

Iowa

UNIFORM APPLICATION
FY 2016 BEHAVIORAL HEALTH REPORT
SUBSTANCE ABUSE PREVENTION AND TREATMENT
BLOCK GRANT

OMB - Approved 05/21/2013 - Expires 05/31/2016
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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

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III. Expenditure Period

State Expenditure Period

From 7/1/2014

To 6/30/2015

Block Grant Expenditure Period

From 10/1/2012

To 9/30/2014

IV. Date Submitted

Submission Date 11/20/2015 10:19:05 AM

Revision Date

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Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Complete Addictions Service System Transition

Priority Type: SAP, SAT

Population(s): PWWD, IVDUs, HIV EIS, TB, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Rural, Military Families, Criminal/Juvenile Justice, Persons with Disabilities, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Comprehensive, integrated resiliency- and recovery-oriented system of care encompassing substance abuse prevention, treatment, and recovery support services.

Strategies to attain the goal:

Current contracts in force through June 2014, with option for extension through December 2014. SSA will release RFP to procure network of substance abuse prevention/treatment contractors with capacity to address mental and physical health disorders either directly, through qualified staff, or through referral agreements, consistent with Addictions Services System Strategic Plan for Substance Abuse and Problem Gambling Prevention, Treatment and Recovery Support: 2011-2014. Contracts pursuant to RFP will be executed by December 2014 with resultant network providing no less than current range and level of service as available to all 99 Iowa counties today.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: RFP released in CY2014

Baseline Measurement: 0

First-year target/outcome measurement: 1 RFP released CY2014

Second-year target/outcome measurement: 100% contracts executed December 2014

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

Data Source:

SSA/Iowa Department of Public Health Division of Behavioral Health

New Data Source (if needed):

Description of Data:

RFP and contracts

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

Historically, prevention and treatment contractor procurements have been separate, with treatment part of a larger managed care contract. Current managed care contract ends June 2015. State has not decided how/if behavioral health carve-out managed care model will continue. Could be issue in 2014 State legislative session.

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:

Prevention and Treatment contracts are procured through the managed care provider, Magellan. Because the state has not decided how and if behavioral health carve out will continue, IDPH determined that it was necessary to change the current six-month Iowa Plan contracts for IDPH-Funded Substance Abuse Treatment to annual contracts, moving the contract termination date from December 31, 2014 to June 30, 2015. Magellan has sent contractors revised contract documents. A new RFP will be issued in early 2015 with a new RFP start date of July 1, 2015.

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:

In February 2015, the Iowa Department of Human Services released the Iowa High Quality Health Care Initiative Request for Proposals to select one to four managed care organizations to implement Iowa's Medicaid Modernization plan. The plan encompasses medical care, behavioral health services, and long term services and supports. IDPH-funded substance use disorder treatment services. Medicaid Modernization plan will replace Iowa's 20-year behavioral health care-out managed care plan and single managed care organization. The new managed care plan will continue to include Medicaid-funded substance use disorder services and will also continue to include an administrative services only (ASO) component for IDPH-funded substance abuse treatment. Details of plan implementation are being finalized in preparation for implementation January 1, 2016. IDPH will release an integrated RFP in early 2016 to be consistent with expectations/contractual language. IDPH has and will extend provider contracts until competitive, integrated RFP is released in Spring of 2016.

How second year target was achieved (optional):

Indicator #: 2
Indicator: Service range/level maintained
Baseline Measurement: Current service area coverage; There were 188,687 prevention participants (MDS SFY 2013); Iowa Plan for Behavioral Health Performance Indicators standard for annual number of treatment clients served was 19,154. The actual number served was 22,409 (CDR 2013).
First-year target/outcome measurement: Prevention 100%; treatment TBD
Second-year target/outcome measurement: Prevention 100%; treatment TBD
New Second-year target/outcome measurement (if needed):

Data Source:

SSA/Iowa Department of Public Health Division of Behavioral Health; MDS/DbB; Central Data Repository (CDR)

New Data Source (if needed):

Description of Data:

Network information/map posted on SSA website; data from prevention data systems; data from treatment data system

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

ACA implementation and related funding changes will reduce level of treatment services

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):

For FFY 2014, IDPH had a MOE shortfall of \$216,310 (1.2% below the MOE requirement) in 2013 and IDPH submitted a material compliance waiver on October 9th, 2014. Although data from SFY 2013 show economic improvement in the State, Iowa's MOE deficiency remains a direct result of historic economic conditions. In leading Iowa's economic recovery the Governor and legislature directed level

funding to state agencies instead of increasing funding to levels that preceded the economic downturn. Review of state funding over the past 10 years demonstrates Iowa's commitment to substance abuse prevention and treatment. State funding increased more than 33% in the years immediately preceding the economic downturn. When State funding began to decrease in 2010, substance abuse services experienced smaller decreases than many other programs. When the State's financial status began to improve, funding increases were directed to substance abuse services, bringing the 2014 funding level close to the highest historical funding level and exceeding the MOE requirement. Iowa also has promoted activities to promote access to substance abuse services, enhance the quality and effectiveness of prevention and treatment, educate policy-makers and the public and support the statewide substance abuse services infrastructure. Examples include: state-wide prevention capacity coach training model to reduce binge and underage drinking, establish SBIRT services in FQHC's and the Iowa National Guard which provided an access point to substance services, resulting in broader screening and referral to block grant funded providers, expanded distant treatment options, expanded access to medication assisted treatment, revised treatment program licensure standards to require screening for medical and mental health conditions, consistent with ASAM, conducted annual evaluations of treatment outcomes, supported training and use of evidenced based practices, such as the AUDIT, DAST and PHQ-9, participation in two day military immersion training with the Iowa National Guard, operated the Iowa Substance Abuse Information Center to provide public and professional information and resources, conduct the Iowa Youth Survey to understand youth substance use and perception of harm and support identification of needs and priorities, participated in implementation of CBD law related to intractable epilepsy seizures, and developed effective marijuana messaging for youth.

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):

Indicator #:

3

Indicator:

Mental/physical health capacity

Baseline Measurement:

To be determined by January 2014 through listening post meetings planned for November and December 2013

First-year target/outcome measurement:

1 contractor/service area providing co-occurring treatment

Second-year target/outcome measurement:

1 contractor/service area providing co-occurring treatment; 1 contractor/service area providing health/wellness promotion

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

Data Source:

SSA/Iowa Department of Public Health Division of Behavioral Health; MDS/DbB; Central Data Repository (CDR)

New Data Source (if needed):

Description of Data:

Contractual reports and site visits, service utilization data

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None known

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):

Listening posts were conducted throughout the state, facilitated by IDPH contractor Training Resources. IDPH staff, Bureau Chief and Division Director, in attendance at all of the posts. Feedback received from providers included ways to integrate physical health/medication assisted treatment into practice. In addition, through the managed care contractor retrospective record review of providers, coordination of care with primary care provider was added as a measure as well as compliance of ASAM criteria which has

Data Source:

State Board of Health/Committee

New Data Source (if needed):

Description of Data:

State Board of Health/Committee agendas/minutes

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

State Board of Health and Substance Abuse and Problem Gambling Program Licensure Committee determine their agenda and can choose not to consider or approve regulations.

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 aligned previously separate substance abuse and problem gambling program licensure standards and prevention, treatment and recovery support services. Initiated a "addictions services system transition" organized around 'resiliency- and recovery-oriented system of care' principles.

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):

Indicator #:

2

Indicator:

Breakout sessions offered

Baseline Measurement:

0

First-year target/outcome measurement:

6 sessions at 2013 Prevention/2014 Governor's Conferences

Second-year target/outcome measurement:

6 sessions at 2014 Prevention/2015 Governor's Conferences

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

Data Source:

SSA/Iowa Department of Public Health Division of Behavioral Health; Training Resources

New Data Source (if needed):

Description of Data:

Conference program descriptions

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None known

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)*:

The 2013 Prevention Conference held on November 13 involved multiple breakouts including: prevention science and practice, Iowa workforce survey, community college and binge drinking, how to talk to your kids about marijuana, problem gambling prevention, Adverse Childhood experiences and impact, evidenced based practices and planning related to the Strategic Planning Framework. The Governors Conference of Substance Abuse held April 22, 23, 2014 focused on the ASAM Criteria (Dr. David Mee-Lee), co-occurring disorders, technology to support recovery, education on prescription opioid abuse, Veteran PTSD and use of alcohol, how Medicaid impacts healthplans, Drugs du Jour, MAT with gambling patients, neuroscience to understand alcoholism and integration of family therapy

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)*:

Indicator #: 3
Indicator: Chronic substance abuse definition and care coordination model finalized
Baseline Measurement: 0
First-year target/outcome measurement: Care coordination initiated
Second-year target/outcome measurement: 1 substance abuse care coordination pilot
New Second-year target/outcome measurement *(if needed)*:

Data Source:

SSA/Iowa Department of Public Health Division of Behavioral Health; Iowa Medicaid Enterprise

New Data Source *(if needed)*:

Description of Data:

Medicaid materials

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None known

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)*:

The Department of Human Services requested a definition of "Chronic SA" for the medically exempt waiver process under the new Medicaid expansion health plan. IDPH worked with provider groups and developed a definition which is now the accepted definition that the Department of Human Services and Iowa Medicaid uses.

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

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

How second year target was achieved (optional):

Priority #: 3

Priority Area: Surveillance Expertise

Priority Type: SAP, SAT

Population(s): PWWD, IVDUs, HIV EIS, TB, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Rural, Military Families, Criminal/Juvenile Justice, Persons with Disabilities, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Iowa substance abuse surveillance system supports data-based decision-making by SSA and stakeholders and is basis for assessing substance abuse prevention and treatment needs and determination of related priorities.

Strategies to attain the goal:

Review/revise standardized processes for using/communicating substance abuse prevention and treatment data and related health information.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Monthly data integrity reports distributed/monitored, consistent with policy
Baseline Measurement: 0 - current process initiated September 2013
First-year target/outcome measurement: 6 months
Second-year target/outcome measurement: 11 months
New Second-year target/outcome measurement (if needed):

Data Source:

Central Data Repository

New Data Source (if needed):

Description of Data:

Data integrity reports and letters

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None known

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):

In an effort to have consistent and accurate data entry across the provider network, the IDPH has developed a series of Data Integrity Reports addressing identified Quality Assurance, Validation and TEDS submission issues. On the 17th of each month, providers receive the Data Integrity Reports containing identified Quality Assurance Issues. By the 20th of each month, providers receive the Data Integrity Reports with identified Validation Issues and TEDS submission errors. Corrections are expected to be completed by the Sunday before the 2nd Monday of the next month. In addition, quarterly data integrity reports are sent each quarter with the monthly data reports and have been developed to assist providers in identifying possible concerns regarding timeliness of data entry, data entry

errors, missing and unfinished client activities.

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):

Indicator #:

2

Indicator:

Data dashboard implemented

Baseline Measurement:

0 - currently multiple reports

First-year target/outcome measurement:

Treatment data dashboard posted

Second-year target/outcome measurement:

Prevention and treatment data dashboard posted

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

Data Source:

MDS/DbB; Central Data Repository; SSA website

New Data Source (if needed):

Description of Data:

Dashboard as posted and data sources

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

State is reconfiguring all webpages

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:

Technical assistance was provided to IDPH by SAMHSA on development of a data dashboard. As a result, data items are currently being evaluated to be included in the dashboard which will be posted on the IDPH website in calendar year 2015.

How first year target was achieved (optional):

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

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

IDPH is in process of reviewing data system needs including future needs of our current information technology needs, use of current Wits based system, and identifying key data elements required for providers to upload through the central depository. Plan: IDPH has hired a business analysis to assist in developing release for information, has pulled together provider surveys and has begun work on identifying key elements needed from all providers whom submit data through ISMART (wits system) or through the Central Depository (CDR). IDPH will revisit a data dashboard once these activities are complete.

How second year target was achieved (optional):

Indicator #:

3

Indicator:

Communications on emerging drugs of interest

Baseline Measurement:

0

First-year target/outcome measurement:

3 articles in SSA newsletter

Second-year target/outcome measurement: 4 quarterly columns in SSA newsletter

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

Data Source:

Iowa Poison Control Center

New Data Source (if needed):

Description of Data:

SSA newsletter

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None known

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 has educated stakeholders on emerging drugs through multiple ways including the monthly division newsletter that has a distribution list of over 700 individuals'/agencies. Education has been provided over the last year about trends related to heroin and opiate abuse and data extrapolated from the NOM's/TEDS data. IDPH has provided data to the State Board of Health, State legislature and media regarding opiate trends and data. IDPH has conducted listening posts around the state to understand emerging issues and drug trends. IDPH conducts the Iowa Youth Survey every two years to understand and report on data regarding youth substance use and perception of harm to design priorities in working with SABG programs and discretionary programs including Access to Recovery, Partnerships for Success, Strategic Framework, Suicide, Screening, Brief Intervention and Referral to Treatment and the State Adolescent Grant. IDPH has developed and promoted effective marijuana youth messaging in the context of medical and recreational marijuana laws, has provided expertise and participated in the recent CBD passage (retractable epilepsy) and is participating in the ASTHO 15 x 15 Challenge to reduce non-medical use of prescription drugs and unintentional deaths. IDPH recently participated in the ATTC MAT training in September to support and enhance education and training to providers. IDPH recently (October/2014) reconvened a prescription drug task force to reconsider priorities and identify strategies related to emerging opioid trend data. IDPH presented data to multiple partners and stakeholders and will reconvene a meeting in Feb/2014 to further analysis and strategy planning. IDPH is an active participant, member and partner to the Iowa Office of Drug Control Policy and the Drug Control Policy Workgroup meetings which meets quarterly to share and review drug trend data. IDPH epidemiologist leads the state epidemiology work group, trends drugs of abuse, develops fact sheets and distributes to partners, media and workgroups. Much of this work and data gathering on trends is used to prioritize strategies in planning prevention and treatment strategies.

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):

Indicator #: 4

Indicator: Stakeholder use of SSRS capability

Baseline Measurement: 0

First-year target/outcome measurement: 5% of contractors use SSRS capability

Second-year target/outcome measurement: 10% of contractors use SSRS capability

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

Data Source:

Contractor self-report

New Data Source (if needed):

Description of Data:

Contractor self-report

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None known

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 has provided The Iowa Consortium (contractor for IDPH to complete OMS, and other discretionary grant data analysis and needs work), and Magellan (managed care organization) access to the SSRS system. IDPH continues to work with providers to identify data reporting needs that can be met by SSRS, including automated subscriptions to various reports/data. These subscriptions have been put into place where now providers are getting daily to weekly data reports.

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

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

How second year target was achieved (optional):

Priority #: 4

Priority Area: Substance Using Pregnant Women and Women with Dependent Children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Pregnant women and women with dependent children are provided services pursuant to 1922(b) of the PHS Act and 45 CFR 96.124(e) of the Interim Final Rule.

Strategies to attain the goal:

SSA will continue contractual requirements with treatment programs and managed care contractor to 1) meet access standards for priority admission of pregnant women, 2) make interim services available when admission standards cannot be met, 3) establish waiting lists with unique identifiers for pregnant women awaiting treatment, including those receiving interim services, 4) notify the managed care contractor and SSA within one week of reaching 90% of capacity to admit a pregnant woman, and 5) provide enhanced substance abuse treatment as well as ancillary support services for women clients and their dependent children.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Contracts contain required language and compliance is monitored
Baseline Measurement:	100%
First-year target/outcome measurement:	100%

Second-year target/outcome measurement: 100%

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

Data Source:

SSA, managed care contractor

New Data Source (if needed):

Description of Data:

Contracts, monitoring reports

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None known

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):

Providers of Iowa Plan IDPH funded services must meet specific requirements of the SAMHSA Substance Abuse Prevention and Treatment Block Grant and providers by virtue of contract must give preference in admissions in the following order: pregnant women injecting drug users, pregnant substance abusers, injecting drug user and all others. Language to this effect in documented in Magellan contracts with providers. Magellan contracts with 10 women and children providers for outpatient and residential services. Providers are monitored through Magellan retrospective reviews and all providers met performance and contract requirements.

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

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

How second year target was achieved (optional):

Priority #: 5

Priority Area: Persons who are Intravenous Drug Users

Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

Individuals with a history of intravenous drug use seek and receive services that meet their needs, consistent with SAPT Block Grant requirements.

Strategies to attain the goal:

SSA will continue contractual requirements with treatment programs and managed care contractor to: 1) conduct outreach activities to encourage injecting drug users to enter substance abuse treatment and participate in indicated ancillary public health services, 2) meet access standards for priority admission of injecting drug users, 3) make interim services available when admission standards cannot be met, 4) establish waiting lists with unique identifiers for individuals awaiting treatment for injecting drug use, including those receiving interim services, and 5) notify the managed care contractor and SSA within one week of reaching 90% of capacity to admit an injecting drug user.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Contracts contain required language and compliance is monitored

Baseline Measurement: 100%

First-year target/outcome measurement: 100%

Second-year target/outcome measurement: 100%

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

Data Source:

SSA, managed care contractor

New Data Source (if needed):

Description of Data:

Contracts, monitoring reports

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None known

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):

Providers of Iowa Plan IDPH-funded services must meet specific requirements of the SAMHSA Substance Abuse Prevention and Treatment Block Grant and through Magellan contracts with IDPH providers, language is included which states that providers must give preference in admissions to injecting drug abusers. Contracts are monitored through Magellan retrospective reviews and providers met performance expectations/contract requirements.

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

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

How second year target was achieved (optional):

Priority #: 6

Priority Area: Individuals with Tuberculosis

Priority Type: SAT

Population(s): PWWD, IVDUs, HIV EIS, TB, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Rural, Military Families, Criminal/Juvenile Justice, Persons with Disabilities, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Persons with tuberculosis are provided with indicated services either directly by SSA-funded providers or through interagency collaborative agreements with other local agencies.

Strategies to attain the goal:

SSA will continue contractual requirements with substance abuse treatment programs and managed care contractor to meet requirements for individuals with tuberculosis. SSA revised program licensure standards to align with CDC recommendations.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Contracts contain required language and compliance is monitored
Baseline Measurement: 100%
First-year target/outcome measurement: 100%
Second-year target/outcome measurement: 100%
New Second-year target/outcome measurement (if needed):

Data Source:

SSA, managed care contractor

New Data Source (if needed):

Description of Data:

Contracts, monitoring reports

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None known

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):

Providers of Iowa Plan IDPH-funded services must meet specific requirements of the SAMHSA Substance Abuse Prevention and Treatment Block Grant. Written in Magellan IDPH funded contracts is language that states that providers must routinely make tuberculosis services available to certain individuals receiving substance abuse services. Contracts are reviewed and monitored through Magellan retrospective reviews and providers have met compliance with contract language/indicators.

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):

Footnotes:

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

Activity	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	\$9,041,697		\$0	\$4,400,383	\$17,870,519	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$1,317,122		\$0	\$0	\$0	\$0	\$0
b. All Other	\$7,724,575		\$0	\$4,400,383	\$17,870,519	\$0	\$0
2. Primary Prevention	\$3,032,577	\$0	\$0	\$1,645,461	\$1,804,919	\$0	\$0
3. Tuberculosis Services	\$0		\$0	\$0	\$0	\$0	\$0
4. HIV Early Intervention Services	\$0		\$0	\$0	\$0	\$0	\$0
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Administration (Excluding Program and Provider Level)	\$635,488	\$0	\$0	\$720,023	\$283,745	\$0	\$0
9. Subtotal (Row 1, 2, 3, 4 and 8)	\$12,709,762	\$0	\$0	\$6,765,867	\$19,959,183	\$0	\$0
10. Subtotal (Row 5, 6, 7 and 8)	\$635,488	\$0	\$0	\$720,023	\$283,745	\$0	\$0
11. Total	\$12,709,762	\$0	\$0	\$6,765,867	\$19,959,183	\$0	\$0

* Prevention other than primary prevention

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

TREATMENT expenditures on Table 2 (\$9,041,697- Column A/Row 1) reflect a different dollar amount than shown on Table 7 (\$8,982,034 - Column B/Total). This difference - \$59,663 - was used for program expenses related to treatment services, e.g. personnel and line item support (travel, printing, office supplies, etc.)

PRIMARY PREVENTION expenditures on Table 2 (\$3,032,577 - Column A/Row 2) reflect a different dollar amount than shown on Table 7 (\$2,974,275 - Column D/Total row). This difference - \$58,302 - was used for program expenses related to primary prevention services, e.g. personnel and line item support (travel, printing, office supplies, etc.)

III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
Specialized Outpatient Medical Services			\$0
Acute Primary Care			\$0
General Health Screens, Tests and Immunizations			\$0
Comprehensive Care Management			\$0
Care coordination and Health Promotion			\$0
Comprehensive Transitional Care			\$0
Individual and Family Support			\$0
Referral to Community Services Dissemination			\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Substance Abuse (Primary Prevention)			\$0
Classroom and/or small group sessions (Education)			\$0
Media campaigns (Information Dissemination)			\$0
Systematic Planning/Coalition and Community Team Building(Community Based Process)			\$0
Parenting and family management (Education)			\$0

Education programs for youth groups (Education)			\$0
Community Service Activities (Alternatives)			\$0
Student Assistance Programs (Problem Identification and Referral)			\$0
Employee Assistance programs (Problem Identification and Referral)			\$0
Community Team Building (Community Based Process)			\$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)			\$0
Engagement Services			\$0
Assessment			\$0
Specialized Evaluations (Psychological and Neurological)			\$0
Service Planning (including crisis planning)			\$0
Consumer/Family Education			\$0
Outreach			\$0
Outpatient Services			\$0
Evidenced-based Therapies			\$0
Group Therapy			\$0
Family Therapy			\$0
Multi-family Therapy			\$0
Consultation to Caregivers			\$0
Medication Services			\$0
Medication Management			\$0
Pharmacotherapy (including MAT)			\$0
Laboratory services			\$0
Community Support (Rehabilitative)			\$0
Parent/Caregiver Support			\$0
Skill Building (social, daily living, cognitive)			\$0
Case Management			\$0

Behavior Management			\$0
Supported Employment			\$0
Permanent Supported Housing			\$0
Recovery Housing			\$0
Therapeutic Mentoring			\$0
Traditional Healing Services			\$0
Recovery Supports			\$0
Peer Support			\$0
Recovery Support Coaching			\$0
Recovery Support Center Services			\$0
Supports for Self-directed Care			\$0
Other Supports (Habilitative)			\$0
Personal Care			\$0
Homemaker			\$0
Respite			\$0
Supported Education			\$0
Transportation			\$0
Assisted Living Services			\$0
Recreational Services			\$0
Trained Behavioral Health Interpreters			\$0
Interactive Communication Technology Devices			\$0
Intensive Support Services			\$0
Substance Abuse Intensive Outpatient (IOP)			\$0
Partial Hospital			\$0
Assertive Community Treatment			\$0
Intensive Home-based Services			\$0
Multi-systemic Therapy			\$0

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

Footnotes:

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

Category	FY 2013 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$9,041,697
2. Primary Prevention	\$3,032,577
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$635,488
6. Total	\$12,709,762

*Prevention other than Primary Prevention

**HIV Designated States

Footnotes:

TREATMENT expenditures on Table 2 (\$9,041,697- Column A/Row 1) reflect a different dollar amount than shown on Table 7 (\$8,982,034 - Column B/Total). This difference - \$59,663 - was used for program expenses related to treatment services, e.g. personnel and line item support (travel, printing, office supplies, etc.)

PRIMARY PREVENTION expenditures on Table 2 (\$3,032,577 - Column A/Row 2) reflect a different dollar amount than shown on Table 7 (\$2,974,275 - Column D/Total row). This difference - \$58,302 - was used for program expenses related to primary prevention services, e.g. personnel and line item support (travel, printing, office supplies, etc.)

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: Expenditure Period End Date:

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

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

Footnotes:

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

No Block Grant fund used for 'Section 1926 Tobacco'.

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2012

Expenditure Period End Date: 9/30/2014

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$2,410,899	\$1,308,142	\$1,434,910		
Universal Indirect	\$265,350	\$143,978	\$157,930		
Selective	\$170,734	\$92,639	\$101,617		
Indicated	\$185,594	\$100,702	\$110,461		
Column Total	\$3,032,577.00	\$1,645,461.00	\$1,804,918.00	\$0.00	\$0.00

Footnotes:

III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

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

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

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		\$8,745.00		\$2,983.00		\$11,728.00
2. Quality Assurance		\$11,534.00		\$40,025.00		\$51,559.00
3. Training (Post-Employment)					\$66,759.00	\$66,759.00
4. Program Development				\$7,063.00	\$300,343.00	\$307,406.00
5. Research and Evaluation		\$174,521.00				\$174,521.00
6. Information Systems		\$5,830.00		\$8,949.00		\$14,779.00
7. Education (Pre-Employment)						\$0.00
8. Total	\$0.00	\$200,630.00	\$0.00	\$59,020.00	\$367,102.00	\$626,752.00

Footnotes:

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

Entity Number	I-BHS ID		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Mailing Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds (B + D + E)	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV
4	IA900786		Southeast	Alcohol and Drug Dependency Services	1340 Mount Pleasant Street Lincoln Center	Burlington	IA	52601	\$338,095	\$228,996	\$0	\$109,099	\$0
5	IA301316		Northeast	Area Substance Abuse Council	3601 16th Ave SW	Cedar Rapids	IA	52404	\$1,309,179	\$1,036,035	\$347,694	\$273,144	\$0
59	IA901792		Central	Broadlawn Medical Center	1801 Hickman Road	Des Moines	IA	50314	\$76,249	\$76,249	\$0	\$0	\$0
201	IA902154		Statewide	Cedar Rapids Library	500 First Street SE	Cedar Rapids	IA	52401	\$300,343	\$141,044	\$0	\$159,299	\$0
15	IA301027		Southeast	Center for Alcohol and Drug Services, Inc.	1523 South Fairmount Street	Davenport	IA	52802	\$906,393	\$787,614	\$127,032	\$118,779	\$0
26	IA301357		North Central	Chemical Dependency Services of North Iowa, Inc. dba Prairie Ridge	P.O. Box 1338	Mason City	IA	50402	\$628,100	\$514,643	\$88,846	\$113,457	\$0
21	IA750454		Northwest	Community and Family Resources	726 South 17th Street	Fort Dodge	IA	50501	\$671,571	\$591,322	\$87,112	\$80,249	\$0
24	IA750363		Northwest	Community Opportunities dba New Opportunities	PO Box 427	Carroll	IA	51401	\$159,702	\$98,596	\$0	\$61,106	\$0
34	IA301100		Northwest	Compass Pointe	1900 Grand Avenue North Suite A	Spencer	IA	51301	\$365,843	\$212,164	\$0	\$153,679	\$0
14	IA902188		Southwest	Crossroads Behavioral Health Svcs Action Now Chemical Center	1003 Cottonwood Street	Creston	IA	50801	\$117,609	\$117,609	\$21,443	\$0	\$0
39	IA750132		Central	Employee and Family Resources	505 5th Avenue Suite 600	Des Moines	IA	50309	\$627,699	\$138,399	\$0	\$489,300	\$0
249	MD100623		Statewide	FEI Com Inc	9755 Patuxent Woods Drive, Ste 300 Suite A	Columbia	MD	21046	\$60,550	\$60,550	\$0	\$0	\$0
50	IA901917		Southwest	Green Hills Area Education Agency	PO Box 1109, 24997 Hwy 92	Council Bluffs	IA	51502	\$180,643	\$0	\$0	\$180,643	\$0
40	IA902170		Southwest	Heartland Family Services	515 East Broadway	Council Bluffs	IA	51503	\$282,994	\$282,994	\$48,930	\$0	\$0
57	IA900158		Northeast	Helping Services of Northeast Iowa	P.O. Box 372	Decorah	IA	52101	\$176,422	\$0	\$0	\$176,422	\$0
64	IA901776		Central	House of Mercy	1111 6th Ave	Des Moines	IA	50314	\$279,750	\$279,750	\$147,843	\$0	\$0

208	IA100783	X	Statewide	Iowa Behavioral Health Association	501 SW 7th Street, Suite G	Des Moines	IA	50309	\$66,759	\$11,951	\$0	\$54,808	\$0
207	IA100775	X	Statewide	Iowa Consortium for Substance Abuse Research and Evaluation	2662 Crossspark Rd	Coralville	IA	52241-5000	\$174,521	\$115,703	\$0	\$58,818	\$0
31	IA301498	X	Northwest	Jackson Recovery Center	800 5th Street Suite 200	Sioux City	IA	51101	\$936,138	\$752,740	\$242,744	\$183,398	\$0
232	IA900126	X	Statewide	Magellan Health Services	2600 Westown Pkwy Suite 200	West Des Moines	IA	50266	\$242,835	\$242,835	\$0	\$0	\$0
16	IA900232	X	Northeast	Northeast Iowa Behavioral Health, Inc.	905 Montgomery Street P.O. Box 349	Decorah	IA	52101	\$133,327	\$133,327	\$0	\$0	\$0
36	IA301209	X	Northeast	Pathways Behavioral Services	3362 University Avenue	Waterloo	IA	50701-2006	\$652,905	\$447,579	\$0	\$205,326	\$0
23	IA301571	X	Southeast	Prelude Behavioral Services	430 Southgate Avenue	Iowa City	IA	52240	\$1,325,340	\$1,162,652	\$113,216	\$162,688	\$0
30	IA750256	X	Southeast	Southern Iowa Economic Development Assn	226 West Main Street, PO Box 658	Ottumwa	IA	52501	\$324,476	\$196,637	\$0	\$127,839	\$0
20	IA901958	X	Northeast	Substance Abuse Service Center	799 Main Street Suite 270	Dubuque	IA	52001	\$285,290	\$285,290	\$92,262	\$0	\$0
46	IA901974	X	Northwest	Substance Abuse Services for Clayton County, Inc.	600 Gunder Road NE, Ste 7	Elkader	IA	52043	\$16,739	\$0	\$0	\$16,739	\$0
25	IA901321	X	North Central	Substance Abuse Treatment Unit of Central Iowa	PO Box 1453, 9 N. 4th Ave.	Marshalltown	IA	50158	\$240,091	\$151,877	\$0	\$88,214	\$0
130	IA100759	X	Central	United Community Services, Inc.	4908 Franklin Avenue	Des Moines	IA	50310-1901	\$536,760	\$536,760	\$0	\$0	\$0
28	IA901693	X	Southeast	Unity Healthcare dba Trinity Muscatine	1605 Cedar Street	Muscatine	IA	52761	\$104,507	\$61,433	\$0	\$43,074	\$0
2	IA901826	X	North Central	Youth and Shelter Services, Inc.	420 Kellogg	Ames	IA	50010	\$176,636	\$58,442	\$0	\$118,194	\$0
3	IA301605	X	Southwest	ZION Recovery Services, Inc.	PO Box 34	Atlantic	IA	50022	\$258,843	\$258,843	\$0	\$0	\$0
Total									\$11,956,309	\$8,982,034	\$1,317,122	\$2,974,275	\$0

* Indicates the imported record has an error.

Footnotes:

TREATMENT expenditures on Table 2 (\$9,041,697 - Column A/Row 1) reflect a different dollar amount than shown on Table 7 (\$8,982,034 - Column B/Total). This difference - \$59,663 - was used for program expenses related to treatment services, e.g. personnel and line item support (travel, printing, office supplies, etc.)

PRIMARY PREVENTION expenditures on Table 2 (\$3,032,577 - Column A/Row 2) reflect a different dollar amount than shown on Table 7 (\$2,974,275 - Column D/Total row). This difference - \$58,302 - was used for program expenses related to primary prevention services, e.g. personnel and line item support (travel, printing, office supplies, etc.)

III: Expenditure Reports

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

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

Yes No

If yes, specify the amount and the State fiscal year: _____

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

Yes No

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2013) + B2(2014)</u> 2 (C)
SFY 2013 (1)	\$18,256,041	
SFY 2014 (2)	\$19,896,291	\$19,076,166
SFY 2015 (3)	\$19,959,183	

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

SFY 2013 Yes No

SFY 2014 Yes No

SFY 2015 Yes No

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

Footnotes:

III: Expenditure Reports

Table 8b - Base and Maintenance of Effort for State Expenditures for TB

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment BASE				
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) (C)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE) (D)
SFY 1991 (1)	\$124,272	0.08%	\$99	
SFY 1992 (2)	\$122,643	0.08%	\$98	\$99

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment MAINTENANCE			
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) (C)
SFY 2015 (3)	\$131,631	3.62%	\$4,765

Footnotes:

The Tuberculosis (TB) Maintenance of Effort (MOE) baseline of \$99 for Iowa was calculated using 1991/1992 figures $(\$99 + \$92)/2 = \$98.50$. Regretfully, the information used to calculate the TB MOE cannot be recaptured or refigured. The FFY 1997 Block Grant application indicates the appropriate dollar amount but was entered incorrectly thereafter. Based on historical information and with approval from Michael Yensenko's 02/02/2007 correspondence, all have agreed the Iowa TB MOE base at \$99.

III: Expenditure Reports

Table 8c - Base and Maintenance of Effort for Expenditures for HIV Early Intervention Services

Enter the year in which your State last became a designated State, Federal Fiscal Year __. Enter the 2 prior years' expenditure data in A1 and A2. Compute the average of the amounts in boxes A1 and A2. Enter the resulting average (MOE Base) in box B2.

State Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment BASE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	Average of Columns A1 and A2 $\frac{A1+A2}{2}$ (MOE Base) (B)
(1) SFY <u>1991</u>	\$0	
(2) SFY <u>1992</u>	\$0	\$0

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment MAINTENANCE	
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)
(3) SFY 2015	\$0

Footnotes:

III: Expenditure Reports

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

Expenditures for Services to Pregnant Women and Women with Dependent Children		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$1,302,477	
SFY 2013		\$1,390,939
SFY 2014		\$1,317,219
SFY 2015		\$1,317,219
Enter the amount the State plans to expend in 2016 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>1390939.00</u>		

Footnotes:

IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of substance abusers	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	3
	2. Education	
	2. Ongoing classroom and/or small group sessions	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
Pregnant women/teens	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	13
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	4
	3. Alternatives	
	2. Youth/adult leadership activities	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	4
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1	
Drop-outs	1. Information Dissemination	
	6. Speaking engagements	3
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
Violent and delinquent behavior	1. Information Dissemination	
	6. Speaking engagements	8
	2. Education	

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

	3. Multi-agency coordination and collaboration/coalition	1
Already using substances	1. Information Dissemination	
	1. Clearinghouse/information resources centers	1
	4. Brochures	3
	6. Speaking engagements	15
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	7
	3. Peer leader/helper programs	1
	4. Education programs for youth groups	2
	4. Problem Identification and Referral	
	3. Driving while under the influence/driving while intoxicated education programs	16
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	7
	6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	2	
Homeless and/or runaway youth	1. Information Dissemination	
	6. Speaking engagements	4
Older Adults	1. Information Dissemination	
	1. Clearinghouse/information resources centers	1
	4. Brochures	5
	6. Speaking engagements	16
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	6
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	9
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	5

Footnotes:

IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

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	228	206	\$850	\$0	\$0
2. Free-Standing Residential	919	764	\$140	\$0	\$0
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	20	20	\$850	\$0	\$0
4. Short-term (up to 30 days)	2842	2654	\$140	\$0	\$0
5. Long-term (over 30 days)	148	147	\$54	\$0	\$0
AMBULATORY (OUTPATIENT)					
6. Outpatient	11515	10693	\$72	\$0	\$0
7. Intensive Outpatient	3813	3528	\$86	\$0	\$0
8. Detoxification	4	4	\$72	\$0	\$0
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	107	105	\$72	\$0	\$0
10. ORT Outpatient	0	0	\$0	\$0	\$0

Footnotes:

means cost of services per day

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

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	3202	1705	840	315	89	2	1	11	4	21	26	42	19	94	33	1860	895	318	117
2. 18 - 24	10416	6091	2500	857	257	10	3	89	28	67	45	134	71	207	57	6746	2751	684	192
3. 25 - 44	21185	11951	5882	1654	459	39	6	160	34	141	120	172	87	336	144	13363	6396	1038	308
4. 45 - 64	8093	4997	2046	613	162	6	1	21	6	42	36	44	20	75	24	5534	2236	254	56
5. 65 and Over	773	326	144	24	9			1						98	171	413	298	36	26
6. Total	43669	25070	11412	3463	976	57	11	282	72	271	227	392	197	810	429	27916	12576	2330	699
7. Pregnant Women	923		479		401		0		3		17		12		11		454		27
Number of persons served who were admitted in a period prior to the 12 month reporting period		10582																	
Number of persons served outside of the levels of care described on Table 10		0																	

Footnotes:

Table 11 is an unduplicated count of admission records (crisis intervention, placement, screening, admission) during SFY 2015. The unduplicated count is not based on services (clients served), based on the client's age as of July 1, 2014.
 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 (crisis intervention, placement screening, admission) during SFY2015 who also had an admission record in SFY2014.
 Non-Hispanic/Hispanic/Latino Count: The sum of these columns is higher than the total. This is a result of a client with two or more admission records with different ethnicity values entered, resulting in a client being counted in more than one ethnicity category.

IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		
<p>Footnotes: Iowa is not a HIV designated state</p>		

IV: Populations and Services Reports

Table 13 - Charitable Choice

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

Notice to Program Beneficiaries - Check all that apply:

- Used model notice provided in final regulation.
- Used notice developed by State (please attach a copy to the Report).
- State has disseminated notice to religious organizations that are providers.
- State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- State has developed specific referral system for this requirement.
- State has incorporated this requirement into existing referral system(s).
- SAMHSA's Treatment Facility Locator is used to help identify providers.
- Other networks and information systems are used to help identify providers.
- State maintains record of referrals made by religious organizations that are providers.
- 0 Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

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

Footnotes:

Contract conditions between the managed care organization, Magellan, and the service providers required that technical assistance be given to clients in need of alternative services unrelated to religious preference. The division maintains a toll-free referral and information line (866-242-4211) and is funded by IDPH to the Iowa Substance Abuse Information Center website (www.drugfreeinfo.org) to assist clients in locating services.

The following were incorporated into the contracts with the managed care organization:

- 1) Religious organizations that were providers would notify actual and potential clients of their right to alternative services,
- 2) Religious organizations that were providers would refer clients to alternative services,
- 3) Alternative services would be funded and/or provided. The definition of alternative services would be consistent with 42 U.S.C. 300x-65 and 42 C.F.R. part 54 Charitable Choice Provision and Regulation. (The term 'alternative services' are defined as services determined by the state to be accessible, comparable, and provided within a reasonable period of time from another substance abuse provider to which the client has no religious objection).

The Access to Recovery program (ATR) 4 a SAMHSA discretionary program, is built on the premise of client choice, being able to select the provider of their choice through care coordination and select recovery support services that benefit their recovery, including choosing faith based providers. Through ATR4, ten percent of the ATR providers redeeming vouchers are faith based providers. As part of ATR, clients complete satisfaction surveys and answer 8 questions regarding satisfaction. In the first year of ATR 4 (October 1, 2014 – September 30, 2015), a total of 371 Client Satisfaction Surveys were completed. Several of the questions/responses include: clients reported 98.6% satisfaction that the services they chose or received helped them in their recovery; 93.8% indicated they were given choice of providers to choose from and 89.2% indicated they were provided choices of services/providers related to cultural, spiritual, ethnic, racial diversity. Through our QI process, satisfaction surveys are submitted and reviewed quarterly as well as site visits are regularly scheduled and technical assistance is provided as needed/requested.

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	271	261
Total number of clients with non-missing values on employment/student status [denominator]	1,295	1,295
Percent of clients employed or student (full-time and part-time)	20.9 %	20.2 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		3,241
Number of CY 2014 discharges submitted:		2,435
Number of CY 2014 discharges linked to an admission:		1,619
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,596
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		1,295

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

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]	121	193
Total number of clients with non-missing values on employment/student status [denominator]	559	559
Percent of clients employed or student (full-time and part-time)	21.6 %	34.5 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		506
Number of CY 2014 discharges submitted:		765
Number of CY 2014 discharges linked to an admission:		707

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	690
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	559

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

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]	5,895	6,910
Total number of clients with non-missing values on employment/student status [denominator]	10,034	10,034
Percent of clients employed or student (full-time and part-time)	58.8 %	68.9 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		15,961
Number of CY 2014 discharges submitted:		17,612
Number of CY 2014 discharges linked to an admission:		14,199
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		13,475
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		10,034

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

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]	503	530
Total number of clients with non-missing values on employment/student status [denominator]	1,220	1,220
Percent of clients employed or student (full-time and part-time)	41.2 %	43.4 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		6,576
Number of CY 2014 discharges submitted:		4,503
Number of CY 2014 discharges linked to an admission:		2,237

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,043
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,220

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	810	834
Total number of clients with non-missing values on living arrangements [denominator]	1,292	1,292
Percent of clients in stable living situation	62.7 %	64.6 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		3,241
Number of CY 2014 discharges submitted:		2,435
Number of CY 2014 discharges linked to an admission:		1,619
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,596
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		1,292

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	332	339
Total number of clients with non-missing values on living arrangements [denominator]	559	559
Percent of clients in stable living situation	59.4 %	60.6 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		506
Number of CY 2014 discharges submitted:		765
Number of CY 2014 discharges linked to an admission:		707

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	690
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	559

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	7,687	7,861
Total number of clients with non-missing values on living arrangements [denominator]	10,043	10,043
Percent of clients in stable living situation	76.5 %	78.3 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		15,961
Number of CY 2014 discharges submitted:		17,612
Number of CY 2014 discharges linked to an admission:		14,199
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		13,475
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		10,043

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	890	863
Total number of clients with non-missing values on living arrangements [denominator]	1,219	1,219
Percent of clients in stable living situation	73.0 %	70.8 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		6,576
Number of CY 2014 discharges submitted:		4,503
Number of CY 2014 discharges linked to an admission:		2,237

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,043
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,219

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,055	1,161
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,209	1,209
Percent of clients without arrests	87.3 %	96.0 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		3,241
Number of CY 2014 discharges submitted:		2,435
Number of CY 2014 discharges linked to an admission:		1,619
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,605
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		1,209

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

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]	477	541
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	555	555
Percent of clients without arrests	85.9 %	97.5 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		506
Number of CY 2014 discharges submitted:		765
Number of CY 2014 discharges linked to an admission:		707

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	704
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	555

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	8,518	9,676
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	10,002	10,002
Percent of clients without arrests	85.2 %	96.7 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		15,961
Number of CY 2014 discharges submitted:		17,612
Number of CY 2014 discharges linked to an admission:		14,199
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		14,119
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		10,002

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

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]	940	1,012
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,111	1,111
Percent of clients without arrests	84.6 %	91.1 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		6,576
Number of CY 2014 discharges submitted:		4,503
Number of CY 2014 discharges linked to an admission:		2,237

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,202
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,111

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	667	1,017
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,310	1,310
Percent of clients abstinent from alcohol	50.9 %	77.6 %

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]		369
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	643	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		57.4 %

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]		648
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	667	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.2 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	3,241
Number of CY 2014 discharges submitted:	2,435
Number of CY 2014 discharges linked to an admission:	1,619
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,605
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,310

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file

Records received through 5/3/2015

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]	361	520
All clients with non-missing values on at least one substance/frequency of use [denominator]	580	580
Percent of clients abstinent from alcohol	62.2 %	89.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		166
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	219	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		75.8 %

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]		354
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	361	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.1 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	506
Number of CY 2014 discharges submitted:	765
Number of CY 2014 discharges linked to an admission:	707
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	704
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	580

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file [Records received through 5/3/2015]

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	6,365	9,181
All clients with non-missing values on at least one substance/frequency of use [denominator]	10,337	10,337
Percent of clients abstinent from alcohol	61.6 %	88.8 %

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]		3,006
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,972	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		75.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		6,175
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,365	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.0 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	15,961
Number of CY 2014 discharges submitted:	17,612
Number of CY 2014 discharges linked to an admission:	14,199
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	14,119
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	10,337

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

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]	681	949

All clients with non-missing values on at least one substance/frequency of use [denominator]	1,257	1,257
Percent of clients abstinent from alcohol	54.2 %	75.5 %

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]		316
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	576	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		54.9 %

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]		633
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	681	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.0 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	6,576
Number of CY 2014 discharges submitted:	4,503
Number of CY 2014 discharges linked to an admission:	2,237
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,202
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,257

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	500	861
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,310	1,310
Percent of clients abstinent from drugs	38.2 %	65.7 %

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]		376
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	810	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		46.4 %

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]		485
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	500	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		97.0 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	3,241
Number of CY 2014 discharges submitted:	2,435
Number of CY 2014 discharges linked to an admission:	1,619
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,605
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,310

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
 (Records received through 5/3/2015)

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]	234	484
All clients with non-missing values on at least one substance/frequency of use [denominator]	580	580
Percent of clients abstinent from drugs	40.3 %	83.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		261
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	346	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		75.4 %

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]		223
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	234	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		95.3 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	506
Number of CY 2014 discharges submitted:	765
Number of CY 2014 discharges linked to an admission:	707
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	704
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	580

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file [Records received through 5/3/2015]

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]	7,039	9,253
All clients with non-missing values on at least one substance/frequency of use [denominator]	10,337	10,337
Percent of clients abstinent from drugs	68.1 %	89.5 %

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]		2,397
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,298	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		72.7 %

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]		6,856
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	7,039	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		97.4 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	15,961
Number of CY 2014 discharges submitted:	17,612
Number of CY 2014 discharges linked to an admission:	14,199
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	14,119
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	10,337

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

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]	537	828

All clients with non-missing values on at least one substance/frequency of use [denominator]	1,257	1,257
Percent of clients abstinent from drugs	42.7 %	65.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		335
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	720	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		46.5 %

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]		493
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	537	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		91.8 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	6,576
Number of CY 2014 discharges submitted:	4,503
Number of CY 2014 discharges linked to an admission:	2,237
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,202
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,257

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	353	353
Total number of clients with non-missing values on self-help attendance [denominator]	1,605	1,605
Percent of clients attending self-help programs	22.0 %	22.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		3,241
Number of CY 2014 discharges submitted:		2,435
Number of CY 2014 discharges linked to an admission:		1,619
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,605
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		1,605

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	176	176
Total number of clients with non-missing values on self-help attendance [denominator]	704	704
Percent of clients attending self-help programs	25.0 %	25.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		506
Number of CY 2014 discharges submitted:		765

Number of CY 2014 discharges linked to an admission:	707
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	704
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	704

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	2,406	2,405
Total number of clients with non-missing values on self-help attendance [denominator]	14,119	14,119
Percent of clients attending self-help programs	17.0 %	17.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	

Notes (for this level of care):

Number of CY 2014 admissions submitted:	15,961
Number of CY 2014 discharges submitted:	17,612
Number of CY 2014 discharges linked to an admission:	14,199
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	14,119
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	14,119

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	432	432
Total number of clients with non-missing values on self-help attendance [denominator]	2,202	2,202
Percent of clients attending self-help programs	19.6 %	19.6 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	

Notes (for this level of care):

Number of CY 2014 admissions submitted:	6,576
Number of CY 2014 discharges submitted:	4,503
Number of CY 2014 discharges linked to an admission:	2,237
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,202
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	2,202

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
 [Records received through 5/3/2015]

Footnotes:

V: Performance Indicators and Accomplishments

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

Manually Enter Data				
Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	38	18	38	57
2. Free-Standing Residential	15	1	3	5
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	46	2	26	49
4. Short-term (up to 30 days)	31	13	23	28
5. Long-term (over 30 days)	101	28	74	117
AMBULATORY (OUTPATIENT)				
6. Outpatient	119	45	84	147
7. Intensive Outpatient	62	20	38	74
8. Detoxification	0	0	0	0
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	21	2	4	24
10. ORT Outpatient	354	101	174	391

Level of Care	2014 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	519	3
2. Free-Standing Residential	419	394
REHABILITATION/RESIDENTIAL		

3. Hospital Inpatient	185	9
4. Short-term (up to 30 days)	2435	1619
5. Long-term (over 30 days)	765	707
AMBULATORY (OUTPATIENT)		
6. Outpatient	17612	14149
7. Intensive Outpatient	4503	2237
8. Detoxification	0	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	7
10. ORT Outpatient	0	50

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	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.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2012 - 2013	11.7	<input type="text"/>
	Age 18+ - CY 2012 - 2013	63.2	<input type="text"/>
2. 30-day Cigarette Use	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.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2012 - 2013	6.3	<input type="text"/>
	Age 18+ - CY 2012 - 2013	22.8	<input type="text"/>
3. 30-day Use of Other Tobacco Products	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.] 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 (snuff, chewing tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2012 - 2013	3.7	<input type="text"/>
	Age 18+ - CY 2012 - 2013	10.1	<input type="text"/>
4. 30-day Use of Marijuana	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.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2012 - 2013	6.3	<input type="text"/>
	Age 18+ - CY 2012 - 2013	5.4	<input type="text"/>
5. 30-day Use of Illegal Drugs Other Than Marijuana	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] ? 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, stimulants, hallucinogens, inhalants, prescription drugs used without doctors' orders).		
	Age 12 - 17 - CY 2012 - 2013	2.7	<input type="text"/>
	Age 18+ - CY 2012 - 2013	2.2	<input type="text"/>

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	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 - 17 - CY 2012 - 2013	71.7	<input type="text"/>
	Age 18+ - CY 2012 - 2013	73.8	<input type="text"/>
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 2012 - 2013	93.3	<input type="text"/>
	Age 18+ - CY 2012 - 2013	91.2	<input type="text"/>
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 2012 - 2013	74.3	<input type="text"/>
	Age 18+ - CY 2012 - 2013	67.7	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	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.] Outcome Reported: Average age at first use of alcohol.risk.		
	Age 12 - 17 - CY 2012 - 2013	13.9	<input type="text"/>
	Age 18+ - CY 2012 - 2013	17.3	<input type="text"/>
2. Age at First Use of Cigarettes	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.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2012 - 2013	13.3	<input type="text"/>
	Age 18+ - CY 2012 - 2013	16.0	<input type="text"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	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.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2012 - 2013	14.3	<input type="text"/>
	Age 18+ - CY 2012 - 2013	20.0	<input type="text"/>
4. Age at First Use of Marijuana or Hashish	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.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2012 - 2013	14.2	<input type="text"/>
	Age 18+ - CY 2012 - 2013	18.6	<input type="text"/>
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] ^[2] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2012 - 2013	12.6	<input type="text"/>
	Age 18+ - CY 2012 - 2013	20.1	<input type="text"/>

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

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	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 2012 - 2013	93.3	<input type="text"/>
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 2012 - 2013	92.9	<input type="text"/>
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 2012 - 2013	85.2	<input type="text"/>
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 2012 - 2013	85.4	<input type="text"/>
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 - 17 - CY 2012 - 2013	89.4	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	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] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 18+ - CY 2012 - 2013	39.0	<input type="text"/>
	Age 12 - 17 - CY 2012 - 2013		<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	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 . Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2012	92.6	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2013 - 2014	32.5	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug- Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2014	35.0	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	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] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2012 - 2013	57.8	<input type="text"/>
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	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] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2012 - 2013		<input type="text"/>

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	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 2012 - 2013	90.4	<input type="text"/>

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

Footnotes:

V: Performance Indicators and Accomplishments

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

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

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2013	12/31/2013
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2013	12/31/2013
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2013	12/31/2013
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2013	12/31/2013
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2012	9/30/2013

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

Iowa used the Center for Substance Abuse Prevention (CSAP) Minimum Data Set (MDS) to collect the NOMs demographic data.

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.

The MDS system collected participants by the following race categories: • White • Black or African American • Native Hawaiian or Other Pacific Islander • Asian • American Indian or Alaska Native • Participants That Selected More Than One Race • Race Not Known or Other Participants who reported as more than one race were recorded in the race category "Participants That Selected More Than One Race."

Footnotes:

V: Performance Indicators and Accomplishments

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

Category	Total
Age	
0-4	1104
5-11	16212
12-14	28073
15-17	24559
18-20	4652
21-24	7611
25-44	38102
45-64	26427
65 and over	4965
Age Not Known	5270
Gender	
Male	64539
Female	89420
Gender Unknown	3016
Race	
White	132732
Black or African American	14575
Native Hawaiian/Other Pacific Islander	217
Asian	1545
American Indian/Alaska Native	446
More Than One Race (not OMB required)	1880

Race Not Known or Other (not OMB required)	5580
Ethnicity	
Hispanic or Latino	10168
Not Hispanic or Latino	146807

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

Iowa used the Center for Substance Abuse Prevention (CSAP) Minimum Data Set (MDS) to collect the NOMs demographic data.

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.

The MDS system collected participants by the following race categories: • White • Black or African American • Native Hawaiian or Other Pacific Islander • Asian • American Indian or Alaska Native • Participants That Selected More Than One Race • Race Not Known or Other Participants who reported as more than one race were recorded in the race category "Participants That Selected More Than One Race."

Footnotes:

MDS collected data for the Unknown Ethnicity category but the WebBGAS form does not include that field. The Unknown Ethnicity data has been added to the Not Hispanic or Latino category in order to include the data.

V: Performance Indicators and Accomplishments

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

Category	Total
Age	
0-4	965
5-11	3002
12-14	5814
15-17	6900
18-20	1787
21-24	2441
25-44	6771
45-64	4831
65 and over	1248
Age Not Known	776
Gender	
Male	16155
Female	18325
Gender Unknown	55
Race	
White	30217
Black or African American	1772
Native Hawaiian/Other Pacific Islander	118
Asian	515
American Indian/Alaska Native	355
More Than One Race (not OMB required)	214

Race Not Known or Other (not OMB required)	1344
Ethnicity	
Hispanic or Latino	3857
Not Hispanic or Latino	30678

Footnotes:

MDS collected data for the Unknown Ethnicity category but the WebBGAS form does not include that field. The Unknown Ethnicity data has been added to the Not Hispanic or Latino category in order to include the data.

V: Performance Indicators and Accomplishments

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

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	147943	N/A
2. Universal Indirect	N/A	34535
3. Selective	3970	N/A
4. Indicated	5062	N/A
5. Total	156975	34535

Footnotes:

V: Performance Indicators and Accomplishments

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

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

Iowa created an evidence based practice work group that reviewed the above definition from CSAP. Evidence-based programs were defined in Iowa based on the recurring educational programs entered in the Minimum Data Set (MDS).

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

Iowa used the Minimum Data Set (MDS) service 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	430	42	472	47	102	621
2. Total number of Programs and Strategies Funded	484	84	568	96	149	813
3. Percent of Evidence-Based Programs and Strategies	88.84 %	50.00 %	83.10 %	48.96 %	68.46 %	76.38 %

Footnotes:

V: Performance Indicators and Accomplishments

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

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 468	\$ 63040.14
Universal Indirect	Total # 44	\$ 101018.11
Selective	Total # 70	\$ 15553.93
Indicated	Total # 115	\$ 41715.32
	Total EBPs: 697	Total Dollars Spent: \$221327.50

Footnotes:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2014 Prevention Attachment Category A:

FFY 2014 Prevention Attachment Category B:

FFY 2014 Prevention Attachment Category C:

FFY 2014 Prevention Attachment Category D:

Footnotes: