

Alabama

UNIFORM APPLICATION

FY 2016 BEHAVIORAL HEALTH REPORT

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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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 10/1/2014

To 9/30/2015

Block Grant Expenditure Period

From 10/1/2012

To 9/30/2014

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Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Tuberculosis Services for Individuals Enrolled in Substance Abuse Treatment Programs
Priority Type: SAT
Population(s): TB

Goal of the priority area:

Ensure resource availability and maintain formal agreements for the provision of TB services as outlined in 45 CFR 96.127 for all substance abuse treatment programs funded by ADMH.

Strategies to attain the goal:

1. Monitor the provision of TB services through the SAPT Block Grant monitoring process.
2. Adopt and deploy in ASAIS at least one CPT code to track the provision of TB services.
3. Modify SA contracts and the Contract billing manual to require reporting of client-level TB service data.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: ADMH Contract Providers will be in full compliance with SABG Tuberculosis requirements (45 CFR 96.127)
Baseline Measurement: 95% of ADMH contract providers are in compliance with SABG Tuberculosis requirements
First-year target/outcome measurement: 100% compliance with 45 CFR 96.127
Second-year target/outcome measurement: 100% compliance with 45 CFR 96.127
New Second-year target/outcome measurement (*if needed*):

Data Source:

SABG monitoring visits, certification site visits, and data collected from ASAIS.

New Data Source (*if needed*):

Description of Data:

Information collected from the completed Block Grant Monitoring reports; Information collected from the completed Certification site-visit reports; Information collected from the TB checklist found in Dimension II of the standardized placement assessment.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

There are no identified issues that would effect outcome measures.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The goal was initially achieved during the year but then declined to under 100% because, (1) Agencies that had an appropriate MOU for TB services lost their MOU agreement with Public Health Departments due to the fact that Alabama Public Health Departments stop offering general TB services; and (2) Agencies had a misunderstanding that the MOU for TB services could only be established with an Alabama Public Health Department. Agencies now know they can obtain an MOU for TB services with any qualified medical facility. ADMH

staff will work with agencies to assist them in obtaining an MOU for TB services and make sure appropriate policies are in place.

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Priority #: 2

Priority Area: Intravenous Drug Use

Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

Enhance access to services and service deliveries for intravenous drug users in the State of Alabama.

Strategies to attain the goal:

- 1) Enhance program monitoring follow-up procedures to insure IVDUs continue to receive preference for admission to treatment facilities, along with targeted outreach.
 - 2) Monitor the provision interim services when immediate treatment services are unavailable.
 - 3) Develop and implement a plan to establish medication assisted therapy further as a basic component of the current continuum of treatment services available.
 - 4) Promote the use of the Substance Abuse Program Directory located on the ADMH website in order to facilitate IVDUs' ability to identify, choose, and hire their providers.
 - 5) Modify provider contract language to facilitate use of recovery support services to engage IVDUs in treatment and to support treatment retention.
 - 6) Explore the use of technology to support engagement for, referral to, and retention of IVDUs in treatment.
- urage, support and provide training in the area of technology in the provision of substance abuse treatment.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase the number of IVDUs accessing treatment

Baseline Measurement: As of 6/30/13, 19 agencies had received a monitoring visit which including monitoring outreach compliance. 5 agencies were in full compliance, 13 were in partial compliance and one was non-compliant. The final baseline number will be established on 9/30/13, upon completing of all monitoring visits.

First-year target/outcome measurement: An increase of 3% of the baseline measure.

Second-year target/outcome measurement: An increase of 5% of the baseline measure.

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

Data Source:

ADMH's Substance Abuse Services Management Information System, ASAIS.

New Data Source (if needed):

Description of Data:

Client admission data entered by providers into ADMH's Substance Abuse Services management information system, ASAIS.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Further reductions in funding may also reduce access to treatment.

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:

While there was an increase in the number of IVDUs accessing treatment (1.3%), it did not reach the targeted outcome. There is a limited amount of state funded detoxification services in the state. However, as of the beginning of this fiscal year, additional beds have been added. The number of agencies who were compliant with providing interim services for IVDUs was also lower than the target goal. This could mean that clients are lost during the waiting time to access services. More emphasis and training will be provided in this area to agencies. ADMH has provided 6 ROSC trainings throughout the previous year. The coordinator of recovery support services has established a plan for offering more trainings on ROSC so that agencies can better understand how to implement the ROSC philosophy. Training in the area of outreach (specifically to IVDUs) will be emphasized and provided to all agencies.

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

The number served was 4289. The baseline number was 2140. The amount of opiate use has increase dramatically in the state. This is the first year opiate use has been the number one drug of choice in the state. At the same time, the state has worked on making sure that agencies are implementing outreach programs for IV users and providing interim services for those who cannot access care immediately.

Indicator #: 2

Indicator: Increase in number of ADMH certified facilities in full compliance with outreach requirements for IVDUs.

Baseline Measurement: As of 6/30/13, 19 agencies had received a monitoring visit which including monitoring outreach compliance. 5 agencies were in full compliance, 13 were in partial compliance and one was non-compliant. The final baseline number will be established on 9/30/13, upon completing of all monitoring visits.

First-year target/outcome measurement: 100% of certified contract agencies will be in full or partial compliance with the outreach requirements.

Second-year target/outcome measurement: 100% of certified contract agencies will be in full compliance with the outreach requirements.

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

Data Source:

SABG monitoring visits and certification site visits.

New Data Source (if needed):

Description of Data:

Compliance or the lack thereof is documented on SABG monitoring form.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

No issues foreseen that will affect the outcomes.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The target measure was that 100% of certified contract agencies would be in full or partial compliance with the intended outreach efforts.

All certified agencies received either their 2nd or 3rd compliance review. This enabled ADMH to ensure that all agencies had policies and could provide proof of implantation of those policies.

Indicator #: 4

Indicator: Increase in number of ADMH certified contract facilities using technology (texting, skyping, apps, etc.) in the provision of substance abuse services for IVDUs.

Baseline Measurement: Baseline measurement for this number will be 0 as this information has not previously been collected.

First-year target/outcome measurement: 5% of all certified contract agencies use some form of technology in the provision of substance abuse services.

Second-year target/outcome measurement: 10% of all certified contract agencies use some form of technology in the provision of substance abuse services.

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

Data Source:

SABG monitoring visit reports, certification site visit reports, and provider self report.

New Data Source (if needed):

Description of Data:

Evidence of the use of technology

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Cost of devices for use of technology.

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):

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):

Several agencies adopted EHR's and several have upgraded their EHRs.

Indicator #: 5

Indicator: Increase in the number of IVDU's who receive opiate maintenance therapy in combination with other treatment modalities.

Baseline Measurement: The baseline measurement is 0 as this information has not previously been collected.

First-year target/outcome measurement: 1% of all IVDUs who are enrolled in opiate maintenance therapy will be concurrently enrolled in a separate treatment modality.

Second-year target/outcome measurement: 2% of all IVDUs who are enrolled in opiate maintenance therapy will be concurrently enrolled in a separate treatment modality.

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

Data Source:

ASAIS

New Data Source (if needed):

Description of Data:

Client service utilization data entered by providers into ASAIS.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Provider resistance. Negative bias against opiate replacement therapy with other treatment providers

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 first year target of 1% of all IVDUs who are enrolled in opiate maintenance therapy to be concurrently enrolled in a separate treatment modality was achieved. This was achieved by providing providers with additional training on OMT, additional training on assessing client's needs and the inclusion and enforcement of the state's administrative code that client's cannot be denied treatment due to being on medication maintenance.

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):

23 clients were co-enrolled in the first year. For the second year, 83 received a concurrent service. This can be attributed to the agencies receiving more information on ASAM criteria and how it is appropriate for clients to be enrolled in a more intensive service while receiving care at a methadone clinic.

Priority #: 3

Priority Area: Pregnant and Parenting Women

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Improve the overall quality of substance abuse services for pregnant and parenting women that address their specific treatment and recovery needs.

Strategies to attain the goal:

1. Conduct quarterly women's provider meetings to discuss issues related to enhancing best practices that are gender-specific, trauma informed, and that will sustain recovery through support services.
2. Identify and plan for workforce trainings around women's development, trauma and parenting.
3. Collaborate with community advocacy groups to increase gender specific recovery support services statewide in efforts to integrate women into their communities after treatment.
4. Issue an RFP for a Special Women's program in each of the four regions of the State.
5. Conduct walkthroughs as a new client scheduled to receive a placement assessment.
6. Review Treatment Episode Data Set (TEDS) to determine the length of time it takes special women to access care and to determine the number of special women who fail to complete treatment

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Consumer satisfaction with the quality of care offered to pregnant women and parenting

women receiving substance abuse treatment.

Baseline Measurement: The baseline will be established from the 2013 consumer satisfaction survey.

First-year target/outcome measurement: Improve the quality of services as perceived by pregnant and parenting women who will receive Special Women services in 2014 by 10% above the baseline measure.

Second-year target/outcome measurement: Improve the quality of services as perceived by pregnant and parenting women who will receive Special Women treatment services in 2015 by 25% above the 2014 measure.

New Second-year target/outcome measurement (if needed): Improve the quality of services as perceived by pregnant and parenting women who will receive Special Women treatment services in 2015 by 10% above the FY 2014 measure.

Data Source:

Consumer satisfaction survey.

New Data Source (if needed):

Description of Data:

Each woman enrolled in a Special Women's Program funded by the SABG will be asked to complete a survey of her perception of the various aspects of care provided. Surveys will be collected and analyzed by ADMH.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None identified.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The 2013 baseline was established at 84.5%. The 2014 consumer satisfaction surveys yields 83.5% for overall domains reflecting quality of care, which did not meet the 10% increase stated in the first year targeted goal. The reason this goal was not achieved can be attributed to the change in how the ADMH funds residential programs for women and their children (special women's). ADMH issued a RFP for Special Women's program which targeted the four regions of the state, however only two regions' proposals were granted. This means that the southern portion of the state does not have access to residential services for women and their children. The distance for a women and her children to travel to northern Alabama can be a barrier for accessing treatment. ADMH will continue to collaborate with community groups and all other providers to increase awareness of the 2 current facilities for women and their children. ADMH through contract monitoring will continue to emphasize interim services being available for those women who are awaiting admissions to programs. Also ADMH will continue to conduct meetings with special women providers to discuss issues related to enhancing best practices that are gender-specific.

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:

The 2013 baseline was established at 84.5%. The 2014 consumer satisfaction surveys yields 83.5% for overall domains reflecting quality of care, which did not meet the 10% increase stated in the first year targeted goal. The reason this goal was not achieved can be attributed to the change in how the ADMH funds residential programs for women and their children (special women's). ADMH issued a RFP for Special Women's program which targeted the four regions of the state, however only two regions' proposals were granted. This means that the southern portion of the state does not have access to residential services for women and their children. The distance for a women and her children to travel to northern Alabama can be a barrier for accessing treatment. ADMH will continue to collaborate with community groups and all other providers to increase awareness of the 2 current facilities for women and their children. ADMH through contract monitoring will continue to emphasize interim services being available for those women who are awaiting admissions to programs. Also ADMH will continue to conduct meetings with special women providers to discuss issues related to enhancing best practices that are gender-specific.

How second year target was achieved (optional):

Indicator #: 2

Indicator: The establishment of quality metrics for programs serving pregnant women and women with dependent children.

Baseline Measurement: No quality metrics currently exist.

First-year target/outcome measurement: At least three quality measures for women's services will be identified.

Second-year target/outcome measurement: At least five quality measures for womens services will be identified and implemented.

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

Data Source:

Contracts with providers.
Program monitoring reviews.

New Data Source *(if needed)*:

Description of Data:

language in the contracts will establish the existence of the quality measures.
Program monitoring reports will document implementation.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None identified.

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)*:

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: Underage Drinking

Priority Type: SAP

Population(s): Other (Children/Youth at Risk for BH Disorder)

Goal of the priority area:

To prevent the onset and reduction of underage drinking in high risk youth populations.

Strategies to attain the goal:

1. Maintain underage drinking as a priority for prevention services.
2. Utilize the Prevention Activity Sheet and the state's Management Information System to track prevention activities targeting underage drinking.
3. Disseminate underage drinking information.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of ADMH providers identifying underage drinking as a priority for prevention strategies.

Baseline Measurement: In SFY 12, zero (0) providers identified underage drinking as a priority for prevention strategies.

First-year target/outcome measurement: By the end of SFY 14, 10% of providers will identify underage drinking as a priority for prevention strategies.

Second-year target/outcome measurement: By the end of SFY 15, 20% of providers will identify underage drinking as a priority for prevention strategies.

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

Data Source:

Selection of priority on the prevention plan. Back -up data reported from the state's information system (ASAIS).

New Data Source *(if needed)*:

Description of Data:

The priority selection section on the prevention plan will indicate when underage drinking has been selected as the focus of a prevention priority and related prevention strategies. The Prevention Activity Sheet (which is keyed into ASAIS), provides for the selection of underage drinking as a priority for the focus of prevention activities delivered.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome measure.

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)*:

96% (n=27) of providers (n=28) identified Underage Drinking (UD) as a priority for prevention strategies in FY14. Prevention providers were allowed to choose from six areas of focus for strategy implementation with UD being one of the choices. UD was represented across all six strategies in the following percentiles from greatest to least representation: 96% (n=27) Environmental, 76% (n=22) Education and Information Dissemination, 64% (n=18) Alternatives, 50% (n=14) Community Based Processes, and 11% (n=3) Problem Identification and Referral. Information was extracted from provider prevention plans as populated in the Prevention Provider Strategy Matrix.

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)*:

97% (n = 28) of providers (n = 29) identified Underage Drinking (UD) as a priority for prevention strategies in FY15. Prevention providers were allowed to choose from six areas of focus for strategy implementation with UD being one of the choices. UD was represented across all six strategies in the following percentiles from greatest to least representation: 97% (n = 28) Environmental, 79% (n = 23) Education and Information Dissemination, 79% (n = 22) Alternatives, 52% (n = 15) Community Based Processes, and 7% (n = 2) Problem Identification and Referral

Priority #: 5

Priority Area: Parents of Underage Children

Priority Type: SAT

Population(s): Other (Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Increase access to parenting training for men and women admitted to all ADMH funded substance abuse treatment programs who have underage children.

Strategies to attain the goal:

1. Consult with the family Guidance Center's Fatherhood Initiative Director to identify effective strategies for providing parenting training for men.
2. Modify ADMH administrative rules to incorporate parenting training as a service basic requirement in all levels of care for both males and females.
3. Modify ASAIS intake procedure to collect data regarding the number of underage children of parents in treatment and the current custody status of these children.
4. Establish a list of culturally appropriate, effective parenting training curriculums and disseminate to providers.
5. Establish access to technical assistance and training relevant to implementation of parenting training.
6. Monitor program compliance and provider satisfaction with the delivery of parenting education.

Establish policies requiring all programs funded by ADMH to provide culturally relevant parenting and domestic violence education.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of men admitted to substance abuse treatment and participate in parenting training.

Baseline Measurement: As there is currently no parenting training provided for males in treatment, the baseline is 0.

First-year target/outcome measurement: 1/3 of the males who have underage children and are admitted to an ADMH funded treatmeht program will receive parenting training.

Second-year target/outcome measurement: 2/3 of the males who have underage children and are admitted to an ADMH funded treatmeht program will receive parenting training.

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

Data Source:

ASAIS.

New Data Source *(if needed)*:

Description of Data:

Admission data reported to ADMH will incorporate the individual's parenting status. Service claims will document service delivery..

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

The time and cost for modification of ASAIS may delay access to needed data.

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:

ASAIS modifications were not made during the year to provide for access to needed data. Funding has been made available to accommodate the required changes, however. Progress made to date supports attainment of the Year 2 goal.

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:

After the unexpected resignation of ADMH's SA Treatment Services Director, the SA Treatment Services staff was faced with competing priorities for implementation. This included the very time consuming process of implementing a regulatory change which required assessment and authorization of the credentials of all contract provider clinicians. In addition, the unexpected resignation of the

ADMH's CIO has resulted in delay of ASAIS modifications which support attainment of this goal. Attainment of this goal remains a priority with such expected by January 31, 2016.

How second year target was achieved (optional):

Indicator #:

2

Indicator:

The number of parents admitted to substance abuse treatment programs who have underage children and receive parenting education during a treatment episode.

Baseline Measurement:

The baseline measure is 0.

First-year target/outcome measurement:

1/3 of parents of underage childrenw will participate in parenting training as part of the routine treatent protocol.

Second-year target/outcome measurement:

2/3 of parents of underage childrenw will participate in parenting training as part of the routine treatent protocol.

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

Data Source:

ASAIS.

New Data Source (if needed):

Description of Data:

Admission data and service utilization data reported to ASAIS.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Cost and time related to ASAIS modifications may delay the data collection process.

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:

ASAIS modifications were not made during the year to provide for access to needed data. Funding has been made available to accommodate the required changes, however. Progress made to date supports attainment of the Year 2 goal.

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:

After the unexpected resignation of ADMH's SA Treatment Services Director, the SA Treatment Services staff was faced with competing priorities for implementation. This included the very time consuming process of implementing a regulatory change which required assessment and authorization of the credentials of all contract provider clinicians. In addition, the unexpected resignation of the ADMH's CIO has resulted in delay of ASAIS modifications which support attainment of this goal. Attainment of this goal remains a priority with such expected by January 31, 2016.

How second year target was achieved (optional):

Priority #:

6

Priority Area:

Military Families

Priority Type:

SAT

Population(s):

Other (Military Families)

Goal of the priority area:

To ensure that veterans and their families are receiving appropriate and consistent services delivery.

Strategies to attain the goal:

- 1) ADMH will work with agencies to determine what specific services are offered for veterans and their families, including any recovery support services.
- 2) Once an inventory of veteran specific services has been established, it will be disseminated to all providers and included on the ADMH SA provider directory.
- 2) ADMH will increase communication and collaboration between certified facilities and Veteran Service Organizations in order to improve access to services.
- 3) ADMH will continue to be a part of the Alabama Returning Veterans Policy Academy Team as a way of establishing and maintaining relationships with various Veteran Service Organizations in the state.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase in number of veterans and their families accessing treatment services.

Baseline Measurement: The number of veterans who have accessed treatment as of 6/30/13 was 925. The final baseline will be established on 9/30/13.

First-year target/outcome measurement: The number of veterans who have accessed treatment will increase 3% from the baseline measurement.

Second-year target/outcome measurement: The number of veterans who have accessed treatment will increase 5% from the baseline measurement.

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

Data Source:

ASAIS and quarterly surveys.

New Data Source (if needed):

Description of Data:

Admission data collected from ASAIS will indicate how many Veterans have accessed treatment. Surveys will report how many family members of veterans have been involved in treatment services.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

.Reductions in funding may result in less access to 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:

There was actually a decrease in the number of veterans served. This can be attributed to a number of things. The Department of Veteran's Affairs has aggressively pursued the issue of housing first for veterans. They have also pushed for the VA's to reduce the number of opiate prescriptions that are being issued by VA doctors. This may have contributed to the decline in numbers. However, ADMH is committed to continuing to offer services to veterans and their families. The target will remain unchanged. The promotion of veteran specific services and veteran specific trainings will continue to be promoted.

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

ADMH continued to encourage veteran specific services and for agencies to provide quicker access to care for veterans. The numbers

increased from 1014 in FY14 to 1657 in FY15.

Indicator #: 2

Indicator: Increase in number of ADMH certified contract facilities that offer veterans and veterans' family specific services, including trauma specific services.

Baseline Measurement: The baseline for this measurement will be 0 as it has never been collected in the past.

First-year target/outcome measurement: 2% of all certified contract agencies will offer veterans and veterans' family specific services.

Second-year target/outcome measurement: 4% of all certified contract agencies will offer veterans and veterans' family specific services.

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

Data Source:

ASAIS and quarterly surveys to providers.

New Data Source (if needed):

Description of Data:

ASAS will provide admission and service utilization data reported by providers. Surveys will be a self report by agency providers.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Reductions in funding may cause some agencies to struggle with implementing veteran specific 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):

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

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

While there was an increase from the previous year, it did not reach the 4% mark. There was only one agency that increased its veteran specific services in a large fashion. The lack of funding is the main reason agencies reported as not increasing veteran specific services. ADMH will continue to work toward attainment of this goal, seeking to identify and/or leverage new funding resources for these services.

How second year target was achieved (optional):

Priority #: 7

Priority Area: Vulnerable/Underserved Populations

Priority Type: SAT

Population(s): 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:

Establish a substance abuse prevention, treatment, and recovery support service system that is responsive to the needs of a culturally and linguistically diverse client population.

Strategies to attain the goal:

1. Create a cultural competence advisory group of ADMH staff, provider organizations, and members of diverse cultural groups and institutions.
2. Conduct a data comparison study that will identify and map current substance abuse service locations and levels of care in relation to Alabama county health indicators, and population demographics.
3. Assess the staff and service capacity of the public substance abuse system to serve the identified groups.
4. Assess the policies and procedures provider organizations to address the needs of cultural groups.
5. Develop practice strategies and standards to support improved service outcomes of diverse cultural groups.
6. Conduct trainings to improve competence skill sets for the public workforce.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The establishment of a fully functioning Cultural Competency Advisory Workgroup

Baseline Measurement: None existence of an ADMH Cultural Competency Advisory Workgroup.

First-year target/outcome measurement: The ADMH Cultural Competency Advisory Workgroup will be organized.

Second-year target/outcome measurement: The Cultural Competency Advisory Workgroup will be organized and fully functional.

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

Data Source:

- 1) Meeting Minutes;
- 2) Policies and procedures guiding the organizational structure and mission of the workgroup

New Data Source (if needed):

Description of Data:

- 1) ADMH MH/SA Executive staff meeting minutes will establish a record of the establishment and activities of the workgroup.
- 2) After its establishment, minutes of the workgroup.
- 3) Written policies and procedures will exist.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None identified.

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):

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	\$13,862,700		\$6,812,677	\$1,141,529	\$9,590,715	\$0	\$394,496
a. Pregnant Women and Women with Dependent Children*	\$1,668,433		\$0	\$0	\$0	\$0	\$0
b. All Other	\$12,194,267		\$6,812,677	\$1,141,529	\$9,590,715	\$0	\$394,496
2. Primary Prevention	\$3,199,130		\$0	\$0	\$0	\$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)	\$758,081		\$0	\$233,861	\$835,460	\$0	\$0
9. Total	\$17,819,911	\$0	\$6,812,677	\$1,375,390	\$10,426,175	\$0	\$394,496

* Prevention other than primary prevention

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

Start Date: 10-01-14 End Date: 09-30-15

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			\$179,586
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	3538	8871.00	\$179,586
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)			\$3,501,069
Classroom and/or small group sessions (Education)		41267.00	\$553,071
Media campaigns (Information Dissemination)		17554.00	\$197,619
Systematic Planning/Coalition and Community Team Building(Community Based Process)		18716.00	\$233,318
Parenting and family management (Education)			\$0

Education programs for youth groups (Education)			\$0
Community Service Activities (Alternatives)		40364.00	\$741,300
Student Assistance Programs (Problem Identification and Referral)		3913.00	\$58,320
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)		84619.00	\$1,717,441
Engagement Services			\$1,116,995
Assessment	9117	15938.00	\$1,104,041
Specialized Evaluations (Psychological and Neurological)	29	90.00	\$12,900
Service Planning (including crisis planning)			\$0
Consumer/Family Education			\$0
Outreach	3	7.00	\$54
Outpatient Services			\$1,818,076
Evidenced-based Therapies	6493	14036.00	\$757,861
Group Therapy	2566	38781.00	\$960,663
Family Therapy	215	504.00	\$34,802
Multi-family Therapy	367	1444.00	\$64,750
Consultation to Caregivers			\$0
Medication Services			\$511,070
Medication Management	1	2.00	\$12
Pharmacotherapy (including MAT)	426	52365.00	\$511,058
Laboratory services			\$0
Community Support (Rehabilitative)			\$2,842,117
Parent/Caregiver Support			\$0
Skill Building (social, daily living, cognitive)	3131	245509.00	\$979,541
Case Management	3007	69487.00	\$287,481

Behavior Management			\$0
Supported Employment			\$0
Permanent Supported Housing			\$0
Recovery Housing	1018	38404.00	\$1,575,095
Therapeutic Mentoring			\$0
Traditional Healing Services			\$0
Recovery Supports			\$147,795
Peer Support	731	49842.00	\$147,795
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			\$3,724,661
Substance Abuse Intensive Outpatient (IOP)	4557	195566.00	\$3,706,209
Partial Hospital	17	1244.00	\$18,452
Assertive Community Treatment			\$0
Intensive Home-based Services			\$0
Multi-systemic Therapy			\$0

Intensive Case Management			\$0
Out-of-Home Residential Services			\$4,748,897
Children's Mental Health Residential Services			\$0
Crisis Residential/Stabilization			\$0
Clinically Managed 24 Hour Care (SA)	1204	24003.00	\$2,601,465
Clinically Managed Medium Intensity Care (SA)	650	28644.00	\$2,147,432
Adult Mental Health Residential			\$0
Youth Substance Abuse Residential Services			\$0
Therapeutic Foster Care			\$0
Acute Intensive Services			\$997,962
Mobile Crisis	98	451.00	\$7,722
Peer-based Crisis Services			\$0
Urgent Care			\$0
23-hour Observation Bed			\$0
Medically Monitored Intensive Inpatient (SA)	753	5181.00	\$990,240
24/7 Crisis Hotline Services			\$0
Other (please list)			\$0
Total			\$19,588,228

Footnotes:

Completion of this form is not required.

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	\$16,809,789
2. Primary Prevention	\$4,482,610
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$1,120,652
6. Total	\$22,413,051

*Prevention other than Primary Prevention

**HIV Designated States

Footnotes:

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	\$11,861	\$	\$	\$	\$
Information Dissemination	Indicated	\$3,954	\$	\$	\$	\$
Information Dissemination	Universal	\$181,868	\$	\$	\$	\$
Information Dissemination	Unspecified	\$	\$	\$133,545	\$	\$
Information Dissemination	Total	\$197,683	\$	\$133,545	\$	\$
Education	Selective	\$57,745	\$	\$	\$	\$
Education	Indicated	\$19,248	\$	\$	\$	\$
Education	Universal	\$885,423	\$	\$	\$	\$
Education	Unspecified	\$	\$	\$58,145	\$	\$
Education	Total	\$962,416	\$	\$58,145	\$	\$
Alternatives	Selective	\$54,625	\$	\$	\$	\$
Alternatives	Indicated	\$18,208	\$	\$	\$	\$
Alternatives	Universal	\$837,585	\$	\$	\$	\$
Alternatives	Unspecified	\$	\$	\$55,003	\$	\$
Alternatives	Total	\$910,418	\$	\$55,003	\$	\$
Problem Identification and Referral	Selective	\$780	\$	\$	\$	\$
Problem Identification and Referral	Indicated	\$260	\$	\$	\$	\$
Problem Identification and Referral	Universal	\$11,960	\$	\$	\$	\$
Problem Identification and Referral	Unspecified	\$	\$	\$785	\$	\$
Problem Identification and Referral	Total	\$13,000	\$	\$785	\$	\$
Community-Based Process	Selective	\$21,839	\$	\$	\$	\$

Community-Based Process	Indicated	\$ 7,280	\$	\$	\$	\$
Community-Based Process	Universal	\$ 334,869	\$	\$	\$	\$
Community-Based Process	Unspecified	\$	\$	\$ 21,991	\$	\$
Community-Based Process	Total	\$363,988	\$	\$21,991	\$	\$
Environmental	Selective	\$ 122,106	\$	\$	\$	\$
Environmental	Indicated	\$ 40,702	\$	\$	\$	\$
Environmental	Universal	\$ 1,872,297	\$	\$	\$	\$
Environmental	Unspecified	\$	\$	\$ 169,455	\$	\$
Environmental	Total	\$2,035,105	\$	\$169,455	\$	\$
Section 1926 Tobacco	Selective	\$ 0	\$	\$	\$	\$
Section 1926 Tobacco	Indicated	\$ 0	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$ 0	\$	\$	\$	\$
Section 1926 Tobacco	Unspecified	\$ 0	\$	\$	\$	\$
Section 1926 Tobacco	Total	\$0	\$	\$	\$	\$
Other	Selective	\$	\$	\$	\$	\$
Other	Indicated	\$	\$	\$	\$	\$
Other	Universal	\$	\$	\$	\$	\$
Other	Unspecified	\$	\$	\$	\$	\$
Other	Total	\$	\$	\$	\$	\$
	Grand Total	\$4,482,610	\$	\$438,924	\$	\$

Footnotes:

Alabama did not spend SABG funds on 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	\$4,124,001		\$438,924		
Universal Indirect					
Selective	\$268,957				
Indicated	\$89,652				
Column Total	\$4,482,610.00	\$0.00	\$438,924.00	\$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	b
Tobacco	b
Marijuana	b
Prescription Drugs	b
Cocaine	b
Heroin	b
Inhalants	b
Methamphetamine	b
Synthetic Drugs (i.e. Bath salts, Spice, K2)	b
Targeted Populations	
Students in College	b
Military Families	b
LGBTQ	b
American Indians/Alaska Natives	b
African American	b
Hispanic	b
Homeless	b
Native Hawaiian/Other Pacific Islanders	b
Asian	b
Rural	b
Underserved Racial and Ethnic Minorities	b

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						\$0.00
2. Quality Assurance						\$0.00
3. Training (Post-Employment)						\$0.00
4. Program Development						\$0.00
5. Research and Evaluation						\$0.00
6. Information Systems						\$0.00
7. Education (Pre-Employment)						\$0.00
8. Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Footnotes:

SABG 13 Award did not allocate funding for Resource Development.

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
AL900547	AL900547	✓	Region 2	Agency for Substance Abuse Prev of	1302 Noble Street Lyric Square Suite 3-B	Anniston	AL	36201	\$148,702	\$5,000	\$0	\$143,702	\$0
103	AL750405	✓	Region 2	Alcohol and Drug Abuse	2701 Jefferson Avenue SW	Birmingham	AL	35211	\$2,513,186	\$2,374,438	\$1,253,223	\$138,748	\$0
204	AL300037	✓	Region 2	Aletheia House	201 Finley Avenue West P.O. Box 1514	Birmingham	AL	35204	\$1,382,079	\$1,205,728	\$0	\$176,351	\$0
5	AL901206	✓	Region 4	AltaPointe Health Systems Inc	4211 Government Boulevard	Mobile	AL	36693	\$2,179,503	\$1,737,077	\$162,491	\$442,426	\$0
042	AL750561	✗	Region 4	Altapointe Health Systems Inc	372 South Greeno Road	Fairhope	AL	36532	\$450,282	\$293,964	\$0	\$156,318	\$0
206	AL302330	✓	Region 1	Bridge Inc	3232 Lay Springs Road	Gadsden	AL	35904	\$383,128	\$383,128	\$0	\$0	\$0
0008	AL302108	✓	Region 3	Cahaba Center for	912 Jeff Davis Avenue	Selma	AL	36701	\$491,719	\$414,380	\$56,518	\$77,339	\$0
23	AL900109	✓	Region 2	Calhoun Cleburne Mental Health Center	1640 Coleman Road	Anniston	AL	36203	\$298,210	\$298,210	\$0	\$0	\$0
0028	AL900786	✓	Region 1	Cedar Lodge	22165 U.S. Highway 431	Guntersville	AL	35976	\$1,044,744	\$896,081	\$0	\$148,663	\$0
21	AL900620	✓	Region 2	Cheaha Regional Mental Health Center	351 West 3rd Street	Sylacauga	AL	35150	\$915,019	\$768,055	\$0	\$146,964	\$0
113	AL900604	✓	Region 3	Chemical Addictions Program Inc (CAP)	1153 Air Base Boulevard	Montgomery	AL	36108	\$674,678	\$674,678	\$0	\$0	\$0
35	AL900570	✓	Region 1	Cherokee/Etowah/DeKalb MH Center	425 5th Avenue NW	Attalla	AL	35954	\$333,577	\$124,980	\$0	\$208,597	\$0
AL101955	AL101955	✗	Region 2	Chilton Shelby Mental Health Center	151 Hamilton Lane	Calera	AL	35040	\$451,239	\$193,270	\$0	\$257,969	\$0
AL750272	AL750272	✓	Region 1	Council on Substance Abuse/NCADD	100 Commerce Street Suite 800	Montgomery	AL	36104	\$299,659	\$13,497	\$0	\$286,162	\$0
0120	AL101354	✓	Region 1	Cullman Area Mental Health Authority	1909 Commerce Avenue	Cullman	AL	35055	\$192,541	\$110,756	\$0	\$81,786	\$0
AUG9800597	AL101724	✗	Region 3	East Alabama Mental Health Center	2300 Center Hills Drive	Opelika	AL	36801	\$610,151	\$346,004	\$5,566	\$264,147	\$0
24	AL302371	✓	Region 3	East Central Mental Health Inc	200 Cherry Street	Troy	AL	36081	\$151,411	\$85,530	\$0	\$65,881	\$0
AL100343	AL100343	✗	Region 3	Elmore County Partnership for Children	507 Alabama Street	Wetumpka	AL	36092	\$11,437	\$11,437	\$0	\$0	\$0
0021	AL100194	✓	Region 2	Family and Child Services Inc	1401 20th Street South	Birmingham	AL	35205	\$128,620	\$4,916	\$0	\$123,703	\$0
349	AL100349	✗	Region 1	FORMILL	P.O. BOX 360	EVA	AL	35621	\$13,000	\$13,000	\$0	\$0	\$0
AL100668	AL100668	✓	Region 1	Freedom House	P.O. Box 1020	Rogersville	AL	35652	\$407,719	\$407,719	\$373,551	\$0	\$0
AL100193	AL100193	✓	Region 3	Hope for Families and Comm Services	510 Mimosa Court	Union Springs	AL	36089	\$360	\$360	\$0	\$0	\$0

0059	AL100284	✓	Region 2	Hope House Inc	1000 Lincoln Avenue	Oneonta	AL	35121	\$30,797	\$30,797	\$0	\$0	\$0
0007	AL100223	✓	Region 2	Indian Rivers Mental Health Center	2209 9th Street	Tuscaloosa	AL	35401	\$934,859	\$804,143	\$91,603	\$130,716	\$0
117	AL750074	✓	Region 2	Jefferson Cnty Committee for Econ Opp	801 46th Street North Suite 209	Birmingham	AL	35212-2213	\$279,308	\$181,916	\$0	\$97,392	\$0
202	AL301407	✓	Region 3	Lighthouse Counseling Center Inc	111 Coliseum Boulevard	Montgomery	AL	36109-2707	\$663,313	\$602,708	\$154,597	\$60,605	\$0
812	AL900588	✓	Region 3	Lighthouse of Tallapoosa County Inc	36 Franklin Street	Alexander City	AL	35010	\$5,243	\$5,243	\$0	\$0	\$0
AL100341	AL100341	✗	Region 1	Marwin Counseling Services	422 2nd Street SW	Hamilton	AL	35570	\$761	\$761	\$0	\$0	\$0
9	AL900737	✓	Region 1	Mental Health Center of Madison County	4040 Memorial Parkway SW Suite C	Huntsville	AL	35802	\$717,521	\$448,322	\$0	\$269,199	\$0
17	AL900117	✓	Region 1	Mental Health Ctr of North Central AL	4110 U.S. Highway 31 South	Decatur	AL	35603-1644	\$551,342	\$353,087	\$120,693	\$198,255	\$0
B25616951	AL100383	✓	Region 2	New Life for Women	P.O. Box 553	Gadsden	AL	35901	\$19,440	\$19,440	\$0	\$0	\$0
AL100340	AL100340	✗	Region 2	New Pathways Inc	1508 Bunt Drive	Pell City	AL	35125	\$4,915	\$4,915	\$0	\$0	\$0
30	AL750199	✓	Region 1	Northwest Alabama Mental Health Center	1100 7th Avenue	Jasper	AL	35501	\$563,786	\$410,796	\$0	\$152,990	\$0
119	AL100429	✓	Region 2	Oakmont Center	P.O. Box 8328	Birmingham	AL	35218	\$243,696	\$122,852	\$0	\$120,844	\$0
802	AL900653	✓	Region 1	Pathfinder Inc	3104 Ivy Avenue SW	Huntsville	AL	35805	\$25,539	\$25,539	\$0	\$0	\$0
B989517180	AL102086	✓	Region 1	Rapha Treatment Center	677 West Covington Avenue	Attalla	AL	35954	\$30	\$30	\$0	\$0	\$0
AL101353	AL101353	✓	Region 1	Recovery Services	301 Godfrey Avenue SE	Fort Payne	AL	35967	\$35,188	\$35,188	\$0	\$0	\$0
2	AL900778	✓	Region 1	Riverbend Center for Mental Health	P.O. Box 941	Florence	AL	35631	\$772,898	\$577,084	\$0	\$195,814	\$0
0067	X	✗	Region 3	SAYNO, Inc.	492 South Court Street, Suite 1	Montgomery	AL	36104	\$24,887	\$0	\$0	\$24,887	\$0
ABI405107174	AL100819	✓	Region 3	Selma Dallas Prevention	1 Bell Road	Selma	AL	36701	\$19,750	\$19,750	\$0	\$0	\$0
A102037	AL102037	✗	Region 4	South Central AL CMHC	205 Academy Drive	Andalusia	AL	36420	\$544,445	\$544,445	\$0	\$0	\$0
AL101333	AL101333	✓	Region 4	Southwest Alabama Behavioral	1321 McMillian Avenue	Brewton	AL	36426	\$391,195	\$314,766	\$86,303	\$76,429	\$0
16	AL750124	✓	Region 4	SpectraCare	831 John D Odom Road	Dothan	AL	36303	\$1,323,218	\$1,095,007	\$0	\$228,211	\$0
AL100342	AL100342	✗	Region 3	TEARS Inc	1011 South Railroad Street	Phenix City	AL	36867	\$2,194	\$2,194	\$0	\$0	\$0
10	AL100049	✓	Region 2	University of Alabama at Birmingham	401 Beacon Parkway West Suite 150	Birmingham	AL	35209	\$890,460	\$772,903	\$93,204	\$117,557	\$0
33	AL900687	✓	Region 3	West Alabama Mental Health Center	1215 South Walnut Avenue	Demopolis	AL	36732	\$166,649	\$75,694	\$0	\$90,955	\$0
Total									\$21,292,399	\$16,809,789	\$2,397,748	\$4,482,610	\$0

* Indicates the imported record has an error.

Footnotes:

The state has corrected half of the entries which indicated conflict with the SAMHSA database of I-BHS numbers. The remainder of the conflicts between information entered on Table 7 and the SAMHSA database could not be identified after close examination of provider information in the I-BHS online system and within the state's database. The state will work directly with Synectics to resolve the remaining errors.

In response to the inquiry about Rapha Treatment Center and TEARS, Inc.:

Rapha Treatment Center was issued a contract that primarily consisted of state funds, which was used to process the majority of the agency's claims. However, a very small portion (\$30.00) of the agency's claims were paid utilizing funds from the FY13 SABG for treatment services.

TEARS, Inc. was, also, issued a contract that primarily consisted of state funds, which was used to process the majority of the agency's claims. However, a portion (\$2,194) of the agency's claims were paid utilizing funds from the FY13 SABG for adolescent treatment services.

These actions were taken to maximize utilization of all available resources to support the state's public system of substance abuse treatment services.

III: Expenditure Reports

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2013) + B2(2014)</u> 2 (C)
SFY 2013 (1)	\$16,099,357	
SFY 2014 (2)	\$16,153,374	\$16,126,366
SFY 2015 (3)	\$16,143,774	

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

SFY 2013 Yes X No _____
 SFY 2014 Yes X No _____
 SFY 2015 Yes X No _____

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

Yes _____ No X

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

If yes, SFY: _____

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

Yes _____ No _____

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

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

Footnotes:
 Because BGAS prepopulates prior year expenditures, errors cannot be manually corrected. The state has submitted documentation to SAMHSA which verified the following prior year expenditures as correct:

Actual Expenditures for SFY12: \$16,207,390.24
 Actual Expenditures for SFY13: \$16,099,357.40. Required MOE for FY14: 16,153,373.82

Actual Expenditures for SFY13: \$16,099,357.40
 Actual Expenditures for SFY14: \$16,153,373.82. Required MOE for FY15: \$16,126,365.61

Methodology for Calculation of MOE for State Expenditures for SAPT: In accordance with 45 CFR 96.134, the Alabama Department of Mental Health Office of Finance monitors and tracks maintenance of effort for the SABG. Each year's required MOE is calculated based on the average of the expenditures from the prior two year period. Each year's estimated MOE is calculated based on the budgeted amounts for the current year for the accounting codes identified by MHSa. An EXCEL spreadsheet is used to calculate these figures.

The MOE spreadsheet contains a list of the activity codes that are used by the mental Health and Substance Abuse (MHSa) Division to track state funded expenditures that qualify for MOE. At the beginning of the year the budgeted amounts are posted to the spreadsheet to verify that SA is on target to meet the MOE requirement. if the budgeted amounts fall short of the required amount, the Associate Commissioner for MHSa and the Fiscal Manager are notified in order to allow them to adjust the budget as needed to ensure that the required MOE will

be met.

The following activity codes are utilized to track state expenditures that qualify under the definition of maintenance of effort:

404-8060-0000 Administration

404-9004-8710 Medicaid Admin State Match

217-8061-0000 SA Services

217-8061-5405 DYS Adolescent Treatment Services

217-8061-5640 Indigent Offender Services

501-4022-5940 Multi-Needs Shared Services - Children

217-9000-8110 Medicaid State Match - Rehabilitation Option Services

217-9000-8010 Medicaid State Match - Transportation

New activity codes can be added at any time. The Fiscal Manager verifies which codes to include each year. The MOE spreadsheet is located in a Office of Finance EXCEL folder in the following file: x:/Workgroups/ADMH/SAPT/MOE.

Quarterly, or as requested, the spreadsheet is updated with actual expenditures and encumbrances from the accounting system or the Fund Activity report. It is then distributed to the MHSA Associate Commissioner, Fiscal Manager and the Contracts and Grants Supervisor.

As expenditures are processed, the amounts on the MOE spreadsheet are updated. Purchase orders and professional service contracts create encumbrances that can be carried into the next fiscal year. Expenditures continue to be updated until all encumbrances are liquidated. The Alabama Department of Mental Health allows for up to 12 months, following the end of the fiscal year, for liquidation of all encumbrances contracted during the fiscal year.

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)	\$2,470,000	6.00%	\$148,200	
SFY 1992 (2)	\$2,470,000	6.00%	\$148,200	\$148,200

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)	\$405,054	38.40%	\$155,541

Footnotes:

The current TB MOE calculation methodology, as follows, was approved by SAMHSA on February 15, 2002:

The Alabama Department of Public Health estimates six percent (6%) of the state funds it expends for tuberculosis services are attributable to individuals who have substance use disorders. This rate was utilized to establish the baseline for Alabama's TB MOE, \$148,000, in 1992. Thus, each year ADMH takes the figure provided by ADPH of its annual state expenditures for TB services and calculates the 6% rate. To that figure ADMH adds the total amount of state funds it spends annually to pay for adolescent screening/assessments that include screening for TB. The total of both figures equals the state's annual TB MOE.

III: Expenditure Reports

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

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:

Alabama was not an HIV EIS Designated State in SFY 2015.

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	\$1,366,290	
SFY 2013		\$1,813,306
SFY 2014		\$1,476,700
SFY 2015		\$1,658,196

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)): \$ 2031822.00

Footnotes:

1. Expenditures are estimated
2. Date actual expenditures will be entered: 09/30/2016 (The Alabama Department of Mental Health allows for up to 12 months, following the end of the fiscal year, for liquidation of all encumbrances contracted during the fiscal year.)

Methodology:

The base for services to pregnant women and women with dependent children was established in 1992 at \$92,200. Aletheia House, Inc., NFR ID # AL300037, had expensed \$92,200.00. As per Section 1922 of the Block Grant five percent of the FFY 1993 grant was identified for services to pregnant women and women with dependent children. The FFY 1993 grant amount was \$12,398,438 X .05 = \$619,921.90. Adding \$92,200 plus \$619,921.90=\$712,121.90 set-aside for FFY 1993. The FFY 1994 grant amount was \$13,083,374.00 X .05 = \$654,168.70. Adding \$712,121.90 from FFY 1993 and \$654,168.70 from FFY 1994 yielded a Maintenance of Effort of \$1,366,290.60 for FFY 1994 and subsequent fiscal years.

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)
At Risk Youth	1. Information Dissemination	
	3. Media campaigns	4
	4. Brochures	7
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	3
	2. Ongoing classroom and/or small group sessions	11
	4. Education programs for youth groups	6
	3. Alternatives	
	1. Drug free dances and parties	2
	3. Community drop-in centers	4
	6. Recreation activities	7
	4. Problem Identification and Referral	
	4. Life Skills	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	4
	5. Accessing services and funding	1
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	3
	3. Modifying alcohol and tobacco advertising practices	1

Footnotes:

IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2015

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	0	0	\$0	\$0	\$0
2. Free-Standing Residential	965	719	\$0	\$0	\$0
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	2539	2135	\$0	\$0	\$0
5. Long-term (over 30 days)	3283	1859	\$0	\$0	\$0
AMBULATORY (OUTPATIENT)					
6. Outpatient	5366	4532	\$0	\$0	\$0
7. Intensive Outpatient	4875	4190	\$0	\$0	\$0
8. Detoxification	0	0	\$0	\$0	\$0
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	776	699	\$0	\$0	\$0
10. ORT Outpatient	0	0	\$0	\$0	\$0

Footnotes:

Alabama is a very poor state and depends greatly on federal funding for the survival of its public system of substance abuse treatment services. Sequestration of the SABG necessitated across-the-board cuts in services that many contractors could not withstand. Programs closed or reduced their scope of services and the number of individuals served decreased.

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2015

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	1069	255	129	416	112	0	0	2	0	3	0	19	12	92	29	759	276	28	6
2. 18 - 24	2653	889	524	567	148	3	0	3	0	5	1	30	7	325	151	1791	822	31	9
3. 25 - 44	9621	3049	2506	1708	702	1	1	6	2	12	14	21	16	876	707	5636	3938	37	10
4. 45 - 64	3730	1210	583	1078	334	1	0	3	0	11	2	6	1	318	183	2617	1098	10	5
5. 65 and Over	178	69	18	58	8	0	0	1	0	1	0	0	0	17	6	144	32	2	0
6. Total	17251	5472	3760	3827	1304	5	1	15	2	32	17	76	36	1628	1076	10947	6166	108	30
7. Pregnant Women	304		188		52		0		0		3		2		59		302		2
Number of persons served who were admitted in a period prior to the 12 month reporting period		2780																	
Number of persons served outside of the levels of care described on Table 10		0																	

Footnotes:

IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2015

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: <u> 0 </u>	Rural: <u> 0 </u>
2. Total number of individuals tested through SAPT HIV EIS funded programs	0	
3. Total number of HIV tests conducted with SAPT HIV EIS funds	0	
4. Total number of tests that were positive for HIV	0	
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection	0	
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period	0	
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

Footnotes:

Alabama was not an HIV EIS designated state during the specified expenditure period.

IV: Populations and Services Reports

Table 13 - Charitable Choice

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2015

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:

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]	84	95
Total number of clients with non-missing values on employment/student status [denominator]	913	913
Percent of clients employed or student (full-time and part-time)	9.2 %	10.4 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		1,163
Number of CY 2014 discharges submitted:		1,038
Number of CY 2014 discharges linked to an admission:		937
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		932
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		913

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	312	586
Total number of clients with non-missing values on employment/student status [denominator]	1,320	1,320
Percent of clients employed or student (full-time and part-time)	23.6 %	44.4 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		1,839
Number of CY 2014 discharges submitted:		1,499
Number of CY 2014 discharges linked to an admission:		1,410

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,407
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,320

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	741	784
Total number of clients with non-missing values on employment/student status [denominator]	1,598	1,598
Percent of clients employed or student (full-time and part-time)	46.4 %	49.1 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		3,167
Number of CY 2014 discharges submitted:		2,187
Number of CY 2014 discharges linked to an admission:		1,798
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,672
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		1,598

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	576	651
Total number of clients with non-missing values on employment/student status [denominator]	1,474	1,474
Percent of clients employed or student (full-time and part-time)	39.1 %	44.2 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		2,795
Number of CY 2014 discharges submitted:		1,883
Number of CY 2014 discharges linked to an admission:		1,603

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,582
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,474

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

Footnotes:
The number of linked discharges reported in Tables 14 - 19 averages 5,600, exclusive of discharges reported for individuals who received detox services and opioid replacement treatment. In addition, the number of admissions reported in Table 10 is reflective of admissions for Fiscal Year 2015. The admissions reported in Tables 14 -19 occurred during Calendar Year 2014. With those clarifications in mind, however, Tables 14-19 do not adequately reflect all of the admissions or discharges that occurred in Calendar Year 2014. The state understands that approximately half of its admissions for 2014, for the four levels of care identified in Tables 14-19, is reflected by the data reported. Changes in the job responsibilities of the agency's staff who entered the TEDS Data for CY14 created a delayed data entry process and resulted in a lower response rate. In addition, inefficient programmed procedures within the agency's management information system, ASAIS, required a cumbersome TEDS data entry process. This, too, contributed to less than optimal submission of client admission and discharge data. Both of these problems are now resolved and should result in more accurate reporting of the state's admissions and linked discharges to TEDS in 2016.

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]	721	765
Total number of clients with non-missing values on living arrangements [denominator]	819	819
Percent of clients in stable living situation	88.0 %	93.4 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		1,163
Number of CY 2014 discharges submitted:		1,038
Number of CY 2014 discharges linked to an admission:		937
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		932
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		819

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	1,037	1,118
Total number of clients with non-missing values on living arrangements [denominator]	1,222	1,222
Percent of clients in stable living situation	84.9 %	91.5 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		1,839
Number of CY 2014 discharges submitted:		1,499
Number of CY 2014 discharges linked to an admission:		1,410

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,407
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,222

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	1,578	1,581
Total number of clients with non-missing values on living arrangements [denominator]	1,590	1,590
Percent of clients in stable living situation	99.2 %	99.4 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		3,167
Number of CY 2014 discharges submitted:		2,187
Number of CY 2014 discharges linked to an admission:		1,798
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,672
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		1,590

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	1,345	1,357
Total number of clients with non-missing values on living arrangements [denominator]	1,410	1,410
Percent of clients in stable living situation	95.4 %	96.2 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		2,795
Number of CY 2014 discharges submitted:		1,883
Number of CY 2014 discharges linked to an admission:		1,603

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,582
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,410

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	822	893
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	930	930
Percent of clients without arrests	88.4 %	96.0 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		1,163
Number of CY 2014 discharges submitted:		1,038
Number of CY 2014 discharges linked to an admission:		937
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		934
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		930

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	1,259	1,393
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,409	1,409
Percent of clients without arrests	89.4 %	98.9 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		1,839
Number of CY 2014 discharges submitted:		1,499
Number of CY 2014 discharges linked to an admission:		1,410

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,409
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,409

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	1,401	1,453
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,508	1,508
Percent of clients without arrests	92.9 %	96.4 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		3,167
Number of CY 2014 discharges submitted:		2,187
Number of CY 2014 discharges linked to an admission:		1,798
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,700
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		1,508

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,423	1,529
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,572	1,572
Percent of clients without arrests	90.5 %	97.3 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		2,795
Number of CY 2014 discharges submitted:		1,883
Number of CY 2014 discharges linked to an admission:		1,603

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,594
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,572

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	666	782
All clients with non-missing values on at least one substance/frequency of use [denominator]	927	927
Percent of clients abstinent from alcohol	71.8 %	84.4 %

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]		135
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	261	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		51.7 %

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]		647
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	666	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.1 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	1,163
Number of CY 2014 discharges submitted:	1,038
Number of CY 2014 discharges linked to an admission:	937
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	934
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	927

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

†Records received through 2/1/2016

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]	1,115	1,328
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,365	1,365
Percent of clients abstinent from alcohol	81.7 %	97.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		226
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	250	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		90.4 %

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]		1,102
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,115	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.8 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	1,839
Number of CY 2014 discharges submitted:	1,499
Number of CY 2014 discharges linked to an admission:	1,410
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,409
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,365

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file [Records received through 2/1/2016]

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]	1,148	1,420
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,553	1,553
Percent of clients abstinent from alcohol	73.9 %	91.4 %

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]		286
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	405	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		70.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,134
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,148	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.8 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	3,167
Number of CY 2014 discharges submitted:	2,187
Number of CY 2014 discharges linked to an admission:	1,798
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,700
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,553

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	978	1,236

All clients with non-missing values on at least one substance/frequency of use [denominator]	1,523	1,523
Percent of clients abstinent from alcohol	64.2 %	81.2 %

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]		291
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	545	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		53.4 %

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]		945
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	978	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.6 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	2,795
Number of CY 2014 discharges submitted:	1,883
Number of CY 2014 discharges linked to an admission:	1,603
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,594
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,523

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	422	636
All clients with non-missing values on at least one substance/frequency of use [denominator]	927	927
Percent of clients abstinent from drugs	45.5 %	68.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		250
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	505	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		49.5 %

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]		386
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	422	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		91.5 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	1,163
Number of CY 2014 discharges submitted:	1,038
Number of CY 2014 discharges linked to an admission:	937
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	934
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	927

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

Records received through 2/1/2016

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]	785	1,268
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,365	1,365
Percent of clients abstinent from drugs	57.5 %	92.9 %

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]		510
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	580	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		87.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		758
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	785	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		96.6 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	1,839
Number of CY 2014 discharges submitted:	1,499
Number of CY 2014 discharges linked to an admission:	1,410
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,409
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,365

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	963	1,317
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,553	1,553
Percent of clients abstinent from drugs	62.0 %	84.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		386
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	590	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		65.4 %

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]		931
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	963	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		96.7 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	3,167
Number of CY 2014 discharges submitted:	2,187
Number of CY 2014 discharges linked to an admission:	1,798
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,700
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,553

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	769	1,066

All clients with non-missing values on at least one substance/frequency of use [denominator]	1,523	1,523
Percent of clients abstinent from drugs	50.5 %	70.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		344
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	754	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		45.6 %

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]		722
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	769	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		93.9 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	2,795
Number of CY 2014 discharges submitted:	1,883
Number of CY 2014 discharges linked to an admission:	1,603
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,594
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	1,523

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	10	94
Total number of clients with non-missing values on self-help attendance [denominator]	106	106
Percent of clients attending self-help programs	9.4 %	88.7 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	79.2 %	
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		1,163
Number of CY 2014 discharges submitted:		1,038
Number of CY 2014 discharges linked to an admission:		937
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		934
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		106

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	88	349
Total number of clients with non-missing values on self-help attendance [denominator]	417	417
Percent of clients attending self-help programs	21.1 %	83.7 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	62.6 %	
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		1,839
Number of CY 2014 discharges submitted:		1,499

Number of CY 2014 discharges linked to an admission:	1,410
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,409
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	417

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	77	100
Total number of clients with non-missing values on self-help attendance [denominator]	368	368
Percent of clients attending self-help programs	20.9 %	27.2 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	6.3 %	

Notes (for this level of care):

Number of CY 2014 admissions submitted:	3,167
Number of CY 2014 discharges submitted:	2,187
Number of CY 2014 discharges linked to an admission:	1,798
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,700
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	368

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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]	92	137
Total number of clients with non-missing values on self-help attendance [denominator]	291	291
Percent of clients attending self-help programs	31.6 %	47.1 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	15.5 %	

Notes (for this level of care):

Number of CY 2014 admissions submitted:	2,795
Number of CY 2014 discharges submitted:	1,883
Number of CY 2014 discharges linked to an admission:	1,603
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,594
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	291

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
 [Records received through 2/1/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	9	5	6	8
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	26	14	21	23
5. Long-term (over 30 days)	54	23	44	70
AMBULATORY (OUTPATIENT)				
6. Outpatient	148	64	113	196
7. Intensive Outpatient	175	66	138	241
8. Detoxification	0	0	0	0
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	10	7	10	12
10. ORT Outpatient	286	58	169	395

Level of Care	2014 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	378	344
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0

4. Short-term (up to 30 days)	1038	937
5. Long-term (over 30 days)	1499	1410
AMBULATORY (OUTPATIENT)		
6. Outpatient	2187	1708
7. Intensive Outpatient	1883	1603
8. Detoxification	0	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	2
10. ORT Outpatient	0	90

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 2/1/2016]

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	11.9	
	Age 18+ - CY 2012 - 2013	48.3	
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	5.1	
	Age 18+ - CY 2012 - 2013	28.3	
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	4.1	
	Age 18+ - CY 2012 - 2013	11.4	
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	4.2	
	Age 18+ - CY 2012 - 2013	5.1	
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	3.9	
	Age 18+ - CY 2012 - 2013	4.4	

[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	79.2	
	Age 18+ - CY 2012 - 2013	80.1	
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	88.2	
	Age 18+ - CY 2012 - 2013	91.1	
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	75.2	
	Age 18+ - CY 2012 - 2013	71.3	

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	13.4	
	Age 18+ - CY 2012 - 2013	18.2	
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	13.0	
	Age 18+ - CY 2012 - 2013	16.4	
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	12.7	
	Age 18+ - CY 2012 - 2013	18.4	
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	14.3	
	Age 18+ - CY 2012 - 2013	18.2	
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	12.8	
	Age 18+ - CY 2012 - 2013	21.2	

[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	89.0	
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	85.5	
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	85.4	
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	84.3	
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	88.8	

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	48.8	
	Age 12 - 17 - CY 2012 - 2013		

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	96.1	

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	30.5	

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 2013	34.5	

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	53.6	
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		

[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	85.1	

[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	9/30/2014

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

The Alabama Substance Abuse Information System (AS AIS) allows for submission of data from each provider on forms that mirror the submission requirements for the Block Grant.

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.

Those participants were added to the More Than One Race subcategory only.

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	347
5-11	27974
12-14	1401
15-17	12012
18-20	4980
21-24	1483
25-44	1464
45-64	155
65 and over	0
Age Not Known	126157
Gender	
Male	83592
Female	88532
Gender Unknown	3849
Race	
White	78126
Black or African American	83912
Native Hawaiian/Other Pacific Islander	254
Asian	0
American Indian/Alaska Native	1742
More Than One Race (not OMB required)	2380

Race Not Known or Other (not OMB required)	9559
Ethnicity	
Hispanic or Latino	7846
Not Hispanic or Latino	168127

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

The Alabama Substance Abuse Information System (ASAIS) allows for submission of data from each provider on forms that mirror the submission requirements for the Block Grant.

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.

Those participants were added to the More Than One Race subcategory only.

Footnotes:

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	5162
5-11	42222
12-14	25069
15-17	18909
18-20	17440
21-24	13231
25-44	13146
45-64	12228
65 and over	11823
Age Not Known	122698
Gender	
Male	134608
Female	143052
Gender Unknown	4268
Race	
White	142361
Black or African American	120302
Native Hawaiian/Other Pacific Islander	266
Asian	1908
American Indian/Alaska Native	4679
More Than One Race (not OMB required)	11719

Race Not Known or Other (not OMB required)	693
Ethnicity	
Hispanic or Latino	10452
Not Hispanic or Latino	271476

Footnotes:

V: Performance Indicators and Accomplishments

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

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	0	0

Footnotes:

Completion of this form was not required.

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.

The guidelines have been implemented and the state uses these guidelines for the definition of evidence-based.

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

The data is collected in the Alabama Substance Abuse Information System, based on provider reports that mirror the reports for the Block Grant.

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	48	69	117	8	1	126
2. Total number of Programs and Strategies Funded	48	69	117	8	1	126
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %

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 # 48	\$ 1916836.00
Universal Indirect	Total # 69	\$ 2207166.00
Selective	Total # 8	\$ 268956.00
Indicated	Total # 1	\$ 89652.00
	Total EBPs: 126	Total Dollars Spent: \$4482610.00

Footnotes:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2014 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category D:		
File	Version	Date Added

Footnotes: