 5th Street Suite 200	Sioux City	IA	51101	\$989,325	\$812,235	\$258,595	\$177,090	\$0	
16	IA900232	X	Northeast	Northeast Iowa Behavioral Health, Inc.	905 Montgomery Street P.O. Box 349	Decorah	IA	52101	\$141,602	\$141,602	\$0	\$0	\$0	
36	IA301209	X	Northeast	Pathways Behavioral Services	3362 University Avenue	Waterloo	IA	50701-2006	\$690,387	\$487,779	\$0	\$202,608	\$0	
26	IA301357	X	North Central	Prairie Ridge Integrated Behavioral Healthcare dba Prairie Ridge	P.O. Box 1338	Mason City	IA	50402	\$663,670	\$590,716	\$93,905	\$72,954	\$0	
23	IA301571	✓	Southeast	Prelude Behavioral Services	430 Southgate Avenue	Iowa City	IA	52240	\$1,388,737	\$1,227,128	\$117,295	\$161,609	\$0	
30	IA750256	X	Southeast	Southern Iowa Economic Development Assn	310 West Main	Ottumwa	IA	52501	\$344,937	\$214,140	\$0	\$130,797	\$0	
20	IA901958	X	Northeast	Substance Abuse Service Center	799 Main Street Suite 110	Dubuque	IA	52001	\$307,034	\$307,034	\$97,305	\$0	\$0	
46	IA901974	X	Northwest	Substance Abuse Services for Clayton County, Inc.	431 High Street P.O. Box 970	Elkader	IA	52043-0970	\$15,798	\$0	\$0	\$15,798	\$0	
25	IA901321	X	North Central	Substance Abuse Treatment Unit of Central Iowa	220 Oak Street	Iowa Falls	IA	50126	\$237,144	\$156,709	\$0	\$80,435	\$0	
130	IA100759	X	Central	United Community Services, Inc.	4908 Franklin Avenue	Des Moines	IA	50310-1901	\$554,572	\$554,572	\$0	\$0	\$0	
28	IA901693	X	Southeast	Unity Healthcare dba Trinity Muscatine	1605 Cedar Street	Muscatine	IA	52761	\$92,584	\$55,881	\$0	\$36,703	\$0	
2	IA901826	X	North Central	Youth and Shelter Services, Inc.	712 Burnett Street	Ames	IA	50010	\$121,449	\$26,634	\$0	\$94,815	\$0	
IA102300	IA102300	X	Southwest	Zion Recovery Services, Inc.	P.O. Box 34	Atlantic	IA	50022	\$482,733	\$303,642	\$0	\$179,091	\$0	
Total									\$11,884,331	\$9,182,395	\$1,390,939	\$2,701,936	\$0	

* Indicates the imported record has an error.

Footnotes:

Treatment expenses are reported as:

Table 4, Row 1: \$9,479,269

Table 7, Column B: \$9,177,395

The difference of \$301,874 is for program expenses provided directly to sub-recipients for treatment services, eg personnel and line item support (travel, printing, office supplies, etc) that were historically determined to be direct service and not state-level administration expenditures.

Primary prevention expenses are reported as:

Table 4, Row 2: \$2,959,412

Table 7 (Inventory), Column D: \$2,701,936

Table 5b (IOM): \$2,701,936

The difference between Table 4 (\$2,959,412) and Tables 5b and 7 (\$2,701,412) is \$257,476.

Table 6 (Resource Development) expenses totaled \$234,872. It does not match the difference of \$257,476 as \$22,604 of that was considered to be direct expenditures (\$110,133 reported in Resource Develop [\$50,137-Training/\$59,996-Research and Evaluation]).

Following the Department 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 6 (Resource Development) does not include expenses as reported in Table 4, Row 5 (Admin).

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention and Treatment

This Maintenance of Effort table provides a description of non-federal expenditures for authorized activities to prevent and treat substance abuse flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2017 Expenditure Period End Date: 06/30/2018

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2016) + B2(2017)</u> 2 (C)
SFY 2016 (1)	\$19,747,334	
SFY 2017 (2)	\$19,811,673	\$19,779,504
SFY 2018 (3)	\$19,790,888	

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

SFY 2016 Yes X No _____
 SFY 2017 Yes X No _____
 SFY 2018 Yes X No _____

Did the state or jurisdiction have any **non-recurring expenditures** as described in 42 U.S.C. § 300x-30(b) 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 dispenses these monies via subcontracts with agency providers, with the expectation of receiving monthly claims. Claims are paid from state and SAPT Block Grant funds and IDPH pulls down dollars from the federal system as needed in order to ensure 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 to provide ongoing discussion of priorities, one of which is the MOE requirement tied to the SAPT Block Grant funds.

3) MOE funds are expended for authorized activities.

IDPH monitors and provides oversight to all providers, via report and site visits, to ensure activities are compliant with SAPT Block Grant requirements and as authorized and approved 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 organization structure changes since that time.

Footnotes:

III: Expenditure Reports

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

This table provides a report of all statewide, non-federal funds expended on specialized treatment and related services which meet the SABG requirements for pregnant women and women with dependent children during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2017 Expenditure Period End Date: 06/30/2018

Base

Period	Total Women's Base (A)
SFY 1994	1302477.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2016		1353775.00	
SFY 2017		1372207.00	
SFY 2018		\$ 1622654.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

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).

Footnotes:

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.

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of substance abusers	1. Information Dissemination	
	4. Brochures	2
	6. Speaking engagements	10
	2. Education	
	2. Ongoing classroom and/or small group sessions	5
	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
Pregnant women/teens	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	7
	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
Drop-outs	1. Information Dissemination	
	6. Speaking engagements	1
	3. Alternatives	
	2. Youth/adult leadership activities	2
Violent and delinquent behavior	1. Information Dissemination	
	6. Speaking engagements	7
	2. Education	

	2. Ongoing classroom and/or small group sessions	2
Mental health problems	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	8
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	2. Education	
	2. Ongoing classroom and/or small group sessions	1
	5. Community-Based Process	
3. Multi-agency coordination and collaboration/coalition	4	
Economically disadvantaged	1. Information Dissemination	
	6. Speaking engagements	11
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	3
	2. Education	
	2. Ongoing classroom and/or small group sessions	1
	3. Alternatives	
	2. Youth/adult leadership activities	2
	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
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1	
Physically disabled	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	1
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
Abuse victims	1. Information Dissemination	
	6. Speaking engagements	4
	3. Alternatives	

	2. Youth/adult leadership activities	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
Already using substances	1. Information Dissemination	
	4. Brochures	2
	6. Speaking engagements	14
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	5
	3. Alternatives	
	2. Youth/adult leadership activities	2
	4. Problem Identification and Referral	
3. Driving while under the influence/driving while intoxicated education programs	3	
5. Community-Based Process		
3. Multi-agency coordination and collaboration/coalition	7	
Homeless and/or runaway youth	1. Information Dissemination	
	6. Speaking engagements	4
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	3. Alternatives	
	2. Youth/adult leadership activities	1
	5. Community-Based Process	
3. Multi-agency coordination and collaboration/coalition	4	
Older Adults	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	16
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	3
	3. Alternatives	
	2. Youth/adult leadership activities	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	9
6. Environmental		

1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools
--

4

Footnotes:

IV: Population and Services Reports

Table 10 - Treatment Utilization Matrix

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

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)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	112	102	\$0	\$0	\$0
2. Free-Standing Residential	975	833	\$0	\$0	\$0
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	3	3	\$0	\$0	\$0
4. Short-term (up to 30 days)	4103	3724	\$0	\$0	\$0
5. Long-term (over 30 days)	800	769	\$0	\$0	\$0
AMBULATORY (OUTPATIENT)					
6. Outpatient	14410	13263	\$0	\$0	\$0
7. Intensive Outpatient	4430	4049	\$0	\$0	\$0
8. Detoxification	1	1	\$0	\$0	\$0
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	402	386	\$0	\$0	\$0
10. ORT Outpatient	0	0	\$0	\$0	\$0

Footnotes:

IV: Population and Services Reports

Table 11 - Unduplicated Count of Persons

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SABG.

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

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	3887	1994	1068	400	135	4	2	22	7	49	37	75	36	40	18	2283	1192	372	139
2. 18 - 24	8762	4759	2416	720	278	24	4	59	17	60	57	92	60	155	61	5320	2681	627	234
3. 25 - 44	24299	12749	7746	1631	608	41	17	159	40	181	181	156	106	468	216	14255	8448	1080	408
4. 45 - 64	8905	5272	2389	579	186	11	0	29	3	54	40	41	9	207	85	5796	2569	254	80
5. 65 and Over	696	380	149	42	6	0	0	1	0	4	1	1	0	31	81	414	156	13	1
6. Total	46549	25154	13768	3372	1213	80	23	270	67	348	316	365	211	901	461	28068	15046	2346	862
7. Pregnant Women	659		548		50		1		0		15		11		34		605		38
Number of persons served who were admitted in a period prior to the 12 month reporting period		7867																	
Number of persons served outside of the levels of care described on Table 10		0																	

Footnotes:

IV: Population and Services Reports

Table 12 - SABG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

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:		
<p>Footnotes:</p>		

IV: Population and Services Reports

Table 13 - Charitable Choice

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

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 Behavioral Health Treatment 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 contracts with only one SABG funded faith based organization. These requirements are included and conveyed via the SABG provider contracts. IDPH provided conveyance of SABG requirements; including charitable choice requirements, through the Women and Children's Roundtable held in March/2019. All contracted providers were in attendance and/or provided minutes from meeting which included requirements.

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]	420	438
Total number of clients with non-missing values on employment/student status [denominator]	2,146	2,146
Percent of clients employed or student (full-time and part-time)	19.6 %	20.4 %
Notes (for this level of care):		
Number of CY 2017 admissions submitted:		3,403
Number of CY 2017 discharges submitted:		2,710
Number of CY 2017 discharges linked to an admission:		2,581
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,535
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		2,146

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	127	159
Total number of clients with non-missing values on employment/student status [denominator]	411	411
Percent of clients employed or student (full-time and part-time)	30.9 %	38.7 %
Notes (for this level of care):		
Number of CY 2017 admissions submitted:		325
Number of CY 2017 discharges submitted:		500
Number of CY 2017 discharges linked to an admission:		478
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		464

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	411
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	5,304	5,976
Total number of clients with non-missing values on employment/student status [denominator]	9,099	9,099
Percent of clients employed or student (full-time and part-time)	58.3 %	65.7 %

Notes (for this level of care):

Number of CY 2017 admissions submitted:	16,571
Number of CY 2017 discharges submitted:	15,625
Number of CY 2017 discharges linked to an admission:	12,809
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11,810
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	9,099

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	755	803
Total number of clients with non-missing values on employment/student status [denominator]	1,889	1,889
Percent of clients employed or student (full-time and part-time)	40.0 %	42.5 %

Notes (for this level of care):

Number of CY 2017 admissions submitted:	5,657
Number of CY 2017 discharges submitted:	3,803
Number of CY 2017 discharges linked to an admission:	3,022
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,831

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):

1,889

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	1,316	1,371
Total number of clients with non-missing values on living arrangements [denominator]	2,149	2,149
Percent of clients in stable living situation	61.2 %	63.8 %
Notes (for this level of care):		
Number of CY 2017 admissions submitted:		3,403
Number of CY 2017 discharges submitted:		2,710
Number of CY 2017 discharges linked to an admission:		2,581
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,535
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		2,149

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	236	233
Total number of clients with non-missing values on living arrangements [denominator]	411	411
Percent of clients in stable living situation	57.4 %	56.7 %
Notes (for this level of care):		
Number of CY 2017 admissions submitted:		325
Number of CY 2017 discharges submitted:		500
Number of CY 2017 discharges linked to an admission:		478
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		464

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	411
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	6,961	7,155
Total number of clients with non-missing values on living arrangements [denominator]	9,103	9,103
Percent of clients in stable living situation	76.5 %	78.6 %
Notes (for this level of care):		
Number of CY 2017 admissions submitted:		16,571
Number of CY 2017 discharges submitted:		15,625
Number of CY 2017 discharges linked to an admission:		12,809
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,810
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		9,103

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	1,434	1,462
Total number of clients with non-missing values on living arrangements [denominator]	1,890	1,890
Percent of clients in stable living situation	75.9 %	77.4 %
Notes (for this level of care):		
Number of CY 2017 admissions submitted:		5,657
Number of CY 2017 discharges submitted:		3,803
Number of CY 2017 discharges linked to an admission:		3,022
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,831

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):

1,890

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	1,646	1,757
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,854	1,854
Percent of clients without arrests	88.8 %	94.8 %
Notes (for this level of care):		
Number of CY 2017 admissions submitted:		3,403
Number of CY 2017 discharges submitted:		2,710
Number of CY 2017 discharges linked to an admission:		2,581
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,558
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		1,854

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	339	367
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	379	379
Percent of clients without arrests	89.4 %	96.8 %
Notes (for this level of care):		
Number of CY 2017 admissions submitted:		325
Number of CY 2017 discharges submitted:		500
Number of CY 2017 discharges linked to an admission:		478
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		475

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	379
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Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
 [Records received through 5/1/2018]

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]	7,823	8,391
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	8,895	8,895
Percent of clients without arrests	87.9 %	94.3 %
Notes (for this level of care):		
Number of CY 2017 admissions submitted:		16,571
Number of CY 2017 discharges submitted:		15,625
Number of CY 2017 discharges linked to an admission:		12,809
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		12,454
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		8,895

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
 [Records received through 5/1/2018]

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]	1,559	1,655
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,773	1,773
Percent of clients without arrests	87.9 %	93.3 %
Notes (for this level of care):		
Number of CY 2017 admissions submitted:		5,657
Number of CY 2017 discharges submitted:		3,803
Number of CY 2017 discharges linked to an admission:		3,022
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,964

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):

1,773

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	1,171	1,346
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,147	2,147
Percent of clients abstinent from alcohol	54.5 %	62.7 %

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]		260
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	976	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		26.6 %

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]		1,086
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,171	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.7 %

Notes (for this level of care):

Number of CY 2017 admissions submitted:	3,403
Number of CY 2017 discharges submitted:	2,710
Number of CY 2017 discharges linked to an admission:	2,581
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,558
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	2,147

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	249	245
All clients with non-missing values on at least one substance/frequency of use [denominator]	416	416
Percent of clients abstinent from alcohol	59.9 %	58.9 %

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]		40
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	167	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		24.0 %

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]		205
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	249	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		82.3 %

Notes (for this level of care):

Number of CY 2017 admissions submitted:	325
Number of CY 2017 discharges submitted:	500
Number of CY 2017 discharges linked to an admission:	478
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	475
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	416

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	6,066	6,156
All clients with non-missing values on at least one substance/frequency of use [denominator]	9,254	9,254
Percent of clients abstinent from alcohol	65.6 %	66.5 %

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]		1,195
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,188	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		37.5 %

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]		4,961
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,066	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		81.8 %

Notes (for this level of care):

Number of CY 2017 admissions submitted:		16,571
Number of CY 2017 discharges submitted:		15,625
Number of CY 2017 discharges linked to an admission:		12,809
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		12,454
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		9,254

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	1,029	1,200
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,920	1,920

Percent of clients abstinent from alcohol	53.6 %	62.5 %
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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]		288
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	891	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		32.3 %

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]		912
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,029	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		88.6 %

Notes (for this level of care):

Number of CY 2017 admissions submitted:	5,657
Number of CY 2017 discharges submitted:	3,803
Number of CY 2017 discharges linked to an admission:	3,022
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,964
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,920

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
 [Records received through 5/1/2018]

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]	616	814
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,147	2,147
Percent of clients abstinent from drugs	28.7 %	37.9 %

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]		303
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,531	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [$\#T2 / \#T1 \times 100$]		19.8 %

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]		511
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	616	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [$\#T2 / \#T1 \times 100$]		83.0 %

Notes (for this level of care):

Number of CY 2017 admissions submitted:	3,403
Number of CY 2017 discharges submitted:	2,710
Number of CY 2017 discharges linked to an admission:	2,581
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,558
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	2,147

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	141	193
All clients with non-missing values on at least one substance/frequency of use [denominator]	416	416
Percent of clients abstinent from drugs	33.9 %	46.4 %

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]		91
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	275	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [$\#T2 / \#T1 \times 100$]		33.1 %

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]		102
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	141	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [$\#T2 / \#T1 \times 100$]		72.3 %

Notes (for this level of care):

Number of CY 2017 admissions submitted:	325
Number of CY 2017 discharges submitted:	500
Number of CY 2017 discharges linked to an admission:	478
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	475
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	416

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	5,784	5,659
All clients with non-missing values on at least one substance/frequency of use [denominator]	9,254	9,254
Percent of clients abstinent from drugs	62.5 %	61.2 %

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]		1,214
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,470	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		35.0 %

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]		4,445
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,784	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.8 %

Notes (for this level of care):

Number of CY 2017 admissions submitted:	16,571
Number of CY 2017 discharges submitted:	15,625
Number of CY 2017 discharges linked to an admission:	12,809
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	12,454
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	9,254

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	731	865
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,920	1,920

Percent of clients abstinent from drugs	38.1 %	45.1 %
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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]		284
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,189	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		23.9 %

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]		581
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	731	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		79.5 %

Notes (for this level of care):

Number of CY 2017 admissions submitted:	5,657
Number of CY 2017 discharges submitted:	3,803
Number of CY 2017 discharges linked to an admission:	3,022
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,964
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,920

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	386	386
Total number of clients with non-missing values on self-help attendance [denominator]	2,558	2,558
Percent of clients attending self-help programs	15.1 %	15.1 %
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 2017 admissions submitted:		3,403
Number of CY 2017 discharges submitted:		2,710
Number of CY 2017 discharges linked to an admission:		2,581
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,558
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):		2,558

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	99	99
Total number of clients with non-missing values on self-help attendance [denominator]	475	475
Percent of clients attending self-help programs	20.8 %	20.8 %
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 2017 admissions submitted:		325
Number of CY 2017 discharges submitted:		500

Number of CY 2017 discharges linked to an admission:	478
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	475
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	475

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	1,885	1,883
Total number of clients with non-missing values on self-help attendance [denominator]	12,454	12,454
Percent of clients attending self-help programs	15.1 %	15.1 %
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 2017 admissions submitted:	16,571
Number of CY 2017 discharges submitted:	15,625
Number of CY 2017 discharges linked to an admission:	12,809
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	12,454
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	12,454

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

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]	468	468
Total number of clients with non-missing values on self-help attendance [denominator]	2,964	2,964
Percent of clients attending self-help programs	15.8 %	15.8 %
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 2017 admissions submitted:	5,657
Number of CY 2017 discharges submitted:	3,803
Number of CY 2017 discharges linked to an admission:	3,022
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,964
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	2,964

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

Footnotes:

V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	7	2	3	4
2. Free-Standing Residential	12	2	3	4
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	37	3	21	71
4. Short-term (up to 30 days)	30	10	22	28
5. Long-term (over 30 days)	96	44	79	109
AMBULATORY (OUTPATIENT)				
6. Outpatient	103	36	76	134
7. Intensive Outpatient	48	13	29	55
8. Detoxification	153	2	22	436
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	64	1	3	5
10. ORT Outpatient	151	31	93	207

Level of Care	2017 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	103	99
2. Free-Standing Residential	506	444
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	10	7

4. Short-term (up to 30 days)	2710	2581
5. Long-term (over 30 days)	500	478
AMBULATORY (OUTPATIENT)		
6. Outpatient	15625	12481
7. Intensive Outpatient	3803	3022
8. Detoxification	3	3
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	18
10. ORT Outpatient	0	328

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 5/1/2018]

Footnotes:

V: Performance Indicators and Accomplishments

Table 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	<p>Source Survey Item: 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>Outcome Reported: Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2015 - 2016	17.7	
	Age 21+ - CY 2015 - 2016	64.9	
2. 30-day Cigarette Use	<p>Source Survey Item: 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>Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2015 - 2016	5.2	
	Age 18+ - CY 2015 - 2016	22.5	
3. 30-day Use of Other Tobacco Products	<p>Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]^[1]?[Response option: Write in a number between 0 and 30.]</p> <p>Outcome Reported: 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 (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2015 - 2016	3.6	
	Age 18+ - CY 2015 - 2016	10.5	
4. 30-day Use of Marijuana	<p>Source Survey Item: 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>Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2015 - 2016	5.3	
	Age 18+ - CY 2015 - 2016	5.2	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p>Source Survey Item: 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]^[2]</p> <p>Outcome Reported: 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, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).</p>		
	Age 12 - 17 - CY 2015 - 2016	2.9	

	Age 18+ - CY 2015 - 2016	2.0	
--	--------------------------	-----	--

[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:

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Table 22 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: 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. Supplemental Data, if any
1. Perception of Risk From Alcohol	Source Survey Item: 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] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2015 - 2016	71.8	
	Age 21+ - CY 2015 - 2016	75.2	
2. Perception of Risk From Cigarettes	Source Survey Item: 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] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015 - 2016	91.9	
	Age 18+ - CY 2015 - 2016	91.5	
3. Perception of Risk From Marijuana	Source Survey Item: 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] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015 - 2016	71.1	
	Age 18+ - CY 2015 - 2016	59.9	

Footnotes:

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Table 23 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: AGE OF FIRST USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	<p>Source Survey Item: 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>Outcome Reported: Average age at first use of alcohol.</p>		
	Age 12 - 20 - CY 2015 - 2016	14.9	
	Age 21+ - CY 2015 - 2016		
2. Age at First Use of Cigarettes	<p>Source Survey Item: 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>Outcome Reported: Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2015 - 2016	13.5	
	Age 18+ - CY 2015 - 2016	16.2	
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product]^[1]?[Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2015 - 2016	14.6	
	Age 18+ - CY 2015 - 2016	20.0	
4. Age at First Use of Marijuana or Hashish	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2015 - 2016	14.3	
	Age 18+ - CY 2015 - 2016	17.9	
5. Age at First Use Heroin	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of heroin.</p>		
	Age 12 - 17 - CY 2015 - 2016		
	Age 18+ - CY 2015 - 2016		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever]^[2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.</p>		

Age 12 - 17 - CY 2015 - 2016		
Age 18+ - CY 2015 - 2016		

[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:

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Table 24 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF DISAPPROVAL/ATTITUDES

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	<p>Source Survey Item: 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>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015 - 2016	95.3	
2. Perception of Peer Disapproval of Cigarettes	<p>Source Survey Item: 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>Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2015 - 2016	92.4	
3. Disapproval of Using Marijuana Experimentally	<p>Source Survey Item: 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>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015 - 2016	82.8	
4. Disapproval of Using Marijuana Regularly	<p>Source Survey Item: 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>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2015 - 2016	82.3	
5. Disapproval of Alcohol	<p>Source Survey Item: 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>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2015 - 2016		

Footnotes:

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Table 25 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: EMPLOYMENT/EDUCATION; MEASURE: PERCEPTION OF WORKPLACE POLICY

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	<p>Source Survey Item: 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>Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 15 - 17 - CY 2015 - 2016	30.3	
	Age 18+ - CY 2015 - 2016	34.3	

Footnotes:

V: Performance Indicators and Accomplishments

Table 26 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - EMPLOYMENT/EDUCATION; MEASURE: AVERAGE DAILY SCHOOL ATTENDANCE RATE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	<p>Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp.</p> <p>Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2015	93.5	

Footnotes:

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Table 27 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL-RELATED TRAFFIC FATALITIES

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	<p>Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System</p> <p>Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.</p>		
	CY 2016	31.2	

Footnotes:

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Table 28 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL- AND DRUG-RELATED ARRESTS

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Alcohol- and Drug- Related Arrests	<p>Source: Federal Bureau of Investigation Uniform Crime Reports</p> <p>Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.</p>		
	CY 2016	24.3	

Footnotes:

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Table 29 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: SOCIAL CONNECTEDNESS; MEASURE: FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	<p>Source Survey Item: 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>Outcome Reported: Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2015 - 2016	54.3	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p>Source Survey Item: 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?^[1][Response options: 0 times, 1 to 2 times, a few times, many times]"</p> <p>Outcome Reported: Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2015 - 2016	94.2	

[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:

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Table 30 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - RETENTION MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ? Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2015 - 2016	88.4	

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

Footnotes:

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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	1/1/2016	12/31/2016
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2016	12/31/2016
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2016	12/31/2016
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2016	12/31/2016
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2015	9/30/2017

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 were collected in the Iowa Service Management And Reporting Tool (I-SMART) 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:

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

Category	Total
Age	
0-4	692
5-11	18628
12-14	27213
15-17	23343
18-20	4387
21-24	4857
25-44	31138
45-64	19562
65 and over	3009
Age Not Known	23292
Gender	
Male	57243
Female	83354
Gender Unknown	15524
Race	
White	116632
Black or African American	8746
Native Hawaiian/Other Pacific Islander	116
Asian	1572
American Indian/Alaska Native	561
More Than One Race (not OMB required)	2452

Race Not Known or Other (not OMB required)	26042
Ethnicity	
Hispanic or Latino	7837
Not Hispanic or Latino	120739
Ethnicity Unknown	27545

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 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.

 Because the data for this calendar year period had already been collected prior to the 2017 technical review, the Unknown category collection changes will not be reflected in the reported Table 31 data for another two calendar year periods.

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
Age	
0-4	16
5-11	158
12-14	574
15-17	665
18-20	130
21-24	16
25-44	437
45-64	152
65 and over	0
Age Not Known	8844
Gender	
Male	1399
Female	1521
Gender Unknown	8072
Race	
White	930
Black or African American	246
Native Hawaiian/Other Pacific Islander	0
Asian	14
American Indian/Alaska Native	0
More Than One Race (not OMB required)	135

Race Not Known or Other (not OMB required)	9667
Ethnicity	
Hispanic or Latino	173
Not Hispanic or Latino	552
Ethnicity Unknown	10267

Footnotes:

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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	149031	N/A
2. Universal Indirect	N/A	10992
3. Selective	5055	N/A
4. Indicated	2035	N/A
5. Total	156121	10992

Footnotes:

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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. The new Evidence Based Practice Work Group was established in the summer of 2018 and met twice. The meetings were temporarily stopped due to the posting of a competitive RFP to re-procure the Substance Abuse Prevention and Treatment Block Grant. Meetings will begin again in January 2019 once the RFP process is completed.

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

Iowa used the Iowa Service Management And Reporting Tool (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

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	424	32	456	98	38	592
2. Total number of Programs and Strategies Funded	484	64	548	100	75	723
3. Percent of Evidence-Based Programs and Strategies	87.60 %	50.00 %	83.21 %	98.00 %	50.67 %	81.88 %

Footnotes:

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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 # 805	\$ 364913.87
Universal Indirect	Total # 32	\$ 84725.35
Selective	Total # 209	\$ 155083.92
Indicated	Total # 57	\$ 26433.73
	Total EBPs: 1103	Total Dollars Spent: \$631156.87

Footnotes:

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Prevention Attachments

Submission Uploads

FFY 2017 Prevention Attachment Category A:

File	Version	Date Added

FFY 2017 Prevention Attachment Category B:

File	Version	Date Added

FFY 2017 Prevention Attachment Category C:

File	Version	Date Added

FFY 2017 Prevention Attachment Category D:

File	Version	Date Added

Footnotes: