

Alabama

UNIFORM APPLICATION

FY 2017 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 10/1/2015

To 9/30/2016

Block Grant Expenditure Period

From 10/1/2013

To 9/30/2015

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Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Underage Drinking
Priority Type: SAP
Population(s): Other (Children/Youth at Risk for BH Disorder)

Goal of the priority area:

To promote the prevention of underage drinking throughout the state.

Strategies to attain the goal:

- 1) Disseminate information to ADMH funded providers and community partners on evidence-based practices specific to prevention of underage drinking.
- 2) Develop process for incentivizing ADMH funded provider efforts to promote underage drinking.
- 3) Provide enhanced funding support for ADMH's community providers that incorporate the following strategies in their annual prevention plans to promote underage drinking:
 - a. Participation in community health/wellness fairs;
 - b. Media campaigns;
 - c. Merchant education programs;
 - d. Establishment of city/county ordinances.
 - e. Problem identification and referral of underage drinkers.
- 4) Monitor the impact of promotional activities on underage drinking consumption patterns and consequences through review of provider reports and epidemiological surveillance

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The number of providers identifying underage drinking as a prevention plan priority utilizing the Problem Identification and Referral (PIDR) strategy.
Baseline Measurement: In SFY 2015, three (3) ADMH funded prevention providers or 10% identified the PIDR strategy to address underage drinking as a priority in their annual prevention plans.
First-year target/outcome measurement: By the end of SFY16, 15% of providers will identify the PIDR strategy to address underage drinking as a priority in their annual prevention plans.
Second-year target/outcome measurement: By the end of SFY17, 20% of providers will identify the PIDR strategy to address underage drinking as a priority in their annual prevention plans.

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

Data Source:

Provider prevention plans submitted to ADMH; and back-up data reported from ASAIS, ADMH's management information system.

New Data Source (*if needed*):

Description of Data:

The strategy designation within the prevention plan will indicate if PIDR is being utilized to address underage drinking as a prevention priority. Strategies utilized to address this priority will also be identified within each provider's plan. Data from the prevention plan is also keyed into ASAIS, including priority selections.

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)*:

The first year target - "By the end of SFY16, 15% of providers will identify the PIDR strategy to address underage drinking as a priority in their annual prevention plans."

By the end of SFY16, 47% of providers identified the PIDR strategy to address underage drinking as a priority in their annual prevention plans.

Indicator #: 2

Indicator: The number of successful provider initiated policies that limit youth access to commercial availability of alcohol.

Baseline Measurement: In SFY15, ADMH funded providers with underage drinking as a prevention plan priority while utilizing the environmental strategy reported 0 successful policy initiations that limit youth access to commercial availability of alcohol.

First-year target/outcome measurement: By the end of SFY 2016, ADMH funded providers with underage drinking as a prevention plan priority will report 5% successful policy initiations that limit youth access to commercial availability of alcohol.

Second-year target/outcome measurement: By the end of SFY 2017, an additional 5% successful prevention provider policy initiations that limit youth access to commercial availability of alcohol will be identified above those identified in FY 2016.

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

Data Source:

Provider prevention plans submitted to ADMH; Provider monthly reports and legislative watch reports.

New Data Source *(if needed)*:

Description of Data:

The environmental strategy designation within the prevention plan will indicate provider policy initiation. Updates from provider monthly reports and legislative watch reports will indicate policy initiation status.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Due to the legislative process regarding Bill Drafting, Introduction, First and Second Reads, Committees, Passage Vote for Engrossment, Rinse and Repeat, Passage Vote for Enrollment and Sent to Governor, the current status of the policy and the block grant reporting timeframe may affect reporting targets. Staff will continue to monitor legislative watch reports and assess the successful policy initiations throughout the year.

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)*:

First year target - "By the end of SFY 2016, ADMH funded providers with underage drinking as a prevention plan priority will report 5%

successful policy initiations that limit youth access to commercial availability of alcohol."

By the end of SFY 2016, nine (9) ADMH funded providers (60%) with underage drinking as a prevention plan priority reported successful policy initiations that limit youth access to commercial availability of alcohol.

Indicator #: 3

Indicator: The number of providers implementing evidence-based strategies for prevention of underage drinking based upon the needs of their communities.

Baseline Measurement: In SFY 2015, 100% (29) of ADMH funded prevention providers implemented evidence-based strategies for prevention of underage drinking based upon the needs of their communities through all six CSAP strategies to include Alternatives (22 or 76% providers), Community Based Processes (15 or 52% providers), Education (23 or 79% providers), Environmental (27 or 93% providers), Information Dissemination (14 or 48% providers) and Problem Identification and Referral (3 or 10% providers).

First-year target/outcome measurement: By the end of SFY 2016, 100% (14) of ADMH funded prevention providers will have implemented evidence-based strategies for prevention of underage drinking based upon the needs of their communities through all six CSAP strategies to include an additional 5% of evidenced-based strategy implementation across all six CSAP strategies. Alternative target: 81% providers; Community Based Processed target: 57% providers; Education target: 84% providers; Environmental target: 98% providers; Information Dissemination target: 53% providers; and Problem Identification and Referral target: 15% providers.

Second-year target/outcome measurement: By the end of SFY 2017, 100% (14) of ADMH funded prevention providers will have implemented evidence-based strategies for prevention of underage drinking based upon the needs of their communities through all six CSAP strategies to include an additional 5% of evidenced-based strategy implementation across all six CSAP strategies. Alternative target: 86% providers; Community Based Processed target: 62% providers; Education target: 89% providers; Environmental target: 100% providers; Information Dissemination target: 58% providers; and Problem Identification and Referral target 20% providers.

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

Data Source:

Provider prevention plans submitted to ADMH; and back-up data reported from ASAIS, ADMH's management information system.

New Data Source(*if needed*):

Description of Data:

The evidence-based strategy designation within the prevention plan will indicate provider utilization. Data from the prevention plan is also keyed into ASAIS, including evidence-based strategies.

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*):

First year target - "By the end of SFY 2016, 100% (14) of ADMH funded prevention providers will have implemented evidence-based strategies for prevention of underage drinking based upon the needs of their communities through all six CSAP strategies to include an additional 5% of evidenced-based strategy implementation across all six CSAP strategies. Alternative target: 81% providers; Community Based Processed target: 57% providers; Education target: 84% providers; Environmental target: 98% providers; Information Dissemination target: 53% providers; and Problem Identification and Referral target: 15% providers."

SFY16 included an additional SABG provider. By the end of SFY 2016, 100% (15) of ADMH funded prevention providers will have implemented evidence-based strategies for prevention of underage drinking based upon the needs of their communities through all six CSAP strategies to include an additional 5% of evidenced-based strategy implementation across all six CSAP strategies. Alternative: 80% providers - note the initial target was based on 14 providers. One provider has since been added to total 15 providers. Based on the initial number of providers reported, the target would have been exceeded at 86%; Community Based Processed: 67% providers; Education: 73% providers - Based on the initial number of providers reported, the target would have been 79%. Due to funding and planning, one provider reported having to eliminate the educational strategy, which would have exceeded the target at 86%. However, the provider referenced does have additional funding streams to capture this strategy; Environmental target: 93% providers -Based on the initial number of providers reported, the target would have been exceeded at 100%. The provider that has been since added provides education and alternative strategies; Information Dissemination: 80% providers; and Problem Identification and Referral: 47% providers.

Indicator #: 4

Indicator: The number of providers receiving incentive payments for obtaining favorable outcomes for delivery of evidence-based strategies for prevention of underage drinking based upon the needs of their communities.

Baseline Measurement: In SFY15, 28 or 97% providers identified underage drinking as a priority within their prevention plan. Fourteen (14) or 48% of these providers received incentive payments for obtaining favorable outcomes for delivery of evidence-based strategies for prevention of underage drinking based upon the needs of their communities.

First-year target/outcome measurement: By the end of SFY 2016, an additional 7 providers will be incentivized for obtaining favorable outcomes for delivery of evidence-based strategies for prevention of underage drinking based on the needs of their communities.

Second-year target/outcome measurement: By the end of SFY 2017, an additional 7 above the SFY 2016 level will be incentivized for obtaining favorable outcomes for delivery of evidence-based strategies for prevention of underage drinking based on the needs of their communities.

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

Data Source:

Provider prevention plans submitted to ADMH; and back-up data reported from ASAIS, ADMH's management information system.

New Data Source (*if needed*):

Description of Data:

The measurable, favorable outcomes regarding underage drinking will indicate provider success and eligibility for incentive. Data is keyed into ASAIS to substantiate outcomes.

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*):

First year target - "The number of providers receiving incentive payments for obtaining favorable outcomes for delivery of evidence-based strategies for prevention of underage drinking based upon the needs of their communities."

Based on an established criteria, seven (7) identified SFY16 providers will receive incentive payments for obtaining favorable outcomes for delivery of evidence-based strategies for prevention of underage drinking based upon the needs of their communities.

Indicator #: 5

Indicator: The number of ADMH funded prevention providers having an agreement and process in place with treatment providers to facilitate referrals for underage drinkers when a need for such is identified through implementation of a prevention strategy.

Baseline Measurement: In SFY'15, no (0) ADMH funded prevention providers reported having an agreement and formal process in place with treatment providers to facilitate referrals for underage drinkers when a need for such is identified through implementation of a prevention strategy.

First-year target/outcome measurement: By the end of SFY 16, 25% of ADMH funded prevention providers will indicate an agreement and formal process with treatment providers to facilitate referrals for underage drinkers when a need for such is identified through implementation of a prevention strategy within their prevention plans.

Second-year target/outcome measurement: By the end of SFY'17, 50% of ADMH funded prevention providers will indicate an agreement and formal process with treatment providers to facilitate referrals for underage drinkers when a need for such is identified through implementation of a prevention strategy within their prevention plans.

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

Data Source:

Provider prevention plans submitted to ADMH

New Data Source (*if needed*):

Description of Data:

The agreement/process designation within the prevention plan will indicate provider protocol regarding the facilitation of referrals for underage drinkers.

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*):

First Year Target - "By the end of SFY 16, 25% of ADMH funded prevention providers will indicate an agreement and formal process with treatment providers to facilitate referrals for underage drinkers when a need for such is identified through implementation of a prevention strategy within their prevention plans."

By the end of SFY 16, 33% (5) of ADMH funded prevention providers indicated an agreement and formal process with treatment providers to facilitate referrals for underage drinkers when a need for such is identified through implementation of a prevention strategy.

Priority #: 2

Priority Area: Pregnant Women

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Improve accessibility to substance abuse treatment for pregnant women in Alabama.

Strategies to attain the goal:

- a) Develop public awareness information about pregnant women and substance use disorders and the help available throughout the State.
- b) Disseminate public awareness information to various groups with relevance to pregnant women who have substance use disorders.
- c) Seek and secure speaking engagements with community groups that have relevance to pregnant women who have substance use disorders.
- d) Meet with state and local law enforcement officials in regard to referrals to treatment as an alternative to incarceration for pregnant women.
- e) Eliminate all intake fees for pregnant women at ADMH funded treatment programs.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Establishment of posters, brochures, public service announcements, and electronic media specific to access to care for pregnant women.

Baseline Measurement: As of September 30, 2016, no public awareness information has been developed by ADMH.

First-year target/outcome measurement: By September 30, 2016, brochures, posters, and public service announcements will exist as developed by ADMH.

Second-year target/outcome measurement: By September 30, 2017, brochures, posters, public service announcements, and electronic media will exist as developed by ADMH.

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

Data Source:

The existence of public awareness information.

New Data Source (if needed):

Description of Data:

ADMH developed posters, brochures, public service announcements, and electronic media specific to access to care for pregnant women.

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:

This goal was not met, currently ADMH is in the planning phase for developing a media campaign, which will include brochures, posters, public service announcements, etc. Advertising and Graphic Designers are being contacted to gather information relative to pricing, services, etc. Goal expected to be fully accomplished in Year 2.

How first year target was achieved (optional):

Indicator #: 2

Indicator: The number of outlets to which ADMH has distributed public awareness information.

Baseline Measurement: In FY 2015, ADMH distributed public awareness information to two outlets.

First-year target/outcome measurement: In FY 2016, ADMH will distribute public awareness information to 10 outlets.

Second-year target/outcome measurement: In FY 2016, ADMH will distribute public awareness information to twenty-five (25) outlets.

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

Data Source:

Records maintained by ADMH of public awareness information distribution.

New Data Source (if needed):

Description of Data:

Records detailing:
a) Staff disseminating the information
b) Information distributed (type, amount, etc.)
c) Entity receiving the information
d) Date of distribution.

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:

This goal was not met, currently ADMH is in the planning phase for developing a media campaign, which will include brochures, posters, public service announcements, etc. Advertising and Graphic Designers are being contacted to gather information relative to pricing, services, etc. Once marketing materials are developed they will be disseminated as stated above. Goal expected to be fully achieved in Year 2.

How first year target was achieved (optional):

Indicator #:	3
Indicator:	The number of speaking engagements held with community organizations and meetings held with law enforcement officials.
Baseline Measurement:	In FY 2015 there were was one (1) meeting held with community organizations and none held with law enforcement officials.
First-year target/outcome measurement:	Five (5) meeting will be held with community organizations and three (3) held with law enforcement officials.
Second-year target/outcome measurement:	Ten (10) meetings will with community organizations and six (6) held with law enforcement officials.

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

Data Source:

Meeting attendance rosters.

New Data Source (if needed):

Description of Data:

Records will be maintained which will provide:
a) Meeting date
b) Topic
c) Group addressed
d) Attendees
e) ADMH presenter or meeting convener and other ADMH staff in attendance.

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)*:

This goal was met, ADMH staff presented information on substance abuse resources to include women's services to the following community and state agencies: Alabama Department of Public Health, Alabama Administrative Office of Courts, Alabama Department of Pardons and Parole, Lee County Sheriff's Office, City of Montgomery Police Department, Alabama Department of Corrections, Southern District of Alabama U.S. Probation Office, Council on Substance Abuse and the Gift of Life, Inc. The presentations included an overview of Alabama's Substance Abuse Delivery System, to include what state agency is responsible for substance abuse services, the funding of substance abuse services, and what types of substance abuse treatment is available. Specific to women's services - the information included current substance abuse resources available to pregnant women and women with dependent children and how to access those services. The goal of the presentations was to educate the community stakeholders on the available women's substance abuse services, the levels of care offered at each agency, where the agencies are located and provided contact information for each. The presentations were designed to bring awareness to what is available and, thus, increase referrals to treatment for pregnant women and women with dependent children. The presentations explained to the stakeholders that pregnant women receive priority admissions to treatment and walked them through the referral process to ensure appropriate placement.

Indicator #:

4

Indicator:

ADMH contract modifications to prohibit admission fees for pregnant women.

Baseline Measurement:

In FY 2015 there were no contract stipulations in regard to admission fees for pregnant women.

First-year target/outcome measurement:

In FY 2016 language will be added to each ADMH treatment services contract prohibiting providers from charging admission fees to pregnant women.

Second-year target/outcome measurement:

in FY 2017, FY 2016 contract language prohibiting providers from charging admission fees to pregnant women will be maintained in substance abuse treatment services contracts.

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

Data Source:

ADMH treatment services contracts.

New Data Source *(if needed)*:

Description of Data:

Contract language.

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:

The deadline for getting new contract language in for review by the ADMH Legal Department for inclusion in FY 2016 contracts was not met in time to attain this goal. However, 2017 contracts contain this prohibition. In the past, ADMH contracts have never contained language specifically prohibiting the charge of treatment program admission fees for pregnant women. At the same time, however, programs have never been allowed to charge pregnant women admission fees. This has never been an acceptable practice or a problematic issue for the state. Historically, all ADMH contracts have specifically stated that lack of admission or intake fees could not be used to deny admission to treatment. In addition, this fact has been consistently addressed as a prohibition during each quarterly provider meeting, at which attendance of each program's executive director and clinical director is required. This is also conveyed during SABG onsite monitoring reviews. ADMH desires to specifically emphasize no payment requirements for pregnant women by adding this information to all provider contracts to support our efforts to increase referrals of this population from the community, further publicize this as a priority population, and clearly emphasize to providers the ongoing importance of expeditiously responding to requests for treatment from this population.

How first year target was achieved (optional):

Priority #: 3
Priority Area: Women with Dependent Children
Priority Type: SAT
Population(s): PWWDC

Goal of the priority area:

Improve accessibility to substance abuse treatment services for women who have dependent children.

Strategies to attain the goal:

- a) Identify potential new community organizations that may be amenable to partnering with ADMH for the provision of services for women who have dependent children, as County health departments, FQHC's licensed independent practitioners, etc.
- b) Establish criteria for contracting and service requirements for both women and their children.
- c) Modify ADMH's administrative code to support service requirements.
- d) Issue new service contracts.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: New services will be available to serve pregnant women and women with dependent children.

Baseline Measurement: As of September 30, 2015, there are two(2) treatment provider organizations authorized to provide substance abuse treatment services for women with dependent children as specified by federal regulations.

First-year target/outcome measurement: In FY 2016, four (4) treatment providers will be authorized to provide treatment services for women who have dependent children as specified by federal regulations.

Second-year target/outcome measurement: In FY 2017, eight (8) treatment providers will be authorized to provide treatment services for women who have dependent children as specified by federal regulations

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

Data Source:

Executed contracts for delivery of the specified service.

New Data Source (if needed):

Description of Data:

Contract language identifying contractor, target population, and services to be provided.

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)*:

An RFP for services, meeting all SABG regulatory specifications for pregnant women and women with dependent children, was developed and released by ADMH in the Spring of 2016. Proposals were received for one residential program, that was currently funded, and four new intensive outpatient (IOP) programs. All proposals received were funded. Services for the target population are now centrally located throughout the state as follows:

Alcohol and Drug Abuse Treatment Centers (Olivia's House): Residential - Birmingham, Alabama

Aletheia House: IOP - Huntsville, Alabama

Aletheia House: IOP - Greenville, Alabama

Lighthouse Counseling Center: IOP - Montgomery, Alabama

Altapointe Health Services: IOP - Mobile, Alabama

These services are monitored by ADMH's Women's Services Program Manager utilizing ADMH's established SABG program monitoring tool and procedures. The four (4) Intensive Outpatient Programs and one (1) residential program are in conformity with the American Society of Addiction Medicine levels of care criteria and meet the regulatory requirements of the ADMH Administrative Code. Each program is in compliance with the requirements of 45 CFR 96.124 in the provision of services as follows:

- (1) Treatment of the family as a unit and, therefore, admits both women and their children into treatment services, if appropriate as established by admission criteria appropriate to the needs of this population.
- (2) Provides or arranges for primary medical care, including prenatal care, for women who are receiving substance abuse services.
- (3) Provides or arranges for child care while the women are receiving services.
- (4) Provides or arranges for primary pediatric care, including immunizations, for the women's children.
- (5) Provides gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual abuse, physical abuse, and parenting.
- (6) Provides or arranges for therapeutic interventions for children in custody of women in treatment which may, among other things, address the children's developmental needs and their issues of sexual abuse, physical abuse, and neglect.
- (7) Provides sufficient case management and transportation services to ensure that the women and their children have access to the services specified above.

Priority #: 4

Priority Area: Persons at Risk of Contracting TB

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Ensure the ongoing availability of TB services, as specified in 45 CFR 96.127 for all individuals admitted to ADMH funded substance abuse treatment programs.

Strategies to attain the goal:

- a) Adopt and deploy in ASAIS at least one CPT code to track the provision of TB services.
- b) Develop a payment rate for TB screening.
- c) Develop/adopt and require adherence to an ADMH TB screening tool.
- d) Modify ADMH contracts and its contract billing manual to require reporting of client-level TB service data.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Contract provider compliance with client level data report of TB service delivery

Baseline Measurement: As of September 30, 2015, no providers submit client level data to ADMH for TB screening and related services.

First-year target/outcome measurement: By September 30, 2016, 50% of ADMH contract providers will be submitting client level data to ADMH for TB screening and related services.

Second-year target/outcome measurement: By September 30, 2017, 100% of ADMH contract providers will be submitting client level data to ADMH for TB screening and related services.

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

Data Source:

ASAIS: Alabama Substance Abuse Information System

New Data Source (if needed):

Description of Data:

CPT codes reported and billed through ASAIS documenting the provision of TB services.

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):

Priority #: 5

Priority Area: Individuals at Risk for HIV

Priority Type: SAT

Population(s): HIV EIS

Goal of the priority area:

Ensure the availability of HIV early intervention services in select substance abuse treatment programs in Alabama.

Strategies to attain the goal:

- a) Develop and disseminate RFP for HIV early intervention services in designated areas.
- b) Develop serve codes and modify contract billing manuals to accommodate billing for HIV early intervention services.
- c) Review proposals, select providers, and develop service contracts.
- d) Monitor service delivery in accordance with requirements of federal regulations.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of ADMH funded HIV Early Intervention Services (EIS) in operation in the top five counties with the highest frequency of newly diagnosed HIV cases.

Baseline Measurement: There are currently no ADMH funded HIV EIS in operation in Alabama.

First-year target/outcome measurement: By September 30, 2016, two of the five counties will have functioning HIV EIS at all substance abuse treatment programs located within those counties.

Second-year target/outcome measurement: By September 30, 2017, all five counties will have functioning HIV EIS at all substance abuse treatment programs located within those counties.

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

Data Source:

- 1) Provider Contracts
- 2) ADMH's Substance Abuse Services Management Information System (AS AIS)

New Data Source (if needed):

Description of Data:

- 1) Contracts specifying the delivery of HIV EIS in specified counties.
- 2) Client level service data entered into AS AIS by contract providers.

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):

As of September 30, 2016 Jefferson County and Mobile County had completed set-up for fully functioning HIV-EIS in those counties. The programs operating in those counties had the full capabilities for billing of all approved HIV EIS as delineated in ADMH guidelines for this service. Only minimal service delivery occurred in 2016, however, as program set-up was completed right at the end of the fiscal year.

Priority #: 6

Priority Area: Intravenous Drug Users

Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

Increase the number of substance abuse treatment providers implementing outreach services to IVDUs in accordance with the specifications of C.F.R. 45 C.F.R. §96.126 and their current ADMH contracts.

Strategies to attain the goal:

- 1) Develop reporting requirements and related documentation relative to implementation of outreach activities for IVDUs.
- 2) Modify provider contracts to specifically require completion of reporting requirements.
- 3) Conduct provider training on reporting requirements.
- 4) Monitor providers for compliance with reporting requirements and implement corrective action as needed for noncompliance.
- 5) Establish criteria for ADMH authorization of requests to use locally adapted outreach models as specified in 45 C.F.R. §96.126.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The percentage of ADMH treatment service contractors providing evidence-based outreach services for IVDUs.

Baseline Measurement: In FY 2015, 10% of ADMH treatment service contractors provided evidence-based outreach services for IVDUs.

First-year target/outcome measurement: 50% of ADMH SABG funded providers will provide evidence-based outreach services for IVDUs.

Second-year target/outcome measurement: 100% of ADMH SABG funded providers will provide evidence-based outreach services for IVDUs.

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

Data Source:

IVDU outreach services reports submitted to ADMH's substance abuse program managers.

New Data Source (if needed):

Description of Data:

Service reports will provide the following data, at a minimum:

- 1) The name of the provider
- 2) Outreach model utilized
- 3) Dates and locations of outreach services
- 4) The number of participants involved

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:

While the percentage of providers providing evidence based outreach services for IVDUs increased to 15%, the goal was not met. This was due to several things. Contracts were not modified to include language regarding reporting requirements. There were numerous changes made to contracts during the fiscal year which made it difficult for this priority to be achieved. However, language regarding reporting requirements will be added to contracts in the upcoming year and the language has been placed on the contract compliance monitoring form. The reporting requirements have been developed along with a reporting mechanism. Agencies will be trained on reporting requirements, along with the information that contracts will be modified to include this requirement, at the quarterly provider meeting in December 2016. In addition, agencies will be offered technical assistance to improve outreach services as requested or as deemed necessary by their ADMH program manager.

How first year target was achieved (optional):

Priority #: 7

Priority Area: Recovery Support Services for Individuals in or Seeking Recovery

Priority Type: SAT

Population(s): Other (Recovery Support)

Goal of the priority area:

Increase the availability of certified peer support specialists in Alabama to assist persons in recovery from substance use disorders.

Strategies to attain the goal:

a) Develop standards for substance abuse peer specialist services in Alabama.

- b) Complete the development of a certification training manual for substance abuse peer specialist.
- c) Train and certify substance abuse peer support specialist.
- d) Develop payment mechanisms to support the utilization of peer workers within ADMH's provider community.
- e) Monitor the utilization of peer workers.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of ADMH trained and credentialed peer support support workers available to work with individuals who have substance use disorders.

Baseline Measurement: As of September 30, 2015, there are no ADMH trained and credentialed substance abuse peer support workers in Alabama.

First-year target/outcome measurement: By September 30, 2016, there will be 50 ADMH trained and credentialed substance abuse peer support workers in Alabama.

Second-year target/outcome measurement: By September 30, 2017, there will be 100 ADMH trained and credentialed substance abuse peer support workers in Alabama.

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

Data Source:

- 1) Alabama Administrative Code.
- 2) ADMH peer support training manual.
- 3) ADMH peer support training records.

New Data Source (if needed):

Description of Data:

- 1) ADMH peer support worker credentialing rules filed in the Alabama Administrative Code
- 2) Training records with documented participant signatures, dates of training, and training content.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect this 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):

Priority #: 8

Priority Area: Heroin and Prescription Drug Users

Priority Type: SAT

Population(s): Other (Opiate Addicted Individuals)

Goal of the priority area:

Increase access to evidence-based treatment for individuals addicted to heroin and/or prescription drugs.

Strategies to attain the goal:

- 1) Develop and publish new regulations for treatment (maintenance and/or detoxification) of opioid addiction utilizing drugs other than methadone (Subutex, Suboxone, and FDA-approved generic buprenorphine addiction treatment products).
- 2) Establish service descriptions relative to the new code.
- 3) Establish payment rates/billing codes.
- 4) Develop RFP, award contract for this new level of care.
- 5) Monitor service delivery.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of certified programs providing medication assisted treatment for heroin and prescription drug addiction that utilize medications other than Methadone.

Baseline Measurement: In FY 2015 there were no such programs in operation in Alabama's public addictions treatment services delivery system.

First-year target/outcome measurement: One (1) program will be established.

Second-year target/outcome measurement: Four programs, one per ADMH substance abuse service delivery region, will be operational.

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

Data Source:

- 1) Alabama Administrative Code.
- 2) ADMH Contract Billing Manual.
- 3) ADMH Contracts

New Data Source (if needed):

Description of Data:

The new level of care will be published in the Alabama Administrative Code. Service descriptions and payment mechanisms will be published in the ADMH Contract Billing Manual. A contract will be established with the service provider specifying the terms for delivery of services for individuals addicted to heroin and prescription drugs.

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):

The first year target was for one public sector program to be providing MAT. This goal was met and exceeded by: Birmingham Fellowship House, Birmingham, Alabama: Naltrexone
Olivia's House, Birmingham, Alabama: Subutex

Footnotes:

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

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

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$12,511,647		\$8,882,448	\$2,520,986	\$10,841,546	\$0	\$783,405
a. Pregnant Women and Women with Dependent Children*	\$1,409,568		\$8,882,448	\$2,520,986	\$10,841,546	\$0	\$783,405
b. All Other	\$11,102,079		\$0	\$0	\$0	\$0	\$0
2. Substance Abuse Primary Prevention	\$3,038,067		\$0	\$0	\$0	\$0	\$0
3. Tuberculosis Services	\$0		\$0	\$0	\$32,812	\$0	\$0
4. HIV Early Intervention Services**	\$15,209		\$0	\$0	\$0	\$0	\$0
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	\$559,992		\$176,444	\$49,551	\$821,081	\$0	\$0
11. Total	\$16,124,915	\$0	\$9,058,892	\$2,570,537	\$11,695,439	\$0	\$783,405

* Prevention other than primary prevention

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

Please indicate the expenditures are actual or estimated.

Actual Estimated

Please identify which of the information in is estimated rather than actual:

All of the information presented is estimated, pending reconciliation of ADMH's internal fiscal records with the state's new financial management system.

Identify the date by when all estimates can be replaced with actual expenditures: 03/31/2017

Footnotes:

III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

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

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

Skill Building (social, daily living, cognitive);	
Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
Recovery Supports	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
Other Supports (Habilitative)	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
Intensive Support Services	\$
Substance Abuse Intensive Outpatient (IOP);	

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

Footnotes:

The State does not capture expenditure data in the format requested by Table 3.

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

Category	FY 2014 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$16,706,540
2. Primary Prevention	\$4,585,213
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$594,818
6. Total	\$21,886,571

*Prevention other than Primary Prevention

**HIV Designated States

Footnotes:

The expenditures reported in Table 4 are correct and match those reported on ADMH's Federal Financial Report for the grant period 10/01/13 thru 09/30/15. Although Alabama's 2014 final award was \$22,926,066, the state did not spend its entire award during the authorized grant period.

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Unspecified	\$ <input type="text" value="345,762"/>	\$ <input type="text"/>	\$ <input type="text" value="46,663"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Total	\$ 345,762	\$	\$ 46,663	\$	\$
Education	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Unspecified	\$ <input type="text" value="938,714"/>	\$ <input type="text"/>	\$ <input type="text" value="224,855"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Total	\$ 938,714	\$	\$ 224,855	\$	\$
Alternatives	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Unspecified	\$ <input type="text" value="883,968"/>	\$ <input type="text"/>	\$ <input type="text" value="45,303"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Total	\$ 883,968	\$	\$ 45,303	\$	\$
Problem Identification and Referral	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Unspecified	\$ <input type="text" value="56,945"/>	\$ <input type="text"/>	\$ <input type="text" value="76,002"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Total	\$ 56,945	\$	\$ 76,002	\$	\$
Community-Based Process	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Community-Based Process	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ 438,696	\$ 2,564,013	\$ 91,171	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Total	\$ 438,696	\$ 2,564,013	\$ 91,171	\$	\$
Environmental	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Unspecified	\$ 1,921,128	\$ <input type="text"/>	\$ 69,700	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Total	\$ 1,921,128	\$	\$ 69,700	\$	\$
Section 1926 Tobacco	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Unspecified	\$ 0	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Total	\$ 0	\$	\$	\$	\$
Other	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Unspecified	\$ 0	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Total	\$ 0	\$	\$	\$	\$
	Grand Total	\$ 4,585,213	\$ 2,564,013	\$ 553,694	\$	\$

Footnotes:

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$1,723,172	\$2,564,013	\$362,689		
Universal Indirect	\$1,921,128		\$69,700		
Selective	\$883,968		\$45,303		
Indicated	\$56,945		\$76,002		
Column Total	\$4,585,213.00	\$2,564,013.00	\$553,694.00	\$0.00	\$0.00

Footnotes:

III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

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: 10/1/2013 Expenditure Period End Date: 9/30/2015

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				\$49,305.01		\$49,305.01
5. Research and Evaluation						\$0.00
6. Information Systems				\$37,684.99		\$37,684.99
7. Education (Pre-Employment)						\$0.00
8. Total	\$0.00	\$0.00	\$0.00	\$86,990.00	\$0.00	\$86,990.00

Footnotes:

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

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	\$139,353	\$0	\$0	\$139,353	\$0
103	AL750405	✓	Region 2	Alcohol and Drug Abuse	2701 Jefferson Avenue SW	Birmingham	AL	35211	\$2,900,915	\$2,765,137	\$1,338,612	\$135,777	\$0
204	AL300037	✓	Region 2	Aletheia House	201 Finley Avenue West P.O. Box 1514	Birmingham	AL	35204	\$1,166,040	\$954,678	\$0	\$211,362	\$0
5	AL901206	✓	Region 4	AltaPointe Health Systems Inc	4211 Government Boulevard	Mobile	AL	36693	\$2,181,922	\$1,657,638	\$11,748	\$524,284	\$0
042	AL750561	✓	Region 4	Altapointe Health Systems Inc	372 South Greeno Road	Fairhope	AL	36532	\$348,549	\$194,332	\$0	\$154,217	\$0
206	AL302330	✓	Region 1	Bridge Inc	3232 Lay Springs Road	Gadsden	AL	35904	\$282,702	\$282,702	\$0	\$0	\$0
0008	AL302108	✓	Region 3	Cahaba Center for	912 Jeff Davis Avenue	Selma	AL	36701	\$365,699	\$283,972	\$0	\$81,726	\$0
0028	AL900786	✓	Region 1	Cedar Lodge	22165 U.S. Highway 431	Guntersville	AL	35976	\$1,034,318	\$891,209	\$0	\$143,109	\$0
21	AL900620	✓	Region 2	Cheaha Regional Mental Health Center	351 West 3rd Street	Sylacauga	AL	35150	\$833,295	\$731,610	\$0	\$101,686	\$0
113	AL900604	✓	Region 3	Chemical Addictions Program Inc	1153 Air Base Boulevard	Montgomery	AL	36108	\$1,525,857	\$1,525,857	\$0	\$0	\$0
35	AL900570	✓	Region 1	Cherokee/Etowah/DeKalb MH Center	425 5th Avenue NW	Attalla	AL	35954	\$288,290	\$136,098	\$0	\$152,192	\$0
AL101955	AL101955	✓	Region 2	Chilton Shelby Mental Health Center	151 Hamilton Lane	Calera	AL	35040	\$423,325	\$153,577	\$0	\$269,747	\$0
AL750272	AL750272	✓	Region 1	Council on Substance Abuse/NCADD	100 Commerce Street Suite 800	Montgomery	AL	36104	\$334,656	\$0	\$0	\$334,656	\$0
10120	AL101354	✓	Region 1	Cullman Area Mental Health Authority	1909 Commerce Avenue	Cullman	AL	35055	\$209,454	\$124,404	\$0	\$85,050	\$0
AUG9800597	AL101724	✓	Region 3	East Alabama Mental Health	2300 Center Hills Drive	Opelika	AL	36801	\$716,043	\$412,933	\$0	\$303,111	\$0
24	AL302371	✓	Region 3	East Central Mental Health Inc	200 Cherry Street	Troy	AL	36081	\$69,498	\$69,498	\$0	\$0	\$0
AL100106	AL100106	✓	Region 2	Family and Child Services Inc	5201 Airport Highway	Birmingham	AL	35212	\$121,805	\$0	\$0	\$121,805	\$0
AL100668	AL100668	✓	Region 1	Freedom House	P.O. Box 1020	Rogersville	AL	35652	\$644,173	\$644,173	\$637,173	\$0	\$0
23	AL900109	✓	Region 2	Highland Health Center	1640 Coleman Road	Anniston	AL	36203	\$257,546	\$257,546	\$0	\$0	\$0
AL100284	AL100284	✓	Region 3	Hope House Inc	1000 Lincoln Avenue	Oneonta	AL	35121	\$51,769	\$51,769	\$0	\$0	\$0
0400	X	✗	Region 2	Housing Authority of Aliceville	851 Franconia Road NE	Aliceville, AL	AL	35442	\$57,856	\$0	\$0	\$57,856	\$0

0007	AL100223	✓	Region 2	Indian Rivers Mental Health Center	2209 9th Street	Tuscaloosa	AL	35401	\$600,045	\$600,045	\$12,467	\$0	\$0
117	AL750074	✓	Region 2	Jefferson Cnty Committee for Econ Opp	228 2nd Avenue North	Birmingham	AL	35204	\$306,943	\$210,603	\$0	\$96,340	\$0
202	AL301407	✓	Region 3	Lighthouse Counseling Center Inc	111 Coliseum Boulevard	Montgomery	AL	36109-2707	\$568,102	\$527,944	\$0	\$40,158	\$0
17	AL900117	✓	Region 1	Mental Health Center of	4110 U.S. Highway 31 South	Decatur	AL	35603-1644	\$442,391	\$240,350	\$0	\$202,042	\$0
9	AL900737	✓	Region 1	Mental Health Center of Madison County	4040 Memorial Parkway SW Suite C	Huntsville	AL	35802	\$817,777	\$484,285	\$0	\$333,492	\$0
30	AL750199	✓	Region 1	Northwest Alabama Mental Health Center	1100 7th Avenue	Jasper	AL	35501	\$595,425	\$415,602	\$0	\$179,823	\$0
119	AL100429	✓	Region 2	Oakmont Center	P.O. Box 8328	Birmingham	AL	35218	\$189,247	\$68,148	\$0	\$121,099	\$0
802	AL900653	✓	Region 1	Pathfinder Inc	3104 Ivy Avenue SW	Huntsville	AL	35805	\$22,400	\$22,400	\$0	\$0	\$0
AL101353	AL101353	✓	Region 1	Recovery Services	301 Godfrey Avenue SE	Fort Payne	AL	35967	\$43,782	\$43,782	\$0	\$0	\$0
2	AL900778	✓	Region 1	Riverbend Center for Mental Health	P.O. Box 941	Florence	AL	35631	\$640,035	\$459,104	\$0	\$180,931	\$0
0067	X	✗	Region 3	SAYNO, Inc.	492 South Court Street, Suite 1	Montgomery	AL	36104	\$31,757	\$0	\$0	\$31,757	\$0
AL102037	AL102037	✓	Region 4	South Central Alabama CMHC	P.O. Box 1028	Andalusia	AL	36420	\$574,518	\$574,518	\$0	\$0	\$0
0401	X	✗	Region 2	Southern Prevention Associates	802 7th Street South	Clanton	AL	35045	\$148,420	\$0	\$0	\$148,420	\$0
AL101333	AL101333	✓	Region 4	Southwest Alabama Behavioral	1321 McMillian Avenue	Brewton	AL	36426	\$239,152	\$239,152	\$0	\$0	\$0
16	AL750124	✓	Region 4	SpectraCare	831 John D Odom Road	Dothan	AL	36303	\$1,411,858	\$1,137,118	\$0	\$274,740	\$0
10	AL100049	✓	Region 2	University of Alabama at Birmingham	401 Beacon Parkway West Suite 150	Birmingham	AL	35209	\$491,194	\$400,233	\$0	\$90,961	\$0
33	AL900687	✓	Region 3	West Alabama Mental Health Center	1215 South Walnut Avenue	Demopolis	AL	36732	\$128,652	\$59,133	\$0	\$69,519	\$0
Total									\$21,204,763	\$16,619,550	\$2,000,000	\$4,585,213	\$0

* Indicates the imported record has an error.

Footnotes:

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(2014) + B2(2015)</u> 2 (C)
SFY 2014 (1)	\$16,153,374	
SFY 2015 (2)	\$16,143,774	\$16,148,574
SFY 2016 (3)	\$16,193,244	

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

SFY 2014 Yes X No _____
 SFY 2015 Yes X No _____
 SFY 2016 Yes _____ No X

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: _____ 9/1/2017

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

Please see the following attachment: Alabama Table 8a - State MOE_11.30.16

Footnotes:

**Alabama Table 8a
MOE for SAPT**

Because BGAS prepopulates prior year expenditures, the state is unable to correct previously estimated SFY 2015 expenditures as reported in the 2016 SABG Report for the purpose of calculating the required 2016 MOE. The Actual Alabama State expenditures for SFY 2014 and SFY 2015 are as follows:

Actual Expenditures for SFY14: \$16,153,373.82
Actual Expenditures for SFY15: \$16,143,774.40

Thus, the required MOE for SFY 16 is actually **\$16,148,574.11** rather than the \$16,217,156 stated in Table 8a of the 2017 SABG Report.

Alabama’s estimated state expenditures for SFY 16 total **\$16,193,243.51** and exceed the required MOE of **\$16,148,574.11**.

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

Activity Code Expenditures for SFY 16:

Activity Codes	Expenditure
404-8060-0000 Administration	\$820,643.85
404-9004-8710 Medicaid Admin State Match	65,657.71
217-8061-0000 SA Services	12,113,080.60
217-8061-5405 DYS Adolescent Treatment Services	256,546.00

217-8061-5640 Indigent Offender Services	77,381.65
501-4022-5940 Multi-Needs Shared Services - Children	449,477.42
217-9000-8110 Medicaid State Match - Rehabilitation Option Services	2,248,135.61
217-9000-8010 Medicaid State Match - Transportation	162,320.67
Total 2016 State Expenditures	\$16,193,243.51

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 the 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 2016 (3)	\$2,288,221	7.35%	\$168,184

Please provide a description of the amounts and methods used to calculate the base and Maintenance of Effort (MOE) for tuberculosis services as required by 42 U.S.C. §300x-24(d)

Please see attachment: Alabama Table 8b - TB Expenditures.

Please note that the total state funds spent on Individuals in substance use disorders treatment specified above is \$47.00 more than the actual expenditures due to rounding up of the percentage of funds spent.

Footnotes:

Alabama Table 8b 2016 TB Expenditures

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

The Alabama Department of Public Health (ADPH) 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, as 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 directly on the provision of TB services for patients enrolled in its contract treatment program. The total of both figures equals the state's annual TB MOE. Expenditures for SFY 2016 are as follow:

Alabama Department of Public Health Total State TB Expenditures	2,255,409.00
ADMH Direct State Expenditures for TB Services for SA Patients	32,812.00
Total All State Funds Spent on TB Services	2,288,221.00

A. Alabama Department of Public Health Total State TB Expenditures	2,255,409.00
B. 6% ADPH State Expenditure Attributed to Individuals with Substance Use Disorders	135,325.00
C. ADMH Direct State Expenditures for TB Services for SA Patients	32,812.00
Total 2016 TB Expenditures (B+C) Spent on Individuals with Substance Use Disorders	168,137.00

ADMH reimburses providers for conducting TB risk screening assessments as according to the following charts:

- a. Payment for administration of the ADMH Tuberculosis Risk Screening Questionnaire (TRSQ) is reimbursed through submission of claims to the Alabama Substance Abuse Information System (ASAIS) as described in Table 1 below:

Table 1

Tuberculosis Services Reimbursement				
Service Name	Unit Type	Restrictions	Rate	Brief Service Description
Tuberculosis Risk Screening Questionnaire	Episode	1 Per Treatment Admission	\$25.00	A brief examination of patient provided information to determine the patient’s risk of being infected or becoming infected by Tuberculosis relative to both personal history and environmental conditions
Service Code:	Adult		Adolescent	
	T1023: HF:HV T1023: HF: HV:HD T1023: HF:HV: HK T1023: HF:HV:H9 T1023: HF:HV:HH T1023: HF:HV:HZ			T1023: HF:HA:HV T1023: HF:HA:HV:HH T1023: HF:HA:HV:H9

- b. Payment for on-site medical/somatic intervention required for individuals whose TRSQ indicates active TB or risks/symptoms suggestive of the need for TB testing or related care is reimbursed through submission of claims to ASAIS as described in Table 2 below:

Table 2

Tuberculosis Services Reimbursement				
Service Name	Unit Type	Restrictions	Rate	Brief Service Description
Medical/somatic intervention in a substance abuse treatment program.	15 min	4 Per treatment admission by qualified medical personnel: Physician, Physician Extender, RN, LPN. Limited to exclusive use relative to administration of the TRSQ.	\$15.00 /unit	Onsite medical evaluation of a patient’s risks/ symptoms of Tuberculosis, of the need for TB testing, or for referral to treatment resulting from administration of the TRSQ This service is only to be utilized if needed relative to section 6 of these Guidelines. Appropriate documentation of this need should be provided.
Service Code:	Adult		Adolescent	
97799	97799: HF:HV 97799: HF: HD:HV			97799: HF:HA:HV 97799: HF:HA:HH:HV

	97799: HF:H9:HV 97799: HF:HH:HV 97799: HF:HZ:HV 97799: HF:HG:HV	97799: HF:HA:H9:HV 97799: HF:HA:DY:HV
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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 2016		\$0

Please provide a description of the amounts and methods used to calculate (for designated states only) the base and MOE for HIV early intervention services as required by 42 U.S.C. §300x-24(d) (See 45 C.F.R. §96.122(f)(5)(ii)(A)(B)(C))

There were no state funds utilized to provide HIV Early

Intervention Services in SFY 1991 or 1992. Alabama

established its 1993 base and MOE as "0".

Footnotes:

III: Expenditure Reports

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

Base		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$1,366,290	

Maintenance		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 2014		\$1,476,700
SFY 2015		\$1,658,196
SFY 2016		\$1,409,568
Enter the amount the State plans to expend in 2017 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>2463020.00</u>		

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). Please see Attachment: Alabama Table 8d

Footnotes:

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

Alabama’s MOE base for services to pregnant women and women with dependent children was established in 1992 at \$92,200. Aletheia House, I-SATS ID# AL 300037, was the only Alabama provider of such services in 1992 and had expended \$92,200 for the stated period.

As per Section 1922 of the SABG Regulations, five percent of the FFY 1993 grant was to be set-aside for services to pregnant women and women with dependent children. For Alabama, this amount totaled \$619,921.90 (SABG Award = \$12,398,438 x .05). To this amount was added the \$92,200 base, which established the FFY 1993 set-aside as \$712,121.90.

The FFY 1994 SABG totaled \$13,083,374.00. As per Federal Regulations, 5% of this amount, \$654,168.70, was added to the FFY 1993 set-aside of \$712,121.90. This yielded a maintenance of effort of \$1,366,290.60 for FFY 1994 and subsequent fiscal years.

Alabama’s expenditures for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1) are as follows:

SFY	Expenditure
1994	1,366,290.60
1995	1,366,290.60
1996	1,366,290.60
1997	1,366,290.60
1998	1,366,290.60
1999	1,492,212.00
2000	1,366,290.60
2001	2,465,841.00
2002	2,302,085.00
2003	2,405,684.18
2004	2,843,124.00
2005	2,626,405.00
2006	2,556,405.00
2007	2,252,822.00
2008	2,556,405.00
2009	2,556,405.00
2010	2,556,405.00
2011	2,556,405.00
2012	2,533,488.00
2013	1,813,306.00
2014	1,476,700.00
2015	1,658,195.80
2016	1,409,568.00

IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2015

Column A (Risks)	Column B (Strategies)	Column C (Providers)
At Risk Youth	1. Information Dissemination	
	3. Media campaigns	1
	4. Brochures	2
	5. Radio and TV public service announcements	2
	6. Speaking engagements	4
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	6
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	12
	3. Peer leader/helper programs	1
	4. Education programs for youth groups	11
	3. Alternatives	
	1. Drug free dances and parties	3
	2. Youth/adult leadership activities	7
	3. Community drop-in centers	1
	4. Community service activities	8
	6. Recreation activities	11
	4. Problem Identification and Referral	
	2. Student Assistance Programs	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	2
	2. Systematic planning	3
	3. Multi-agency coordination and collaboration/coalition	10
	4. Community team-building	4
	5. Accessing services and funding	1

6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	2
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	7
3. Modifying alcohol and tobacco advertising practices	7

Footnotes:

IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

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	695	490	\$0	\$0	\$0
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	2328	2222	\$0	\$0	\$0
5. Long-term (over 30 days)	3130	2278	\$0	\$0	\$0
AMBULATORY (OUTPATIENT)					
6. Outpatient	6288	5400	\$0	\$0	\$0
7. Intensive Outpatient	3979	3541	\$0	\$0	\$0
8. Detoxification	0	0	\$0	\$0	\$0
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	903	813	\$0	\$0	\$0
10. ORT Outpatient	0	0	\$0	\$0	\$0

Footnotes:

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

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	1168	339	200	416	123	0	0	1	1	0	1	26	8	38	15	786	338	34	10	
2. 18 - 24	2539	1013	610	588	163	0	1	8	1	7	0	36	24	71	17	1680	803	44	12	
3. 25 - 44	9997	3629	3239	1924	833	3	2	9	3	16	13	31	23	163	109	5709	4195	67	26	
4. 45 - 64	3773	1456	704	1178	331	0	0	4	1	13	4	5	2	46	29	2682	1069	20	2	
5. 65 and Over	177	53	21	81	8	0	0	1	0	0	0	0	0	8	5	140	34	3	0	
6. Total	17654	6490	4774	4187	1458	3	3	23	6	36	18	98	57	326	175	10997	6439	168	50	
7. Pregnant Women	302		227		60						2		2		11		301		1	
Number of persons served who were admitted in a period prior to the 12 month reporting period		1294																		
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: 7/1/2015 Expenditure Period End Date: 6/30/2016

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: <u> 12 </u>	Rural: <u> 2 </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	
<p>Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services: Due to the number of years that had passed since Alabama had been a designated state, it was necessary in SFY 16 to recreate the infrastructure for the provision of those services. Operational policies and procedures had to be developed, service descriptions were written, service billing codes had to be established, and agencies were selected to provide these services based upon public health data. ADMH encumbered Federal funds to support provider start-up costs in SFY 16 and to begin operations of the HIV EIS in SFY 17.</p>		
Footnotes:		

IV: Populations and Services Reports

Table 13 - Charitable Choice

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

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.

None provided.

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]	91	76
Total number of clients with non-missing values on employment/student status [denominator]	766	766
Percent of clients employed or student (full-time and part-time)	11.9 %	9.9 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,280
Number of CY 2015 discharges submitted:		1,063
Number of CY 2015 discharges linked to an admission:		892
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		891
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		766

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	265	545
Total number of clients with non-missing values on employment/student status [denominator]	1,220	1,220
Percent of clients employed or student (full-time and part-time)	21.7 %	44.7 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,952
Number of CY 2015 discharges submitted:		1,632
Number of CY 2015 discharges linked to an admission:		1,300

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,294
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,220

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	435	463
Total number of clients with non-missing values on employment/student status [denominator]	865	865
Percent of clients employed or student (full-time and part-time)	50.3 %	53.5 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		4,202
Number of CY 2015 discharges submitted:		2,102
Number of CY 2015 discharges linked to an admission:		1,054
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		940
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		865

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	300	341
Total number of clients with non-missing values on employment/student status [denominator]	874	874
Percent of clients employed or student (full-time and part-time)	34.3 %	39.0 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		3,051
Number of CY 2015 discharges submitted:		1,866
Number of CY 2015 discharges linked to an admission:		989

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	970
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	874

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	693	707
Total number of clients with non-missing values on living arrangements [denominator]	721	721
Percent of clients in stable living situation	96.1 %	98.1 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,280
Number of CY 2015 discharges submitted:		1,063
Number of CY 2015 discharges linked to an admission:		892
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		891
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		721

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	963	1,045
Total number of clients with non-missing values on living arrangements [denominator]	1,100	1,100
Percent of clients in stable living situation	87.5 %	95.0 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,952
Number of CY 2015 discharges submitted:		1,632
Number of CY 2015 discharges linked to an admission:		1,300

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,294
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,100

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	884	883
Total number of clients with non-missing values on living arrangements [denominator]	887	887
Percent of clients in stable living situation	99.7 %	99.5 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		4,202
Number of CY 2015 discharges submitted:		2,102
Number of CY 2015 discharges linked to an admission:		1,054
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		940
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		887

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	802	799
Total number of clients with non-missing values on living arrangements [denominator]	858	858
Percent of clients in stable living situation	93.5 %	93.1 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		3,051
Number of CY 2015 discharges submitted:		1,866
Number of CY 2015 discharges linked to an admission:		989

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	970
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	858

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	735	812
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	892	892
Percent of clients without arrests	82.4 %	91.0 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,280
Number of CY 2015 discharges submitted:		1,063
Number of CY 2015 discharges linked to an admission:		892
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		892
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		892

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	1,195	1,288
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,297	1,297
Percent of clients without arrests	92.1 %	99.3 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,952
Number of CY 2015 discharges submitted:		1,632
Number of CY 2015 discharges linked to an admission:		1,300

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,297
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,297

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	840	887
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	923	923
Percent of clients without arrests	91.0 %	96.1 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		4,202
Number of CY 2015 discharges submitted:		2,102
Number of CY 2015 discharges linked to an admission:		1,054
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		979
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		923

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	912	951
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	978	978
Percent of clients without arrests	93.3 %	97.2 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		3,051
Number of CY 2015 discharges submitted:		1,866
Number of CY 2015 discharges linked to an admission:		989

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	984
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	978

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	669	795
All clients with non-missing values on at least one substance/frequency of use [denominator]	885	885
Percent of clients abstinent from alcohol	75.6 %	89.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		139
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	216	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		64.4 %

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]		656
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	669	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.1 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,280
Number of CY 2015 discharges submitted:	1,063
Number of CY 2015 discharges linked to an admission:	892
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	892
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	885

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file

Records received through 2/2/2017

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]	1,076	1,218
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,268	1,268
Percent of clients abstinent from alcohol	84.9 %	96.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		163
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	192	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		84.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,055
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,076	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.0 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,952
Number of CY 2015 discharges submitted:	1,632
Number of CY 2015 discharges linked to an admission:	1,300
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,297
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,268

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file [Records received through 2/2/2017]

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]	736	895
All clients with non-missing values on at least one substance/frequency of use [denominator]	920	920
Percent of clients abstinent from alcohol	80.0 %	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]		160
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	184	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		87.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		735
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	736	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.9 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	4,202
Number of CY 2015 discharges submitted:	2,102
Number of CY 2015 discharges linked to an admission:	1,054
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	979
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	920

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	587	751

All clients with non-missing values on at least one substance/frequency of use [denominator]	954	954
Percent of clients abstinent from alcohol	61.5 %	78.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		175
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	367	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		47.7 %

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]		576
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	587	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.1 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	3,051
Number of CY 2015 discharges submitted:	1,866
Number of CY 2015 discharges linked to an admission:	989
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	984
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	954

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	335	600
All clients with non-missing values on at least one substance/frequency of use [denominator]	885	885
Percent of clients abstinent from drugs	37.9 %	67.8 %

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]		297
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	550	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		54.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		303
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	335	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		90.4 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,280
Number of CY 2015 discharges submitted:	1,063
Number of CY 2015 discharges linked to an admission:	892
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	892
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	885

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file

Records received through 2/2/2017

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]	735	1,131
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,268	1,268
Percent of clients abstinent from drugs	58.0 %	89.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		443
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	533	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		83.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		688
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	735	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		93.6 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,952
Number of CY 2015 discharges submitted:	1,632
Number of CY 2015 discharges linked to an admission:	1,300
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,297
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,268

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	499	803
All clients with non-missing values on at least one substance/frequency of use [denominator]	920	920
Percent of clients abstinent from drugs	54.2 %	87.3 %

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]		319
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	421	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		75.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		484
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	499	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		97.0 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	4,202
Number of CY 2015 discharges submitted:	2,102
Number of CY 2015 discharges linked to an admission:	1,054
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	979
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	920

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	410	666

All clients with non-missing values on at least one substance/frequency of use [denominator]	954	954
Percent of clients abstinent from drugs	43.0 %	69.8 %

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]		269
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	544	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		49.4 %

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]		397
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	410	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		96.8 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	3,051
Number of CY 2015 discharges submitted:	1,866
Number of CY 2015 discharges linked to an admission:	989
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	984
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	954

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	4	12
Total number of clients with non-missing values on self-help attendance [denominator]	17	17
Percent of clients attending self-help programs	23.5 %	70.6 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	47.1 %	
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,280
Number of CY 2015 discharges submitted:		1,063
Number of CY 2015 discharges linked to an admission:		892
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		892
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		17

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	96	370
Total number of clients with non-missing values on self-help attendance [denominator]	412	412
Percent of clients attending self-help programs	23.3 %	89.8 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	66.5 %	
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,952
Number of CY 2015 discharges submitted:		1,632

Number of CY 2015 discharges linked to an admission:	1,300
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,297
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	412

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	15	40
Total number of clients with non-missing values on self-help attendance [denominator]	110	110
Percent of clients attending self-help programs	13.6 %	36.4 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	22.7 %	

Notes (for this level of care):

Number of CY 2015 admissions submitted:	4,202
Number of CY 2015 discharges submitted:	2,102
Number of CY 2015 discharges linked to an admission:	1,054
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	979
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	110

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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]	15	28
Total number of clients with non-missing values on self-help attendance [denominator]	89	89
Percent of clients attending self-help programs	16.9 %	31.5 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	14.6 %	

Notes (for this level of care):

Number of CY 2015 admissions submitted:	3,051
Number of CY 2015 discharges submitted:	1,866
Number of CY 2015 discharges linked to an admission:	989
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	984
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	89

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
 [Records received through 2/2/2017]

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	12	5	7	16
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	24	14	21	27
5. Long-term (over 30 days)	49	24	42	66
AMBULATORY (OUTPATIENT)				
6. Outpatient	106	57	96	141
7. Intensive Outpatient	82	34	64	114
8. Detoxification	0	0	0	0
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	9	3	9	14
10. ORT Outpatient	86	28	57	130

Level of Care	2015 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	533	488
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0

4. Short-term (up to 30 days)	1063	892
5. Long-term (over 30 days)	1632	1300
AMBULATORY (OUTPATIENT)		
6. Outpatient	1866	981
7. Intensive Outpatient	2102	989
8. Detoxification	0	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	2
10. ORT Outpatient	0	73

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 2/2/2017]

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 2014	11.2	
	Age 18+ - CY 2014	49.2	
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 2014	4.8	
	Age 18+ - CY 2014	27.9	
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 2014	4.3	
	Age 18+ - CY 2014	10.2	
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 2014	4.8	
	Age 18+ - CY 2014	5.6	
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 2014	3.5	
	Age 18+ - CY 2014	4.0	

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

Footnotes:

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 2014	77.8	
	Age 18+ - CY 2014	79.2	
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2014	88.5	
	Age 18+ - CY 2014	91.4	
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2014	71.2	
	Age 18+ - CY 2014	66.5	

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 2014	13.3	
	Age 18+ - CY 2014	18.0	
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 2014	13.1	
	Age 18+ - CY 2014	16.2	
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 2014	13.2	
	Age 18+ - CY 2014	18.8	
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 2014	14.1	
	Age 18+ - CY 2014	18.1	
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 2014	13.0	
	Age 18+ - CY 2014	21.9	

[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 2014	89.2	
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 2014	86.8	
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 2014	82.9	
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 2014	82.7	
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 2014	90.3	

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 2014	47.7	
	Age 12 - 17 - CY 2014		

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 2014	92.5	

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 2014	38.0	

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug- Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2014	21.4	

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 2014	51.8	
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 2014	92.1	

[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 2014	82.9	

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

Footnotes:

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

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

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2014	12/31/2014
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2014	12/31/2014
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2014	12/31/2014
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2014	12/31/2014
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2013	9/30/2015

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	179
5-11	23739
12-14	25017
15-17	19661
18-20	12944
21-24	7699
25-44	8322
45-64	5995
65 and over	3272
Age Not Known	135783
Gender	
Male	64297
Female	61867
Gender Unknown	116447
Race	
White	51960
Black or African American	66393
Native Hawaiian/Other Pacific Islander	90
Asian	0
American Indian/Alaska Native	248
More Than One Race (not OMB required)	117

Race Not Known or Other (not OMB required)	123803
Ethnicity	
Hispanic or Latino	6716
Not Hispanic or Latino	120390
Ethnicity Unknown	115505

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	176
5-11	22370
12-14	23085
15-17	16595
18-20	10785
21-24	6654
25-44	7859
45-64	5420
65 and over	3244
Age Not Known	103347
Gender	
Male	50384
Female	52918
Gender Unknown	96233
Race	
White	48207
Black or African American	49917
Native Hawaiian/Other Pacific Islander	87
Asian	222
American Indian/Alaska Native	114
More Than One Race (not OMB required)	2180

Race Not Known or Other (not OMB required)	98808
Ethnicity	
Hispanic or Latino	4471
Not Hispanic or Latino	97315
Ethnicity Unknown	97749

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:

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	83	38	121	46	6	173
2. Total number of Programs and Strategies Funded	83	38	121	46	6	173
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 # 113	\$ 1723172.00
Universal Indirect	Total # 55	\$ 1921128.00
Selective	Total # 42	\$ 883968.00
Indicated	Total # 9	\$ 56945.00
	Total EBPs: 219	Total Dollars Spent: \$4585213.00

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: