

Iowa

UNIFORM APPLICATION

FY 2020 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT
BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
(generated on 11/21/2019 4.49.01 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Iowa Department of Public Health

Organizational Unit Division of Behavioral Health

Mailing Address 321 E. 12th St.

City Des Moines

Zip Code 50319-0075

II. Contact Person for the Block Grant

First Name Jeff

Last Name Kerber

Agency Name Iowa Department of Public Health

Mailing Address 321 E. 12th St.

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Zip Code 50319-0075

Telephone 515-281-8021

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Email Address jeff.kerber@idph.iowa.gov

III. Expenditure Period

State Expenditure Period

From 10/1/2016

To 9/30/2018

Block Grant Expenditure Period

From 10/1/2016

To 9/30/2018

IV. Date Submitted

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

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VI. Contact Person Responsible for Substance Abuse Data

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Footnotes:

NOT FINAL



KIM REYNOLDS
GOVERNOR

OFFICE OF THE GOVERNOR

ADAM GREGG
LT GOVERNOR

October 30, 2019

Supervisory Grants Management Specialist
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fisher Lane, Rm. 17E201
Rockville, MD 20857

To Whom It May Concern:

As the Governor of the State of Iowa, for the duration of my tenure, I delegate authority to Dr. Jeffrey Kerber; Ph.D, Director of the Division of Behavioral Health, in the Department of Public Health, to sign funding agreements and certifications, provide assurances of compliance to the Secretary, and to perform similar acts relevant to the administration of the Substance Abuse Prevention and Treatment Block Grant until such time this delegation of authority is rescinded.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kim Reynolds".

Kim Reynolds
Governor of Iowa

II: Annual Update

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.

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

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

How second year target was achieved (optional):

Iowa now has 160 Buprenorphine providers. IDPH has engaged multiple strategies to achieve this goal including; education trainings, collaboration with Board of Pharmacy and other stakeholders, created and distributed educational materials, developed and held an "Approaches to Pain Management Conference" in 2018, and by providing access to Naloxone and training related to such.

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.

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

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

How second year target was achieved (optional):

Iowa has 160 prescribers. Please see indicator number one for strategies for year 2. In addition, IDPH recently procured the Integrated Provider Network for Methadone providers as part of the IPN, effective January 1, 2019. The selected and awarded Methadone contractor has expanded the number of OTP's- including satellite "Medication Units" locations to three OTP's, with a combined 12 locations with 3 more planned by late 2019. This expansion will increase access to Medication Assisted Treatment services across 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.

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

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

How second year target was achieved (optional):

From 2016-2017, several State Epidemiological Workgroup (SEW) members retired or changed positions. Many new organizations have been added including representatives from providers, Governors Office of Drug Control Policy, Iowa Department of Human Rights,

Department of Commerce, Alcohol and Beverage Division, Iowa Department of Human Rights (Division of Criminal and Juvenile Justice Planning, Iowa Hospital Association, State of Iowa Youth Advisory Council, University of Iowa and University of Northern Iowa, Governors Traffic Safety Bureau, Iowa Department of Public Safety, Iowa Department of Education, Iowa Consortium. The SABG Manager was added to the membership and is scheduled to provide updates in later 2019 and has worked closely with the SEW lead at IDPH to organize and develop goals and strategies.

Indicator #: 2

Indicator: Expand Epi workgroup membership and responsibilities 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.

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

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

How second year target was achieved (optional):

From 2016-2017, several State Epidemiological Workgroup (SEW) members retired or changed positions. Many new organizations have been added including representatives from providers, Governors Office of Drug Control Policy, Iowa Department of Human Rights, Department of Commerce, Alcohol and Beverage Division, Iowa Department of Human Rights (Division of Criminal and Juvenile Justice Planning, Iowa Hospital Association, State of Iowa Youth Advisory Council, University of Iowa and University of Northern Iowa, Governors Traffic Safety Bureau, Iowa Department of Public Safety, Iowa Department of Education, Iowa Consortium

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.

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

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

How second year target was achieved (optional):

New RFP released January 2019. Requirements placed in new contracts, RFP, provider attestation requirements, and provider manual. Retrospective reviews completed by Amerigroup in spring of 2019 which reviewed compliance in 2018 reporting period. Monitoring of compliance of contracts is completed currently through claims review, ongoing technical assistance, Frequently Asked Question documents, establishment of a contractor helpdesk through the IPN, Director meetings between the Bureau Chief and IPN directors, compliance training on requirements at two face to face required contractor meetings in 2019. Current planning with the States data vendor is underway to add additional data fields to reporting system and other planning underway to review narrative reporting needs.

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.

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

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

Trends and data from the Iowa Youth Survey from 2012-2018 demonstrate the following:
2018 data of past 30-day alcohol use indicates the goals for 8th and 11th graders did not meet the second year measure of reduction by at least 2 percentage points. The percentage of 8th grade students use of past 30 day alcohol use increased from 5.4% to 7.3%. Although rates decreased for 11th grade students, from 2016 (21.3%) to 2018 (20.4%), the rate did not decrease by the measurable target.
IDPH is addressing the increased rates of underage drinking by working with the state epidemiological workgroup, the IPN contractors, and discretionary grant contractors to target the increased rates. Language written in contracts for Primary Prevention contractors must meet required goals that reduce consumption of alcohol by persons under age 21. Strategies currently put in place include: 1) IPN regional trainings, 2) supporting ongoing evidence-based programming through online and in-person trainings during year one of the 2019 IPN contracts, and 3) prevention strategies targeted at underage alcohol use such as: evidence-based programming requirements, health promotion efforts, technical assistance, responsible beverage server training, sharing of best practice information on lessons learned from the Strategic Planning Framework and Partnerships for Success grants. Additionally, IDPH will target strategy development through the State Epi Workgroup.

How second year target was achieved (optional):

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):

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

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

How second year target was achieved (optional):

The Primary Prevention Workforce Development team has re-established meetings and reviewed and approved the list of prevention workforce competencies that were included in the 2013 workforce survey (more than 219 responded to survey). The report discusses community and county profiles in three locations, system planning, data gap analysis and plan and National Outcomes Measures Reporting. The Prevention team scheduled and provided trainings (in 2019) prevention skills training and ethics, monthly prevention webinar services and 16 prevention focused webinars to provide foundational training.

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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: 7/1/2018 Expenditure Period End Date: 6/30/2019

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	\$9,227,419		\$0	\$4,191,154	\$17,422,715	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$1,585,588						
b. All Other	\$7,641,831			\$4,191,154	\$17,422,715		
2. Substance Abuse Primary Prevention	\$3,166,914			\$1,804,023	\$1,775,570		
3. Tuberculosis Services							
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**							
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)	\$416,783			\$980,378	\$617,565		
11. Total	\$12,811,116	\$0	\$0	\$6,975,555	\$19,815,850	\$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

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Footnotes:

NOT FINAL

III: Expenditure Reports

Table 3A SABG – Syringe Services Program

Expenditure Start Date: 07/01/2018 Expenditure End Date: 06/30/2019

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG funds used for SSP	SUD Treatment Provider	Number Of Locations (include mobile if any)	Narcan Provided
No Data Available					

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Iowa is not a syringe services state

NOT FINAL

III: Expenditure Reports

Table 3B SABG – Syringe Services Program

Expenditure Start Date: 07/01/2018 Expenditure End Date: 06/30/2019

[Please enter total number of individuals served]

Syringe Service Program Name	# of Unique Individuals Served		HIV Testing	Treatment for Substance Use Conditions	Treatment for Physical Health	STD Testing	Hep C
	0	ONSITE Testing	0	0	0	0	0
		Referral to testing	0	0	0	0	0

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Iowa does not have a syringe services program

NOT FINAL

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: 10/1/2016 Expenditure Period End Date: 9/30/2018

Expenditure Category	FY 2017 SA Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$9,314,762
2. Primary Prevention	\$3,124,072
3. Tuberculosis Services	\$0
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**	\$0
5. Administration (excluding program/provider level)	\$654,667
Total	\$13,093,501

*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 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Treatment expenses are reported as:

Table 4, Row 1: \$9,314,762

Table 7, Column B: \$8,360,679

The difference of \$954,083 is for program expenses of direct benefit to sub-recipients for provided treatment services, eg personnel, data services/upgrades, media campaigns, program evaluations, and line item support (travel, printing, office supplies, etc.) that were historically determined to be direct service and not state-level administration expenditures.

Table 6., Column D: \$459,609. These expenses are not considered state-level administrative expenses and include expenditures of direct benefit to providers.

Primary prevention expenses are reported as:

Table 4, Row 2: \$3,124,072

Table 7 (Inventory), Column D: \$2,858,773

Table 5B (IOM): \$2,858,773

The difference in the tables of \$265,299 is for program expenses of direct benefit to sub-recipients for provided treatment services, eg personnel, data services/upgrades, media campaigns, program evaluations, and line item support (travel, printing, office supplies, etc.) that were historically determined to be direct service and not state-level administration expenditures.

Table 6, Column B: \$125,459. These expenses are not considered state-level administrative expenses and include expenditures of direct benefit to providers.

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

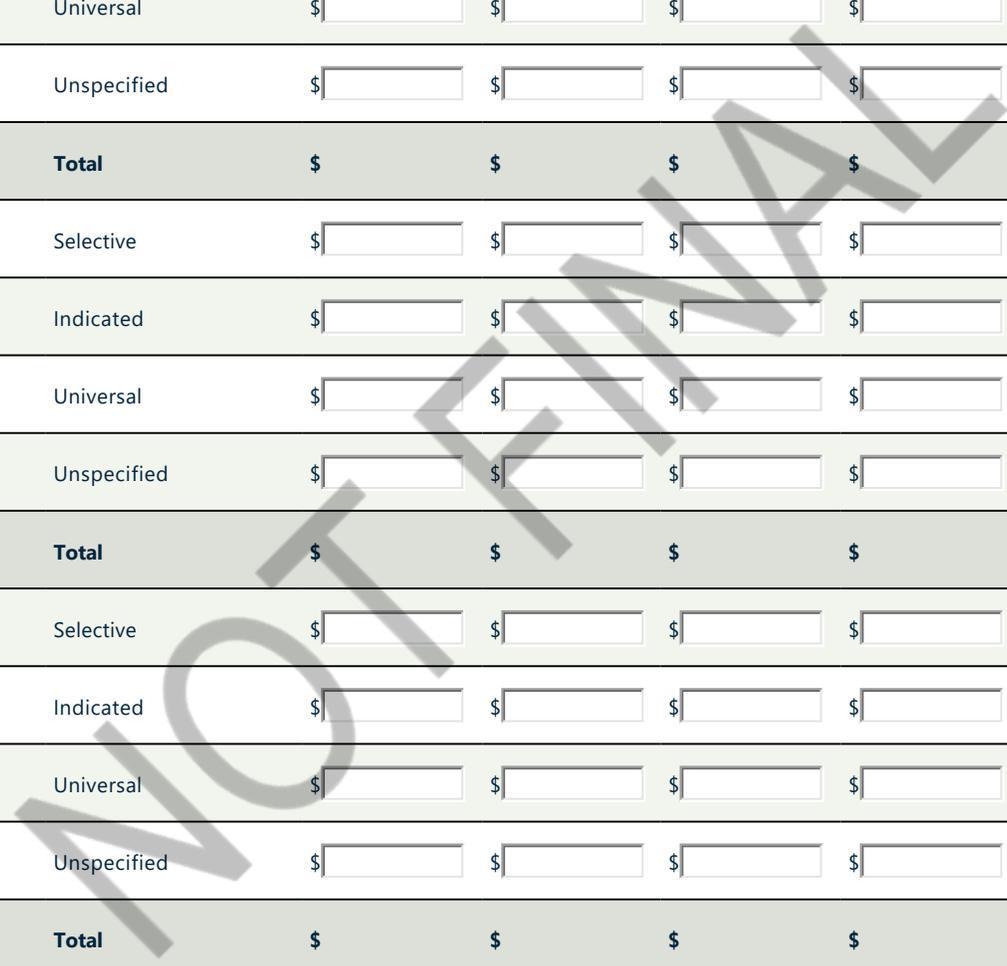
NOT FINAL

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	\$0 <input type="text"/>				
Other	Indicated	\$0 <input type="text"/>				
Other	Universal	\$0 <input type="text"/>				
Other	Unspecified	\$0 <input type="text"/>				
Other	Total	\$0	\$0	\$0	\$0	\$0
Grand Total		\$0	\$0	\$0	\$0	\$0

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Iowa does *not* use SAPT or state funds for 1926 tobacco activities.

III: Expenditure Reports

Table 5b - SABG Primary Prevention Expenditures by Institute of Medicine (IOM) Categories

The state or jurisdiction must complete SABG Table 5b if it chooses to report SUD primary prevention activities utilizing the IOM Model of Universal, Selective and Indicated. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated. Include all funding sources (e.g., Centers for Disease Control and Prevention Block Grant, foundations).

Expenditure Period Start Date: 10/1/2016 Expenditure Period End Date: 9/30/2018

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$2,366,779	\$1,493,551	\$1,469,994		
Universal Indirect	\$125,500	\$79,197	\$77,948		
Selective	\$255,288	\$161,099	\$158,558		
Indicated	\$111,206	\$70,176	\$69,070		
Column Total	\$2,858,773	\$1,804,023	\$1,775,570	\$0	\$0

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Treatment expenses are reported as:

Table 4, Row 1: \$9,314,762

Table 7, Column B: \$8,360,679

The difference of \$954,083 is for program expenses of direct benefit to sub-recipients for provided treatment services, eg personnel, data services/upgrades, media campaigns, program evaluations, and line item support (travel, printing, office supplies, etc.) that were historically determined to be direct service and not state-level administration expenditures.

Table 6., Column D: \$459,609. These expenses are not considered state-level administrative expenses and include expenditures of direct benefit to providers.

Primary prevention expenses are reported as:

Table 4, Row 2: \$3,124,072

Table 7 (Inventory), Column D: \$2,858,773

Table 5B (IOM): \$2,858,773

The difference in the tables of \$265,299 is for program expenses of direct benefit to sub-recipients for provided treatment services, eg personnel, data services/upgrades, media campaigns, program evaluations, and line item support (travel, printing, office supplies, etc.) that were historically determined to be direct service and not state-level administration expenditures.

Table 6, Column B: \$125,459. These expenses are not considered state-level administrative expenses and include expenditures of direct benefit to providers.

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

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2017 SABG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2016 Expenditure Period End Date: 9/30/2018

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

Footnotes:

NOT FINAL

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2016 Expenditure Period End Date: 9/30/2018

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		\$8,047.00		\$10,610.00		\$18,657.00
2. Quality Assurance				\$132,846.00		\$132,846.00
3. Training (Post-Employment)						\$0.00
4. Education (Pre-Employment)						\$0.00
5. Program Development						\$0.00
6. Research and Evaluation		\$56,045.00		\$159,367.00		\$215,412.00
7. Information Systems		\$57,412.00		\$156,609.00		\$214,021.00
8. Total	\$0.00	\$121,504.00	\$0.00	\$459,432.00	\$0.00	\$580,936.00

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Treatment expenses are reported as:

Table 4, Row 1: \$9,314,762

Table 7, Column B: \$8,360,679

The difference of \$954,083 is for program expenses of direct benefit to sub-recipients for provided treatment services, eg personnel, data services/upgrades, media campaigns, program evaluations, and line item support (travel, printing, office supplies, etc.) that were historically determined to be direct service and not state-level administration expenditures.

Table 6., Column D: \$459,609. These expenses are not considered state-level administrative expenses and include expenditures of direct benefit to providers.

Primary prevention expenses are reported as:

Table 4, Row 2: \$3,124,072

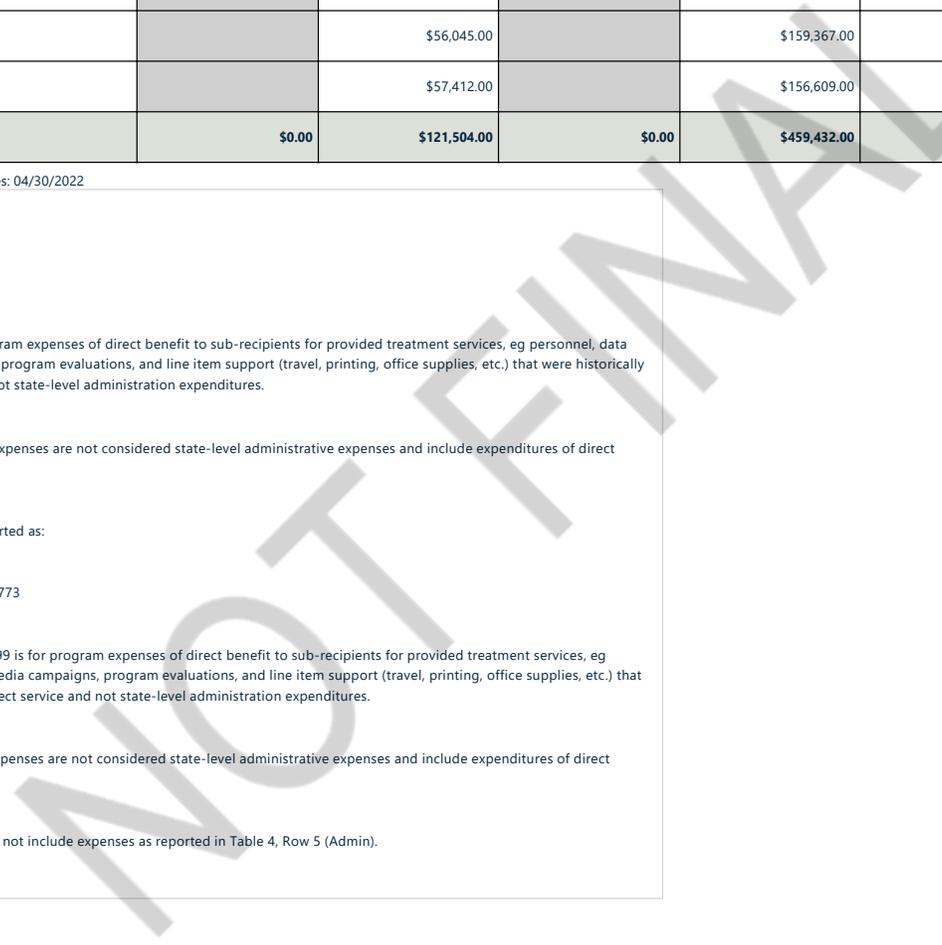
Table 7 (Inventory), Column D: \$2,858,773

Table 5B (IOM): \$2,858,773

The difference in the tables of \$265,299 is for program expenses of direct benefit to sub-recipients for provided treatment services, eg personnel, data services/upgrades, media campaigns, program evaluations, and line item support (travel, printing, office supplies, etc.) that were historically determined to be direct service and not state-level administration expenditures.

Table 6, Column B: \$125,459. These expenses are not considered state-level administrative expenses and include expenditures of direct benefit to providers.

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: 10/1/2016 Expenditure Period End Date: 9/30/2018

Entity Number	I-BHS ID (formerly I-SATS)	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	X	Southeast	Alcohol and Drug Dependency Services	1340 Mount Pleasant Street Lincoln Center	Burlington	IA	52601	\$343,919	\$231,256	\$0	\$112,663	\$0	\$0
IA102042	IA102042	X	Statewide	Amerigroup Iowa, Inc.	4800 Westown Parkway Suite 200	West Des Moines	IA	50266	\$0	\$0	\$0	\$0	\$0	\$0
5	IA301316	✓	Northeast	Area Substance Abuse Council	3601 16th Avenue SW	Cedar Rapids	IA	52404	\$1,343,383	\$1,029,219	\$369,135	\$314,164	\$0	\$0
59	IA901792	✓	Central	Broadlawn Medical Center	1801 Hickman Road	Des Moines	IA	50314	\$35,628	\$35,628	\$0	\$0	\$0	\$0
15	IA301027	X	Southeast	Center for Alcohol and Drug Services, Inc.	1523 South Fairmount Street	Davenport	IA	52802	\$921,060	\$777,271	\$132,030	\$143,789	\$0	\$0
21	IA750454	✓	Northwest	Community and Family Resources	211 Avenue M West	Fort Dodge	IA	50501	\$686,144	\$584,758	\$91,800	\$101,386	\$0	\$0
24	IA750363	X	Northwest	Community Opportunities dba New Opportunities	23751 Highway 30	Carroll	IA	51401	\$143,374	\$80,972	\$0	\$62,402	\$0	\$0
34	IA301100	✓	Northwest	Compass Pointe	1900 Grand Avenue North Suite A	Spencer	IA	51301	\$278,673	\$105,282	\$0	\$173,391	\$0	\$0
14	IA902188	X	Southwest	Crossroads Behavioral Health Svcs Action Now Chemical Center	1003 Cottonwood Street	Creston	IA	50801	\$57,212	\$57,212	\$11,220	\$0	\$0	\$0
39	IA750132	✓	Central	Employee and Family Resources	505 5th Avenue Suite 600	Des Moines	IA	50309	\$656,249	\$117,248	\$0	\$539,001	\$0	\$0
MD100623	MD100623	X	Statewide	FEI Com Inc	7175 Columbia Gateway Drive Suite A Suite A	Columbia	MD	21046	\$0	\$0	\$0	\$0	\$0	\$0
40	IA902170	X	Southwest	Heartland Family Services	515 East Broadway	Council Bluffs	IA	51503	\$312,404	\$312,404	\$62,900	\$0	\$0	\$0
57	IA900158	X	Northeast	Helping Services of Northeast Iowa	805 East Main Street P.O. Box 372	Decorah	IA	52101	\$177,058	\$0	\$0	\$177,058	\$0	\$0
64	IA901776	✓	Central	House of Mercy	1409 Clark Street	Des Moines	IA	50314	\$358,369	\$358,369	\$156,360	\$0	\$0	\$0
207	IA100775	X	Statewide	Iowa Consortium for Substance Abuse	105 Jessup Hall	Iowa City	IA	52242-1316	\$0	\$0	\$0	\$0	\$0	\$0
IA902568	IA902568	X	Statewide	Iowa State University, Office of Sponsored Programs	1138 Pearson Hall, 505 Morrill Rd	Ames	IA	50011-2103	\$0	\$0	\$0	\$0	\$0	\$0
31	IA301498	X	Northwest	Jackson Recovery Center	800 5th Street Suite 200	Sioux City	IA	51101	\$961,741	\$780,644	\$259,184	\$181,097	\$0	\$0
			Northeast	905										

16	IA900232	X	Northeast	Iowa Behavioral Health, Inc.	Montgomery Street P.O. Box 349	Decorah	IA	52101	\$131,499	\$131,499	\$0	\$0	\$0	\$0
36	IA301209	X	Northeast	Pathways Behavioral Services	3362 University Avenue	Waterloo	IA	50701	\$673,581	\$459,273	\$0	\$214,308	\$0	\$0
26	IA301357	X	North Central	Prairie Ridge Integrated Behavioral Healthcare dba Prairie Ridge	P.O. Box 1338	Mason City	IA	50402	\$603,212	\$569,308	\$93,840	\$33,904	\$0	\$0
23	IA301571	✓	Southeast	Prelude Behavioral Services	430 Southgate Avenue	Iowa City	IA	52240	\$1,315,424	\$1,132,392	\$117,230	\$183,032	\$0	\$0
30	IA750256	X	Southeast	Southern Iowa Economic Development Assn	310 West Main Street	Ottumwa	IA	52501	\$359,911	\$200,163	\$0	\$159,748	\$0	\$0
20	IA901958	X	Northeast	Substance Abuse Service Center	799 Main Street Suite 110	Dubuque	IA	52001	\$292,868	\$292,868	\$97,240	\$0	\$0	\$0
46	IA901974	X	Northwest	Substance Abuse Services for Clayton County, Inc.	431 High Street P.O. Box 970	Elkader	IA	52043-0970	\$20,542	\$0	\$0	\$20,542	\$0	\$0
25	IA901321	X	North Central	Substance Abuse Treatment Unit of Central Iowa	220 Oak Street	Iowa Falls	IA	50126	\$254,634	\$145,750	\$0	\$108,884	\$0	\$0
130	IA100759	X	Central	United Community Services, Inc.	4908 Franklin Avenue	Des Moines	IA	50310	\$603,534	\$603,534	\$0	\$0	\$0	\$0
28	IA901693	X	Southeast	Unity Healthcare dba Trinity Muscatine	1605 Cedar Street, Ste B	Muscatine	IA	52761-3426	\$87,138	\$31,093	\$0	\$56,045	\$0	\$0
2	IA901826	X	North Central	Youth and Shelter Services, Inc.	420 Kellogg Ave	Ames	IA	50010-6226	\$127,178	\$22,672	\$0	\$104,506	\$0	\$0
IA102300	IA102300	X	Southwest	Zion Recovery Services, Inc.	P.O. Box 34	Atlantic	IA	50022	\$474,717	\$301,864	\$0	\$172,853	\$0	\$0
Total									\$11,219,452	\$8,360,679	\$1,390,939	\$2,858,773	\$0	\$0

* Indicates the imported record has an error.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Treatment expenses are reported as:

Table 4, Row 1: \$9,314,762

Table 7, Column B: \$8,360,679

The difference of \$954,083 is for program expenses of direct benefit to sub-recipients for provided treatment services, eg personnel, data services/upgrades, media campaigns, program evaluations, and line item support (travel, printing, office supplies, etc.) that were historically determined to be direct service and not state-level administration expenditures.

Table 6., Column D: \$459,609. These expenses are not considered state-level administrative expenses and include expenditures of direct benefit to providers.

Primary prevention expenses are reported as:

Table 4, Row 2: \$3,124,072

Table 7 (Inventory), Column D: \$2,858,773

Table 5B (IOM): \$2,858,773

The difference in the tables of \$265,299 is for program expenses of direct benefit to sub-recipients for provided treatment services, eg personnel, data services/upgrades, media campaigns, program evaluations, and line item support (travel, printing, office supplies, etc.) that were historically determined to be direct service and not state-level administration expenditures.

Table 6, Column B: \$125,459. These expenses are not considered state-level administrative expenses and include expenditures of direct benefit to providers.

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: 11/07/2017 Expenditure Period End Date: 10/04/2018

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2017) + B2(2018)</u> 2 (C)
SFY 2017 (1)	\$19,811,673	
SFY 2018 (2)	\$19,790,888	\$19,801,281
SFY 2019 (3)	\$19,815,850	

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

SFY 2017 Yes No
 SFY 2018 Yes No
 SFY 2019 Yes 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

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 or Jurisdiction submit an official request to SAMHSA 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

) 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 online reports and in-person 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.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

NOT FINAL

III: Expenditure Reports

Table 8b - 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: 09/08/2017 Expenditure Period End Date: 12/19/2018

Base

Period	Total Women's Base (A)
SFY 1994	\$ 1,302,477.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2017		\$ 1,372,207.00	
SFY 2018		\$ 1,622,654.00	
SFY 2019		\$ 1,390,939.00	<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).

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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

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act(42 U.S.C.? 300x29) about the primary prevention activities conducted by the entities listed on SABG Table 7.

Expenditure Period Start Date: 10/1/2016 Expenditure Period End Date: 9/30/2018

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of Persons with Substance Use Disorders	1. Information Dissemination	
	6. Speaking engagements	6
	2. Education	
	2. Ongoing classroom and/or small group sessions	4
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	2
	6. Environmental	
Pregnant women/teens	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	5
	3. Alternatives	
	2. Youth/adult leadership activities	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	2
	6. Environmental	
Drop-outs	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	1
	3. Alternatives	
	2. Youth/adult leadership activities	1
Violent and delinquent behavior	1. Information Dissemination	
	6. Speaking engagements	6
	2. Education	

	2. Ongoing classroom and/or small group sessions	2
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	3
Mental health problems	1. Information Dissemination	
	6. Speaking engagements	5
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	3. Alternatives	
	2. Youth/adult leadership activities	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	4
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
Economically disadvantaged	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	9
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	4
	2. Education	
	2. Ongoing classroom and/or small group sessions	1
	3. Alternatives	
	2. Youth/adult leadership activities	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	4
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
Physically disabled	1. Information Dissemination	
	6. Speaking engagements	3
Abuse victims	1. Information Dissemination	
	6. Speaking engagements	4
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1

Already using substances	1. Information Dissemination	
	4. Brochures	2
	6. Speaking engagements	11
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	3
	4. Problem Identification and Referral	
	3. Driving while under the influence/driving while intoxicated education programs	2
	5. Community-Based Process	
3. Multi-agency coordination and collaboration/coalition	8	
Homeless and/or runaway youth	1. Information Dissemination	
	6. Speaking engagements	3
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	2
Older Adults	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	12
	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	7
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1

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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: 7/1/2018 Expenditure Period End Date: 6/30/2019

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	109	97			
2. Free-Standing Residential	747	678			
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	424	383			
4. Short-term (up to 30 days)	4289	3802			
5. Long-term (over 30 days)	875	832			
AMBULATORY (OUTPATIENT)					
6. Outpatient	13917	12733			
7. Intensive Outpatient	4203	3852			
8. Detoxification	0	0			
MEDICATION-ASSISTED TREATMENT					
9. Medication-Assisted Treatment	494	460			

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Footnotes:

November 21 2019-In response to the following guidance provided on November 20, 2019, "Please note in reporting of the number of admissions and number of persons served in subject-referenced Table 10, states should compile their totals in such a way that they will be able to provide distinct subtotals as follows if they are requested by us to provide further information about these totals in the future" . The categories requested further breakdown consist of:

- Subtotals of Medication-Assisted Treatment for Opioid Use Disorders
- Subtotals of Medication-Assisted Treatment for Alcohol Use Disorders
- Subtotals of Medication-Assisted Treatment for Tobacco Use Disorders
- Totals of Medication-Assisted Treatment for All Substance Use Disorders

IDPH response: Currently, IDPH does not collect diagnosis to collect the specific data requested in breakdown. IDPH will have this available in the SABG 2021 Report as IDPH is in development of a new data collection system and will be collecting diagnosis and breakdown of this data will be possible.

IV: Population and Services Reports

Table 11 - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

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

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

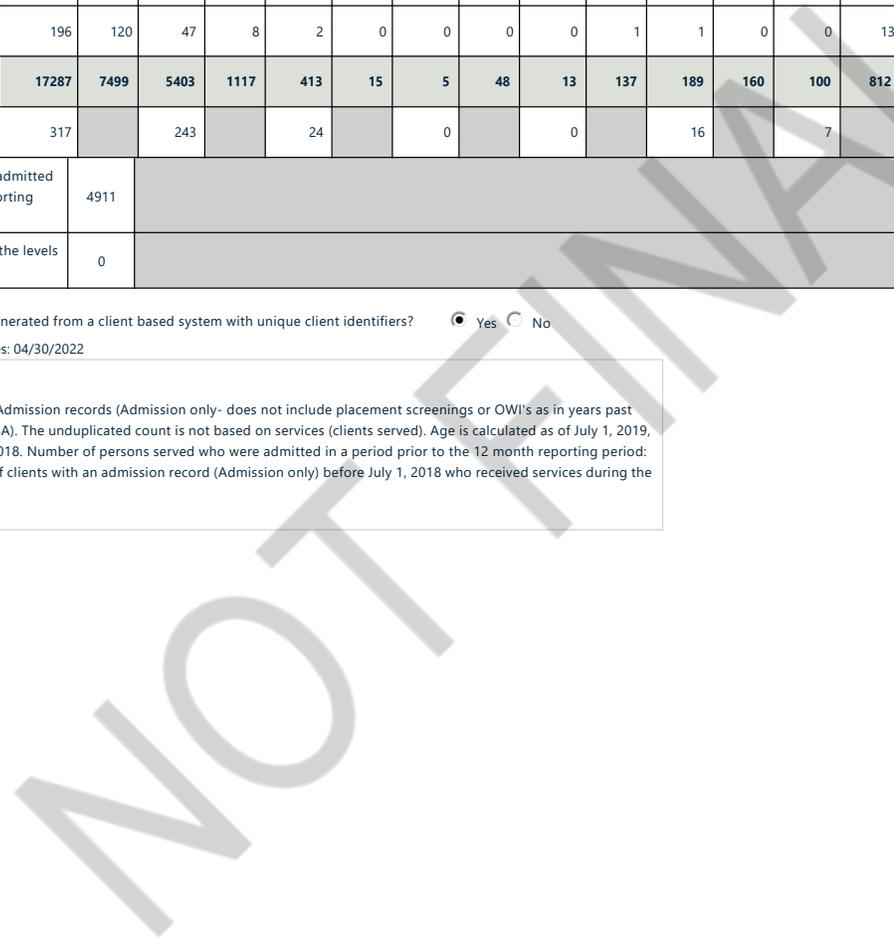
Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	1507	661	354	178	44	0	0	10	0	10	13	33	14	137	53	817	400	151	55
2. 18 - 24	2573	1006	756	196	84	3	0	8	5	18	32	40	20	291	114	1320	891	169	84
3. 25 - 44	9787	4193	3432	507	221	10	4	27	7	83	124	67	61	14	1037	5256	3998	348	206
4. 45 - 64	3224	1519	814	228	62	2	1	3	1	25	19	20	5	357	168	1960	970	79	38
5. 65 and Over	196	120	47	8	2	0	0	0	0	1	1	0	0	13	4	134	53	4	0
6. Total	17287	7499	5403	1117	413	15	5	48	13	137	189	160	100	812	1376	9487	6312	751	383
7. Pregnant Women	317		243		24		0		0		16		7		27		290		27
Number of persons served who were admitted in a period prior to the 12 month reporting period		4911																	
Number of persons served outside of the levels of care described on Table 10		0																	

Are the values reported in this table generated from a client based system with unique client identifiers? Yes No

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Footnotes:

Table 11 is an unduplicated count of Admission records (Admission only- does not include placement screenings or OWI's as in years past and per TEDS instructions and SAMHSA). The unduplicated count is not based on services (clients served). Age is calculated as of July 1, 2019, based on the client's ages of July 1, 2018. Number of persons served who were admitted in a period prior to the 12 month reporting period: This number represents the number of clients with an admission record (Admission only) before July 1, 2018 who received services during the current SFY (SYF19).



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: 7/1/2018 Expenditure Period End Date: 6/30/2019

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:		

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Footnotes:

Iowa is not an HIV designated state

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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: 7/1/2018 Expenditure Period End Date: 6/30/2019

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 the total number of referrals to other substance abuse providers ("alternative providers") necessitated by religious objection, as defined above, made during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required. If no alternative referrals were made, enter zero.

Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers on these requirements.

Charitable Choice requirements are focused on during various meeting and trainings and described in the Iowa Provider Manual, Contract, RFP and IPN attestation Forms that all contractors receiving SABG funds must sign on annual basis. Monitoring will take place during October 2019 retrospective site visits. The SABG manager provided face to face training at two Provider Director meetings in 2019, to the Iowa Board of Health.

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Footnotes:

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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]	333	362
Total number of clients with non-missing values on employment/student status [denominator]	1,823	1,823
Percent of clients employed or student (full-time and part-time)	18.3 %	19.9 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		3,885
Number of CY 2018 discharges submitted:		2,729
Number of CY 2018 discharges linked to an admission:		2,266
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,203
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		1,823

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	135	174
Total number of clients with non-missing values on employment/student status [denominator]	460	460
Percent of clients employed or student (full-time and part-time)	29.3 %	37.8 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		657
Number of CY 2018 discharges submitted:		590
Number of CY 2018 discharges linked to an admission:		529
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		515

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	460
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Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
 [Records received through 5/1/2019]

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]	5,077	5,704
Total number of clients with non-missing values on employment/student status [denominator]	8,975	8,975
Percent of clients employed or student (full-time and part-time)	56.6 %	63.6 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		16,275
Number of CY 2018 discharges submitted:		15,841
Number of CY 2018 discharges linked to an admission:		11,983
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,163
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		8,975

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
 [Records received through 5/1/2019]

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]	418	437
Total number of clients with non-missing values on employment/student status [denominator]	1,174	1,174
Percent of clients employed or student (full-time and part-time)	35.6 %	37.2 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		4,806
Number of CY 2018 discharges submitted:		3,501
Number of CY 2018 discharges linked to an admission:		1,754
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,616

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):

1,174

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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Footnotes:

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

Short-term Residential(SR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	1,127	1,163
Total number of clients with non-missing values on living arrangements [denominator]	1,822	1,822
Percent of clients in stable living situation	61.9 %	63.8 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		3,885
Number of CY 2018 discharges submitted:		2,729
Number of CY 2018 discharges linked to an admission:		2,266
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,203
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		1,822

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

Long-term Residential(LR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	253	273
Total number of clients with non-missing values on living arrangements [denominator]	460	460
Percent of clients in stable living situation	55.0 %	59.3 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		657
Number of CY 2018 discharges submitted:		590
Number of CY 2018 discharges linked to an admission:		529
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		515
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		460

Outpatient (OP)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	6,756	6,945
Total number of clients with non-missing values on living arrangements [denominator]	8,978	8,978
Percent of clients in stable living situation	75.3 %	77.4 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		16,275
Number of CY 2018 discharges submitted:		15,841
Number of CY 2018 discharges linked to an admission:		11,983
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,163
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		8,978

Intensive Outpatient (IO)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	846	861
Total number of clients with non-missing values on living arrangements [denominator]	1,175	1,175
Percent of clients in stable living situation	72.0 %	73.3 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		4,806
Number of CY 2018 discharges submitted:		3,501
Number of CY 2018 discharges linked to an admission:		1,754
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,616
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		1,175

Footnotes:

NOT FINAL

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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]	1,485	1,650
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,762	1,762
Percent of clients without arrests	84.3 %	93.6 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		3,885
Number of CY 2018 discharges submitted:		2,729
Number of CY 2018 discharges linked to an admission:		2,266
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,227
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		1,762

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	381	423
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	435	435
Percent of clients without arrests	87.6 %	97.2 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		657
Number of CY 2018 discharges submitted:		590
Number of CY 2018 discharges linked to an admission:		529
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		518

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	435
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Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
 [Records received through 5/1/2019]

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]	7,961	8,533
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	9,099	9,099
Percent of clients without arrests	87.5 %	93.8 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		16,275
Number of CY 2018 discharges submitted:		15,841
Number of CY 2018 discharges linked to an admission:		11,983
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,711
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		9,099

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
 [Records received through 5/1/2019]

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]	1,012	1,063
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,182	1,182
Percent of clients without arrests	85.6 %	89.9 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		4,806
Number of CY 2018 discharges submitted:		3,501
Number of CY 2018 discharges linked to an admission:		1,754
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,703

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):

1,182

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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Footnotes:

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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]	1,066	1,191
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,830	1,830
Percent of clients abstinent from alcohol	58.3 %	65.1 %

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]		177
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	764	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		23.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,014
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,066	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.1 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	3,885
Number of CY 2018 discharges submitted:	2,729
Number of CY 2018 discharges linked to an admission:	2,266
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,227
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	1,830

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]	268	296
All clients with non-missing values on at least one substance/frequency of use [denominator]	459	459
Percent of clients abstinent from alcohol	58.4 %	64.5 %

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]		71
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	191	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [$\#T2 / \#T1 \times 100$]		37.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		225
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	268	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [$\#T2 / \#T1 \times 100$]		84.0 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	657
Number of CY 2018 discharges submitted:	590
Number of CY 2018 discharges linked to an admission:	529
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	518
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	459

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]	6,207	6,200
All clients with non-missing values on at least one substance/frequency of use [denominator]	9,127	9,127
Percent of clients abstinent from alcohol	68.0 %	67.9 %

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]		974
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,920	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		33.4 %

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]		5,226
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,207	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		84.2 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	16,275
Number of CY 2018 discharges submitted:	15,841
Number of CY 2018 discharges linked to an admission:	11,983
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11,711
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	9,127

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	713	750
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,194	1,194
Percent of clients abstinent from alcohol	59.7 %	62.8 %

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]		104
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	481	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		21.6 %

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]		646
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	713	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		90.6 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	4,806
Number of CY 2018 discharges submitted:	3,501
Number of CY 2018 discharges linked to an admission:	1,754
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,703
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	1,194

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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Footnotes:

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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]	551	656
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,830	1,830
Percent of clients abstinent from drugs	30.1 %	35.8 %

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]		215
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,279	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		16.8 %

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]		441
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	551	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		80.0 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	3,885
Number of CY 2018 discharges submitted:	2,729
Number of CY 2018 discharges linked to an admission:	2,266
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,227
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	1,830

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]	161	205
All clients with non-missing values on at least one substance/frequency of use [denominator]	459	459
Percent of clients abstinent from drugs	35.1 %	44.7 %

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]		88
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	298	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		29.5 %

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]		117
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	161	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		72.7 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	657
Number of CY 2018 discharges submitted:	590
Number of CY 2018 discharges linked to an admission:	529
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	518
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	459

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)
Number of clients abstinent from drugs [numerator]	5,482	5,096
All clients with non-missing values on at least one substance/frequency of use [denominator]	9,127	9,127
Percent of clients abstinent from drugs	60.1 %	55.8 %

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]		1,009
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,645	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		27.7 %

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]		4,087
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,482	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		74.6 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	16,275
Number of CY 2018 discharges submitted:	15,841
Number of CY 2018 discharges linked to an admission:	11,983
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11,711
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	9,127

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
 [Records received through 5/1/2019]

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]	428	450
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,194	1,194
Percent of clients abstinent from drugs	35.8 %	37.7 %

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]		143
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	766	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		18.7 %

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]		307
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	428	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		71.7 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	4,806
Number of CY 2018 discharges submitted:	3,501
Number of CY 2018 discharges linked to an admission:	1,754
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,703
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	1,194

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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IV: Population and Services Reports

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

Short-term Residential(SR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	442	442
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,227	2,227
Percent of clients participating in self-help groups	19.8 %	19.8 %
Percent of clients with participation in self-help groups 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 2018 admissions submitted:		3,885
Number of CY 2018 discharges submitted:		2,729
Number of CY 2018 discharges linked to an admission:		2,266
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,227
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		2,227

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

Long-term Residential(LR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	107	107
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	518	518
Percent of clients participating in self-help groups	20.7 %	20.7 %
Percent of clients with participation in self-help groups 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 2018 admissions submitted:		657
Number of CY 2018 discharges submitted:		590

Number of CY 2018 discharges linked to an admission:	529
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	518
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	518

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

Outpatient (OP)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	1,802	1,803
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	11,711	11,711
Percent of clients participating in self-help groups	15.4 %	15.4 %
Percent of clients with participation in self-help groups 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 2018 admissions submitted:	16,275
Number of CY 2018 discharges submitted:	15,841
Number of CY 2018 discharges linked to an admission:	11,983
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11,711
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	11,711

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

Intensive Outpatient (IO)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	330	330
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,703	1,703
Percent of clients participating in self-help groups	19.4 %	19.4 %
Percent of clients with participation in self-help groups 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 2018 admissions submitted:	4,806
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Number of CY 2018 discharges submitted:	3,501
Number of CY 2018 discharges linked to an admission:	1,754
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,703
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	1,703

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
 [Records received through 5/1/2019]

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IV: Population and Services Reports

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	176	56	176	296
2. Free-Standing Residential	13	1	2	4
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	10	3	8	12
4. Short-term (up to 30 days)	31	9	22	28
5. Long-term (over 30 days)	87	39	74	106
AMBULATORY (OUTPATIENT)				
6. Outpatient	104	31	71	132
7. Intensive Outpatient	57	10	29	70
8. Detoxification	0	0	0	0
MEDICATION-ASSISTED TREATMENT				
9. Medication-Assisted Treatment	8	2	5	10

Level of Care	2018 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	93	2
2. Free-Standing Residential	437	393
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	376	325
4. Short-term (up to 30 days)	2729	2266
5. Long-term (over 30 days)	590	529

AMBULATORY (OUTPATIENT)		
6. Outpatient	15841	11742
7. Intensive Outpatient	3501	1754
8. Detoxification	0	0
MEDICATION-ASSISTED TREATMENT		
9. Medication-Assisted Treatment		10

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file

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TABLE 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE MEASURE: 30-DAY 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 2016 - 2017	19.8	
	Age 21+ - CY 2016 - 2017	65.9	
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 2016 - 2017	2.6	
	Age 18+ - CY 2016 - 2017	21.7	
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 2016 - 2017	1.9	
	Age 18+ - CY 2016 - 2017	10.0	
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 2016 - 2017	4.3	
	Age 18+ - CY 2016 - 2017	6.7	
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 2016 - 2017	2.0	

	Age 18+ - CY 2016 - 2017	2.8	
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[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.

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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 2016 - 2017	69.8	
	Age 21+ - CY 2016 - 2017	74.8	
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 2016 - 2017	91.9	
	Age 18+ - CY 2016 - 2017	91.4	
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 2016 - 2017	69.9	
	Age 18+ - CY 2016 - 2017	54.3	

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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 2016 - 2017	15.1	
	Age 21+ - CY 2016 - 2017		
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 2016 - 2017	12.9	
	Age 18+ - CY 2016 - 2017	16.1	
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 2016 - 2017	14.5	
	Age 18+ - CY 2016 - 2017	19.8	
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 2016 - 2017	14.3	
	Age 18+ - CY 2016 - 2017	18.1	
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 2016 - 2017		
	Age 18+ - CY 2016 - 2017		
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 2016 - 2017		
	Age 18+ - CY 2016 - 2017		

[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.

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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	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] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2016 - 2017	97.4	
2. Perception of Peer Disapproval of Cigarettes	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] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2016 - 2017	95.3	
3. Disapproval of Using Marijuana Experimentally	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] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2016 - 2017	85.6	
4. Disapproval of Using Marijuana Regularly	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] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2016 - 2017	85.6	
5. Disapproval of Alcohol	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] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2016 - 2017		

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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 2016 - 2017	26.1	
	Age 18+ - CY 2016 - 2017	31.5	

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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 2016		

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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 2017		

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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 2017		

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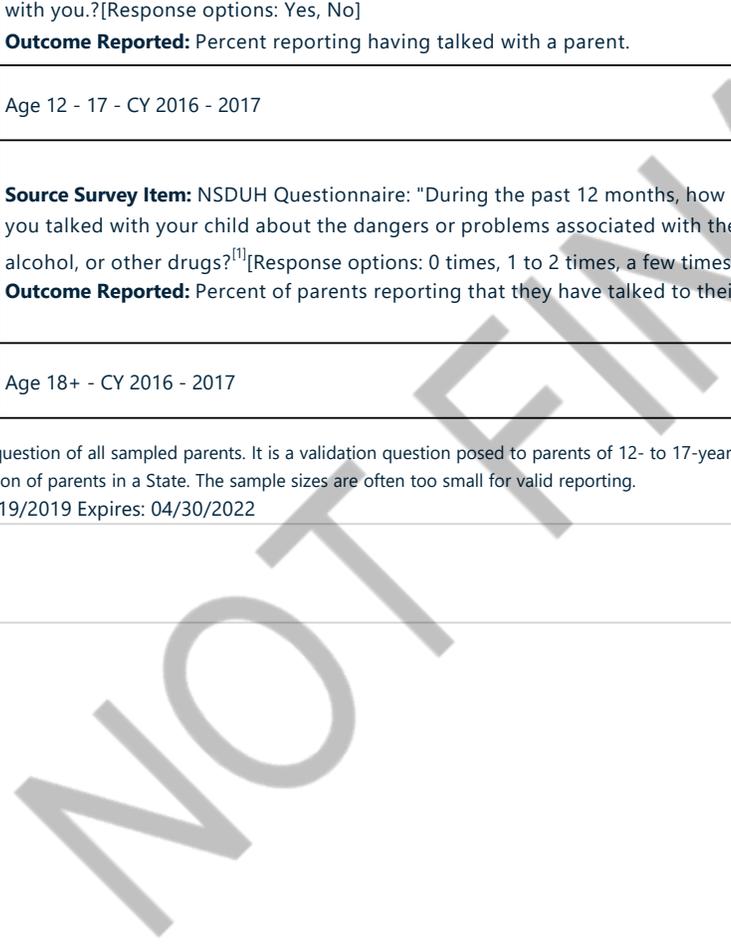
Table 29 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: SOCIAL CONNECTEDNESS; MEASURE: FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE

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 2016 - 2017	53.8	
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 2016 - 2017	91.5	

[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.

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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 2016 - 2017	87.9	

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2017	12/31/2017
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies? Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2017	12/31/2017
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	1/1/2017	12/31/2017
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	1/1/2017	12/31/2017
5. Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies	8/29/2017	9/6/2018

General Questions Regarding Prevention NOMS Reporting

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.

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Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	147708
0-4	877
5-11	15690
12-14	25671
15-17	22478
18-20	3893
21-24	4585
25-44	32903
45-64	25503
65 and over	3115
Age Not Known	12993
B. Gender	147708
Male	56564
Female	80785
Gender Not Known	10359
C. Race	147708
White	114637
Black or African American	8562
Native Hawaiian/Other Pacific Islander	169
Asian	1616
American Indian/Alaska Native	261
More Than One Race (not OMB required)	5082

Race Not Known or Other (not OMB required)	17381
D. Ethnicity	147708
Hispanic or Latino	8685
Not Hispanic or Latino	122001
Ethnicity Unknown	17022

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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 majority of the data for this calendar year period was already collected prior to the 2017 technical review, the Unknown category collection changes will not be reflected in the reported Table 31 data for another calendar year period.

NOT FINAL

V: Performance Indicators and Accomplishments

Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies?Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	33239
0-4	662
5-11	3411
12-14	2180
15-17	2379
18-20	2002
21-24	2328
25-44	7499
45-64	5603
65 and over	2304
Age Not Known	4871
B. Gender	33239
Male	13051
Female	15431
Gender Not Known	4757
C. Race	33239
White	24214
Black or African American	1738
Native Hawaiian/Other Pacific Islander	75
Asian	488
American Indian/Alaska Native	56
More Than One Race (not OMB required)	1013

Race Not Known or Other (not OMB required)	5655
D. Ethnicity	33239
Hispanic or Latino	2321
Not Hispanic or Latino	25573
Ethnicity Unknown	5345

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Footnotes:

NOT FINAL

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Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - 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	142407	N/A
2. Universal Indirect	N/A	33239
3. Selective	4378	N/A
4. Indicated	923	N/A
5. Total	147708	33239

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Footnotes:

NOT FINAL

V: Performance Indicators and Accomplishments

Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type 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 is now providing guidance to all prevention grants administered through the Iowa Department of Public Health (Department). The work-group was further developed through a Five-Year Substance Abuse Prevention Strategic Plan for the State of Iowa. This Strategic Plan encompasses the time frame of 2018-2022 and includes a Work Plan to guide work-group efforts. The Strategic Plan includes the following strategies to enhance evidence-based practices in Iowa: 1. Develop a resource guide of substance abuse prevention best practices, programs, and policies that are evidence-based or evidence-informed as defined by the Department. 2. Develop a template of questions around substance use/misuse to be used in community needs assessments across Iowa. 3. Develop and launch a toolkit by FY2020 Q3 for communities to use when advocating for public policy change in the prevention of substance abuse. The Department has approved a list of evidence-based programs, policies, and procedures that were derived from the Integrated Provider Network (IPN) Request for Proposal. The current approved list meets SAMHSA's definition of Evidence-Based Programs and Strategies. IPN Contractors selected services from this list to include in their prevention work plans. All IPN approved evidence-based programs must be implemented with fidelity to ensure the desired outcomes are achieved. Fidelity is defined as the degree to which a program is implemented according to its design. Any agency that anticipates a program modification or adaptation to an approved evidence-based program needs to submit an Evidence-Based Waiver Request Form for review. This form must be submitted and the request approved by the Evidence-Based Practice Review Team before implementation may begin. The Waiver Request process is utilized even in the event the program developer provides approval to an agency who directly requests any changes. The Evidence-Based Practice Review Team is a subcommittee of the Department-led Evidence-based Practice Work-group. It is responsible for reviewing Waiver Request Forms and providing a response in a timely manner.

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 Prevention Intervention 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	429	30	459	103	20	582
2. Total number of Programs and Strategies Funded	498	48	546	123	47	716
3. Percent of Evidence-Based Programs and Strategies	86.14 %	62.50 %	84.07 %	83.74 %	42.55 %	81.28 %

Footnotes:

NOT FINAL

V: Performance Indicators and Accomplishments

Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION 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 # 459	\$ 367939.93
Universal Indirect	Total # 32	\$ 91047.10
Selective	Total # 109	\$ 170310.49
Indicated	Total # 23	\$ 15775.73
Unspecified	Total # 0	\$ 0.00
	Total EBPs: 623	Total Dollars Spent: \$645073.25

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Footnotes:

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V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2020 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2020 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2020 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2020 Prevention Attachment Category D:		
File	Version	Date Added

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Footnotes: