

Iowa

UNIFORM APPLICATION
FY 2017 BEHAVIORAL HEALTH REPORT
SUBSTANCE ABUSE PREVENTION AND TREATMENT
BLOCK GRANT

OMB - Approved 09/01/2016 - Expires 12/01/2016
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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

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Organizational Unit Division of Behavioral Health

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III. Expenditure Period

State Expenditure Period

From 10/1/2013

To 9/30/2015

Block Grant Expenditure Period

From 10/1/2013

To 9/30/2015

IV. Date Submitted

Submission Date

Revision Date

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Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Primary Prevention workforce survey and analysis
Priority Type: SAP
Population(s): PP

Goal of the priority area:

Re-convene workgroup, review workforce survey and analysis need

Strategies to attain the goal:

Reconvene workforce development committee, review and update survey, analyze data, and develop strategies to address recommendations

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Workforce Committee will be reconvened
Baseline Measurement: Survey will be reviewed, summarized and updated.
First-year target/outcome measurement: Reconvene workforce, review findings and/or update survey
Second-year target/outcome measurement: Make recommendations to committee based on survey results
New Second-year target/outcome measurement (if needed):

Data Source:

Workforce Development Survey

New Data Source (if needed):

Description of Data:

data collected in survey process

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

to be determined

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 Workforce Development Committee has not been reconvened in the last year. No survey has been conducted as the workforce group recommended waiting to proceed until a new integrated RFP is released in June 2017.

How first year target was achieved (optional):

Other workforce development steps that have been taken are:

- IDPH representative was a member of the group that put in place an Advanced Prevention Specialist Credential and two persons have already gone through the application process
- IDPH has worked with the CAPT to get more Iowa trainers for their national curricula: SAPST and Ethics for Prevention which we are

now offering twice yearly.

- The IDPH Comprehensive Prevention Coordinator holds monthly contractor meeting with Comprehensive Prevention contractors for ongoing workforce and technical assistance issues

Priority #: 2

Priority Area:

Priority Type: SAP

Population(s): Other (Adolescents w/SA and/or MH)

Goal of the priority area:

Monitor e-cigarette use on Iowa Youth Survey

Strategies to attain the goal:

Add question about use to monitor trends

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: E-Cigarette Use among 6,8 or 11 graders

Baseline Measurement: Baseline measurement: Added question in 2014 IYS survey question about use and trends

First-year target/outcome measurement: Monitor for use at this point- 2014 baseline measurement: Three percent of 6th grader reported using e-cigarettes at least once in the past 30 days, 4% of 8th graders and 11percent of 11 graders

Second-year target/outcome measurement:

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

Data Source:

Iowa Youth Survey

New Data Source(*if needed*):

Description of Data:

Survey Question asks each child in 6, 8 or 11 grade " In the past 30 days, on how many days have you used electronic cigarettes or e-cigarettes with response options of 0 days, 1-2 days, 3-5 days, 6-9 days 10-19 days, 20-29 days and 30 days.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

IYS is administered every two years. This data reflects 2014 data. next survey will be conducted in 2016 with data available in spring of 2017.

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:

As noted in the outcome section, the Iowa Youth Survey (IYS) was administered in 2016 and data will be available in spring of 2017 to compare against 2014 data. Additionally, one additional question was added in the 2016 IYS questions.

2014 IYS: In the past 30 days, on how many days have you used electronic cigarettes or e-cigarettes (battery-powered cigarettes)?

2016 IYS: In the past 30 days, on how many days have you used e-cigarettes (vape-pens, hookah-pens, e-hookahs, e-cigars, e-pipes, personal vaporizers or mods)

AND

How old were you when you first used an e-cigarette, vape-pen, e-hookah, mod-box, or other electronic cigarette for the first time?

How first year target was achieved (optional):

We added the age of first use question and added additional "slang" terms to the questions.

We will report progress in 2018 SABG Report.

Priority #: 3
Priority Area: Update the 2012 Epidemiological Profile
Priority Type: SAP
Population(s): PP

Goal of the priority area:

Update Epi profile to identify, analyze, and select indicators which guide primary prevention goals

Strategies to attain the goal:

Prioritize work in Epi workgroup meetings, review data sources and needs, summarize, make recommendations and prioritize needs within workgroup.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: New Epi Profile
Baseline Measurement: Review Epi profile completed in 2012, monitor new data sources/trends/update
First-year target/outcome measurement: New Epi Profile report completed
Second-year target/outcome measurement:
New Second-year target/outcome measurement (if needed):

Data Source:

IDPH data sources/other data sources including hospital discharge data, Internal Classification of Diseases (ICD), tobacco, drugs, Synar data, etc

New Data Source (if needed):

Description of Data:

Tobacco, illicit drug use, Synar data, hospital discharge data, Iowa health Barometer Report, NSDUH, SAMHSA, Behavioral Risk Report, etc

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

EPI Profile completed and new report developed and finalized. See attachment

Priority #: 4
Priority Area:
Priority Type: SAP
Population(s): PP, Other (Adolescents w/SA and/or MH)

Goal of the priority area:

Underage and Binge Drinkin

Strategies to attain the goal:

Work with state Epi workgroup, Partnerships for Success Advisory Committee and Primary Prevention Contractors, PFS contractors to use prevention strategies to reduce consumption of alcohol by persons under age 21, reduce binge consumption of alcohol and reduce prescription and over the counter medication misuse.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Reduce the rate of underage alcohol use rate of 8th and 11th grade drinkers by at least 5% in funded counties
Baseline Measurement: Reduction of 5%
First-year target/outcome measurement:
Second-year target/outcome measurement:
New Second-year target/outcome measurement (if needed):

Data Source:

Iowa Youth Survey

New Data Source (if needed):

Description of Data:

data collected every two years in survey administered in school setting

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Data will not be available until spring of 2017 as this is a every two year survey

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 5
Priority Area: Medication Assisted Treatment/Opiate Use increase
Priority Type: SAT
Population(s): Other (Rural)

Goal of the priority area:

Provide MAT services to counties of highest need, expand access to medications, provider training on MAT

Strategies to attain the goal:

Conduct trainings, work with Board of Pharmacy, introduce evidenced based practice to prescribers, award contracts through discretionary grant to provide recovery support services to those in need of MAT services, provide state wide training events

Priority #: 6
Priority Area: Addictions Services Transition and ASO Transition to new Managed Care Organization
Priority Type: SAT
Population(s): Other

Goal of the priority area:

Capacity of providers to meet and treat complex needs of their communities including bi-directional integration to treat clients physical health and other complex needs (mental health, disabilities, etc)
SSA provider network will transition to new MCO network effective January 1, 2016.

Strategies to attain the goal:

Develop and post RFP in 2015 for new provider network, develop contracts and implement. IDPH will assure ASO transition activities support effective and efficient delivery of substance use disorder services to Iowan's. IDPH will partner with new MCO and new providers to outline requirements.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Release of new RFP and assure transition of services from Magellan to new Managed Care Organization (MCO)
Baseline Measurement: Implement new provider contracts in 2016 and new MCO in January 2016
First-year target/outcome measurement: Selection of new provider network and new MCO January 2016
Second-year target/outcome measurement:
New Second-year target/outcome measurement (if needed):
Data Source: Contracts, RFP, new MCO selection
New Data Source (if needed):
Description of Data: NA
New Description of Data: (if needed)
Data issues/caveats that affect outcome measures: State appeals for new MCO companies may impact implementation
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:

Progress: IA Health Link is the managed care program in Iowa that brings together most Medicaid programs. Most existing Medicaid members were enrolled in IA Health Link on April 1, 2016, and most new members who become eligible after April 1, 2016, will also be enrolled in IA Health Link. (Iowa did not roll out the new MCO structure on January 1-2016 as initially planned; instead, the MCO structure went into place on April 1, 2016). The goal of IA Health Link is to improve the coordination and quality of care that you receive

while Iowa works towards a balanced, predictable state budget and a healthier state. IA Health Link is managed by MCOs that provide comprehensive health care services, including physical health, behavior health and long-term care services and support. IDPH contracted with Amerigroup, one of the selected MCO's, to manage the SSA funded network effective April 1, 2016. As a result of the change in MCO's by the state, Contracts, executed by Amerigroup, were extended through June 30, 2017. A new RFP (and new contracts) , will be released in early 2017, to become effective July 1, 2017.

How first year target was achieved (optional):

SSA funded provider contracts extended through June/2017. A new RFP and new contracts will be in effect July 1, 2017 as result of new MCO structure which went into effect April 1, 2016.

Priority #: 7
Priority Area:
Priority Type: SAT
Population(s): Other

Goal of the priority area:

ACA Reform Impact and Reimbursement Equity

Strategies to attain the goal:

IDPH will contract with Milliman Actuarial Firm to conduct a second study of potential impact of new Iowa health plans

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Monitor trends -Impact on IDPH funded services related to ACA/Iowa Health and Wellness and Marketplace plans
Baseline Measurement: Initial Milliman study conducted in 2014- Impact complex and not completely known; some services will not be covered and review of reimbursement for SA providers are not adequate or equitable
First-year target/outcome measurement: Conduct second study with Milliman in 2016
Second-year target/outcome measurement:
New Second-year target/outcome measurement (if needed):

Data Source:

Milliman Report/IDPH data on services/Current Magellan data/Future MCO data on services utilized, Medicaid data

New Data Source (if needed):

Description of Data:

As noted above

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Iowa has selected four new MCO's , to replace Iowa's 20-year behavioral health care-out managed care plan and single managed care organization contractor with a full managed care plan incorporating medical care, behavioral health and long term services and supports. Roll out to scheduled January 1, 2016.

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: Data System Management Needs for future data collection and reporting
Priority Type: SAT
Population(s): Other

Goal of the priority area:

Determine system needs for data collection and reporting

Strategies to attain the goal:

Hire Business analyst to investigate data methodologies and vendors, review federal requirements, meet with providers and determine strategies to determine best data system for SA providers

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: IDPH will determine data and system needs for required data input from substance providers and determine if ISMART WITS based system needs to be the continued data system
Baseline Measurement: IDPH has two ways for providers to submit required data to IDPH; one is through IDPH's Central Data Repository through the provider Electronic Health Record and one is direct data entry into the WITS-based Iowa System Management and Reporting Tool (I-SMART)
First-year target/outcome measurement: Business analysis will make recommendations to IDPH regarding data system pro's and con's and how to move IDPH forward with future required data reporting from substance providers

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

Data Source:

NA

New Data Source(if needed):

Description of Data:

NA

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

A business analyst/project manager was hired for the I-SMART Futures Project in July 2015. The goal was to review the current data systems and make recommendations for current and future data/system needs. An RFI was written and released in October 2015. From the responses received, two demonstrations of possible solutions were conducted. These demonstrations provided IDPH with baseline information regarding available options. Over the next five months, research was conducted to gather additional information regarding potential options, including: reduction of redundancy in

reporting, role of the Iowa Health Information Network (IHIN), uniform data sets for problem gambling (PG) and substance use disorders (SUD), integrated warehousing and reporting (including public portal), performance and outcome measures, and customer feedback.

A briefing document was presented to IDPH leadership in December 2015 to assist in making a decision about next steps. What we discovered from the previous 5 month's work, was that there was inadequate documentation and understanding of current PG and SUD Prevention and Treatment data sets.

It was decided a data model was needed that integrates currently separate Substance Use Disorder and Problem Gambling domains (Prevention and Treatment). The primary outcomes of this project were:

- 1) Document the "as-is" state of data dictionaries and models for both substance use disorders and problem gambling
- 2) Analyze and document the "as-is" information to derive the "to-be" state of an integrated data model and data dictionary
- 3) Research, analyze, and document implementation strategies

The detailed review of the current data system was completed in July 2016. On September 8, 2016 a day-long meeting with our vendor was held to review and discuss the "as is" and "to be" states, and three solutions the vendor proposed. The Department is currently analyzing proposed options, funding streams and potential timelines for implementation of an integrated, flexible and responsive data collection and reporting system.

How first year target was achieved (*optional*):

Priority #: 9
Priority Area: Priority Populations
Priority Type: SAT
Population(s): PWWDC, IVDUs, TB

Goal of the priority area:

Ensure priority populations receive preference to treatment and MCO (Magellan and new MCO effective January 1, 2016) establish policies and procedures to address federal and state requirements.

Strategies to attain the goal:

Monitor monthly Reports submitted to IDPH by the MCO on populations of focus; ensure timeliness to treatment services, ensure capacity issues are addressed and will work with new MCO's on establishment of processes to ensure all federal Block Grant requirements are met. IDPH will establish language regarding all standards in new RFP, contracts and will ensure processes are adhered to with new MCO.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Ensure capacity, wait times and priority admission status of priority populations meet standards
Baseline Measurement: New RFP and contracts for new IDPH funded provider network will outline minimum clients served, document processes to ensure priority populations meet access standards, priority in treatment, geographic standards, and have defined providers for capacity management and timelines
First-year target/outcome measurement: MCO will have specific access standards in placing for IDPH funded population and will be monitored on monthly basis by IDPH

Second-year target/outcome measurement:

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

Data Source:

RFP/contracts/ processes/policies by new MCO/monthly data reports from MCO to state

New Data Source (*if needed*):

Description of Data:

As noted above and QI monitors as set by state; and implemented by new MCO including access standards related to time, priority in treatment, geographic standards

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved *(if not achieved, explain why)*

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

According to Magellan data reports through expenditure period, capacity, wait times and priority admission status of priority populations met SABG standards.

How first year target was achieved *(optional)*:

Footnotes:

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

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

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	\$9,137,696		\$0	\$4,729,146	\$17,792,169	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$1,179,987		\$0	\$0	\$0	\$0	\$0
b. All Other	\$7,957,709		\$0	\$4,729,146	\$17,792,169	\$0	\$0
2. Substance Abuse Primary Prevention	\$3,017,128		\$0	\$1,214,307	\$1,540,333	\$0	\$0
3. Tuberculosis Services	\$0		\$0	\$0	\$0	\$0	\$0
4. HIV Early Intervention Services**	\$0		\$0	\$0	\$0	\$0	\$0
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. 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)	\$621,604		\$0	\$843,119	\$335,222	\$0	\$0
11. Total	\$12,776,428	\$0	\$0	\$6,786,572	\$19,667,724	\$0	\$0

* 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

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:

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	\$9,248,682
2. Primary Prevention	\$3,101,962
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$650,033
6. Total	\$13,000,677

*Prevention other than Primary Prevention

**HIV Designated States

Footnotes:

Treatment expenses are reported as follows:

Table 7. - \$8,945,181

Table 4. - \$9,248,682

The difference of \$303,501 is for program expenses provided directly for treatment services, eg personnel and line item support (travel, printing, office supplies, etc).

Primary prevention expenses are as follows:

Table 7. - \$2,921,208

Table 4. - \$3,101,962

The difference of \$180,754 is for program expenses provided directly for prevention services, eg personnel and line item support (travel, printing, office supplies, etc).

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: Expenditure Period End Date:

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

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

Footnotes:

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

No Block Grant funds used for 'Section 1926 Tobacco' activities.

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	\$2,528,099	\$989,660	\$1,255,372		
Universal Indirect	\$205,660	\$80,509	\$102,124		
Selective	\$217,137	\$85,001	\$107,823		
Indicated	\$151,066	\$59,137	\$75,014		
Column Total	\$3,101,962.00	\$1,214,307.00	\$1,540,333.00	\$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	€
Tobacco	€
Marijuana	€
Prescription Drugs	€
Cocaine	€
Heroin	€
Inhalants	€
Methamphetamine	€
Synthetic Drugs (i.e. Bath salts, Spice, K2)	€
Targeted Populations	
Students in College	€
Military Families	€
LGBTQ	€
American Indians/Alaska Natives	€
African American	€
Hispanic	€
Homeless	€
Native Hawaiian/Other Pacific Islanders	€
Asian	€
Rural	€
Underserved Racial and Ethnic Minorities	€

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2013 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		\$27,113.00		\$15,177.00		\$42,290.00
2. Quality Assurance		\$28,352.00		\$8,301.00		\$36,653.00
3. Training (Post-Employment)		\$61,033.00				\$61,033.00
4. Program Development		\$27,113.00		\$6,981.00	\$94,200.00	\$128,294.00
5. Research and Evaluation					\$184,309.00	\$184,309.00
6. Information Systems		\$18,075.00		\$45,531.00		\$63,606.00
7. Education (Pre-Employment)						\$0.00
8. Total	\$0.00	\$161,686.00	\$0.00	\$75,990.00	\$278,509.00	\$516,185.00

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
4	IA900786		Southeast	Alcohol and Drug Dependency Services	1340 Mount Pleasant Street	Burlington	IA	52601	\$380,739	\$273,137	\$0	\$107,602	\$0
5	IA301316		Northeast	Area Substance Abuse Council	3601 16th Avenue SW	Cedar Rapids	IA	52404	\$1,167,206	\$822,769	\$369,232	\$344,437	\$0
59	IA901792		Central	Broadlawn Medical Center	1801 Hickman Road	Des Moines	IA	50314	\$91,805	\$91,805	\$0	\$0	\$0
201	IA902154		Statewide	Cedar Rapids Library	500 First Street SE	Cedar Rapids	IA	52401	\$207,955	\$75,506	\$0	\$132,449	\$0
15	IA301027		Southeast	Center for Alcohol and Drug Services, Inc.	1523 South Fairmount Street	Davenport	IA	52802	\$972,957	\$784,506	\$132,092	\$188,451	\$0
26	IA301357		North Central	Chemical Dependency Services of North Iowa, Inc. dba Prairie Ridge	P.O. Box 1338	Mason City	IA	50402	\$630,569	\$505,487	\$93,902	\$125,082	\$0
21	IA750454		Northwest	Community and Family Resources	726 South 17th Street	Fort Dodge	IA	50501	\$667,958	\$581,206	\$91,862	\$86,752	\$0
24	IA750363		Northwest	Community Opportunities dba New Opportunities	PO Box 427	Carroll	IA	51401	\$167,499	\$119,051	\$0	\$48,448	\$0
34	IA301100		Northwest	Compass Pointe	1900 Grand Avenue North Suite A	Spencer	IA	51301	\$382,726	\$244,694	\$0	\$138,032	\$0
14	IA902188		Southwest	Crossroads Behavioral Health Svcs Action Now Chemical Center	1003 Cottonwood Street	Creston	IA	50801	\$110,970	\$110,970	\$22,501	\$0	\$0
39	IA750132		Central	Employee and Family Resources	505 5th Avenue Suite 600	Des Moines	IA	50309	\$621,850	\$159,512	\$0	\$462,338	\$0
249	MD100623		Statewide	FEI Com Inc	9755 Patuxent Woods Drive, Ste 300	Columbia	MD	21046	\$58,958	\$58,958	\$0	\$0	\$0
50	IA901917		Southwest	Green Hills Area Education Agency	1405 North Lincoln Street	Creston	IA	50801	\$145,044	\$0	\$0	\$145,044	\$0
40	IA902170		Southwest	Heartland Family Services	515 East Broadway	Council Bluffs	IA	51503	\$289,078	\$289,078	\$51,742	\$0	\$0
57	IA900158		Northeast	Helping Services of Northeast Iowa	P.O. Box 372	Decorah	IA	52101	\$165,706	\$0	\$0	\$165,706	\$0
64	IA901776		Central	House of Mercy	1409 Clark Street	Des Moines	IA	50314	\$267,026	\$267,026	\$156,422	\$0	\$0

208	IA100783	X	Statewide	Iowa Behavioral Health Association	430 Southgate Avenue	Iowa City	IA	52240	\$61,033	\$61,033	\$0	\$0	\$0
207	IA100775	X	Statewide	Iowa Consortium for Substance Abuse Research and Evaluation	100 Oakdale Campus M306 Oakdale Hall	Iowa City	IA	52242-5000	\$184,309	\$125,491	\$0	\$58,818	\$0
31	IA301498	X	Northwest	Jackson Recovery Center	800 5th Street Suite 200	Sioux City	IA	51101	\$798,454	\$607,631	\$258,592	\$190,823	\$0
232	IA900126	X	Statewide	Magellan Health Services	2600 Westown Pkwy Suite 200	West Des Moines	IA	50266	\$194,205	\$194,205	\$0	\$0	\$0
16	IA900232	X	Northeast	Northeast Iowa Behavioral Health, Inc.	905 Montgomery Street P.O. Box 349	Decorah	IA	52101	\$161,003	\$161,003	\$0	\$0	\$0
36	IA301209	X	Northeast	Pathways Behavioral Services	3362 University Avenue	Waterloo	IA	50701-2006	\$730,520	\$534,192	\$0	\$196,328	\$0
23	IA301571	✓	Southeast	Prelude Behavioral Services	430 Southgate Avenue	Iowa City	IA	52240	\$1,338,998	\$1,225,445	\$117,292	\$113,553	\$0
30	IA750256	X	Southeast	Southern Iowa Economic Development Assn	PO Box 658	Ottumwa	IA	52501	\$378,650	\$237,424	\$0	\$141,226	\$0
20	IA901958	X	Northeast	Substance Abuse Service Center	799 Main Street	Dubuque	IA	52001	\$233,077	\$233,077	\$97,302	\$0	\$0
46	IA901974	X	Northwest	Substance Abuse Services for Clayton County, Inc.	431 High Street P.O. Box 970	Elkader	IA	52043	\$22,617	\$0	\$0	\$22,617	\$0
25	IA901321	X	North Central	Substance Abuse Treatment Unit of Central Iowa	PO Box 1453	Iowa Falls	IA	50126	\$282,892	\$183,311	\$0	\$99,581	\$0
130	IA100759	X	Central	United Community Services, Inc.	4908 Franklin Avenue	Des Moines	IA	50310-1901	\$582,930	\$582,930	\$0	\$0	\$0
28	IA901693	X	Southeast	Unity Healthcare dba Trinity Muscatine	1609 Cedar Street	Muscatine	IA	52761	\$110,240	\$74,205	\$0	\$36,035	\$0
2	IA901826	X	North Central	Youth and Shelter Services, Inc.	420 Kellogg	Ames	IA	50010	\$117,163	\$34,124	\$0	\$83,039	\$0
3	IA301605	X	Southwest	ZION Recovery Services, Inc.	PO Box 34	Atlantic	IA	50022	\$342,252	\$307,405	\$0	\$34,847	\$0
Total									\$11,866,389	\$8,945,181	\$1,390,939	\$2,921,208	\$0

* Indicates the imported record has an error.

Footnotes:

Northwest Region: Lyon, Sioux, Plymouth, Woodbury, Monona, Osceola, O'Brien, Cherokee, Ida, Crawford, Shelby, Dickinson, Clay, Buena Vista, Sac, Carroll, Audubon, Emmet, Palo Alto, Pocahontas, Calhoun, Greene, Guthrie, Humboldt, Webster, Wright, and Hamilton

Southwest Region: Harrison, Pottawattamie, Mills, Fremont, Cass, Montgomery, Page, Adair, Adams, Taylor, Union, Ringgold, Dallas, Madison, Clarke, and Decatur

North Central Region: Kossuth, Winnebago, Worth, Mitchell, Hancock, Cerro Gordo, Floyd, Franklin, Hardin, Boone, Story, Marshall, Tama, and Poweshiek

Central Region: Polk, Jasper, Warren, and Marion

Northeast Region: Butler, Grundy, Howard, Chickasaw, Bremer, Blackhawk, Benton, Winneshiek, Fayette, Buchanan, Linn, Allamakee, Clayton, Delaware, Jones, Dubuque, Jackson, and Clinton

Southeast Region: Lucas, Wayne, Mahaska, Monroe, Appanoose, Iowa, Keokuk, Wapello, Davis, Johnson, Washington, Jefferson, Van Buren, Henry, Lee, Des Moines, Louisa, Muscatine, Cedar, and Scott

Treatment expenses are reported as follows:

Table 7. - \$8,945,181

Table 4. - \$9,248,682

The difference of \$303,501 is for program expenses provided directly for treatment services, eg personnel and line item support (travel, printing, office supplies, etc).

Primary prevention expenses are as follows:

Table 7. - \$2,921,208

Table 4. - \$3,101,962

The difference of \$180,754 is for program expenses provided directly for prevention services, eg personnel and line item support (travel, printing, office supplies, etc).

III: Expenditure Reports

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

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

Yes No

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

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? _____

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)	\$19,896,291	
SFY 2015 (2)	\$19,959,183	\$19,927,737
SFY 2016 (3)	\$19,667,724	

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

SFY 2014 Yes No
 SFY 2015 Yes No
 SFY 2016 Yes No

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

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

Footnotes:

III: Expenditure Reports

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

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

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment MAINTENANCE			
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) (C)
SFY 2016 (3)	\$126,821	0.72%	\$913

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)

Due to rounding, actual dollar amount of \$911 shows as \$913.

Footnotes:

Due to rounding, actual dollar amount of \$911 shows as \$913.

The Tuberculosis (TB) Maintenance of Effort (MOE) of \$99 for the 1991 base for Iowa was calculated using 1991/1992 figures $([\$99 + \$92]/2 = \$98.50)$. Regrettably, the information used to calculate the TO MOE cannot be recaptured or refigured. The FFY 1997 Block Grant Report indicate the correct dollar amount was unfortunately entered incorrectly numerous years after. Based on historical information and with approval from Michael Yensenko's 02/02/2007 correspondence, the TB base should be indicated at \$99.

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))

Iowa is not a designated HIV state

Footnotes:

III: Expenditure Reports

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

Expenditures for Services to Pregnant Women and Women with Dependent Children		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$1,302,477	
SFY 2014		\$1,317,219
SFY 2015		\$1,317,219
SFY 2016		\$1,353,775
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>1390939.00</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). As per 42 USC 300x-22(b)(1), various SSA's have ensured Iowa has maintained the MOE based on the 1994 "standard" and not gone below the required 5% minimum. For SAPT 14, Iowa expended 10.7% through 11 IDPH provider subcontractors for substance abuse services to pregnant women and women with dependent children.

Footnotes:

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)
Children of substance abusers	1. Information Dissemination	
	1. Clearinghouse/information resources centers	1
	4. Brochures	1
	6. Speaking engagements	5
	2. Education	
	2. Ongoing classroom and/or small group sessions	3
	3. Alternatives	
	2. Youth/adult leadership activities	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	2
	6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1	
Pregnant women/teens	1. Information Dissemination	
	6. Speaking engagements	12
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	3. Alternatives	
	2. Youth/adult leadership activities	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	4
	6. Environmental	
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1	
Drop-outs	1. Information Dissemination	
	6. Speaking engagements	1
Violent and delinquent behavior	1. Information Dissemination	
	4. Brochures	1

	6. Speaking engagements	7
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	2
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	3
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
Mental health problems	1. Information Dissemination	
	6. Speaking engagements	6
	8. Information lines/Hot lines	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	1
	5. Community-Based Process	
Economically disadvantaged	1. Information Dissemination	
	1. Clearinghouse/information resources centers	1
	6. Speaking engagements	10
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	4
	3. Alternatives	
	2. Youth/adult leadership activities	3
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	3
Physically disabled	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	2
	8. Information lines/Hot lines	1
Abuse victims	1. Information Dissemination	
	1. Clearinghouse/information resources centers	1
	4. Brochures	1
	6. Speaking engagements	3

	8. Information lines/Hot lines	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	2
Already using substances	1. Information Dissemination	
	1. Clearinghouse/information resources centers	1
	4. Brochures	2
	6. Speaking engagements	11
	8. Information lines/Hot lines	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	6
	4. Problem Identification and Referral	
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	3
	5. Community-Based Process	
3. Multi-agency coordination and collaboration/coalition	4	
Homeless and/or runaway youth	1. Information Dissemination	
	2. Resources directories	1
	6. Speaking engagements	3
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	3
Older Adults	1. Information Dissemination	
	1. Clearinghouse/information resources centers	1
	4. Brochures	2
	6. Speaking engagements	17
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	6
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	7
	6. Environmental	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	2

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	173	157	\$0	\$0	\$0
2. Free-Standing Residential	1017	849	\$0	\$0	\$0
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	27	27	\$0	\$0	\$0
4. Short-term (up to 30 days)	3258	2981	\$0	\$0	\$0
5. Long-term (over 30 days)	635	624	\$0	\$0	\$0
AMBULATORY (OUTPATIENT)					
6. Outpatient	14532	13398	\$0	\$0	\$0
7. Intensive Outpatient	5420	4895	\$0	\$0	\$0
8. Detoxification	0	0	\$0	\$0	\$0
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	513	471	\$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	4790	2472	1239	426	117	4	3	23	8	36	34	59	32	205	132	2775	1390	400	149
2. 18 - 24	9899	5514	2568	786	261	19	8	78	19	71	51	117	73	243	91	6065	2798	688	215
3. 25 - 44	23932	13019	7212	1650	537	39	11	171	39	161	174	191	105	464	159	14359	7757	1122	395
4. 45 - 64	8985	5385	2453	620	183	8	1	27	2	60	42	36	23	113	32	5890	2651	284	60
5. 65 and Over	642	349	124	32	4	0	0	1	1	1	1	2	0	41	86	396	176	10	2
6. Total	48248	26739	13596	3514	1102	70	23	300	69	329	302	405	233	1066	500	29485	14772	2504	821
7. Pregnant Women	606		511		42		0		2		27		14		10		567		34
Number of persons served who were admitted in a period prior to the 12 month reporting period		7789																	
Number of persons served outside of the levels of care described on Table 10		0																	

Footnotes:

Table 11 is an unduplicated count of Admission records (Crisis Intervention, Placement, Screening, Admission) during SFY 2015. The unduplicated count is not based on services (clients served), based on the client's ages of July 1, 2014.

Number of persons served who were admitted in a period prior to the 12 month reporting period: This number represents the number of clients with an admission record (Crisis Intervention, Placement Screening, Admission) during the previous SFY (SPY 15) who received services during the current SFY (SFY14).

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

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.
- _____ Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	334	314
Total number of clients with non-missing values on employment/student status [denominator]	1,716	1,716
Percent of clients employed or student (full-time and part-time)	19.5 %	18.3 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		3,289
Number of CY 2015 discharges submitted:		2,633
Number of CY 2015 discharges linked to an admission:		2,069
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,033
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		1,716

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	146	206
Total number of clients with non-missing values on employment/student status [denominator]	559	559
Percent of clients employed or student (full-time and part-time)	26.1 %	36.9 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		415
Number of CY 2015 discharges submitted:		723
Number of CY 2015 discharges linked to an admission:		666

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	651
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	559

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	5,748	6,696
Total number of clients with non-missing values on employment/student status [denominator]	9,773	9,773
Percent of clients employed or student (full-time and part-time)	58.8 %	68.5 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		16,440
Number of CY 2015 discharges submitted:		17,365
Number of CY 2015 discharges linked to an admission:		13,689
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		12,931
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		9,773

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	446	436
Total number of clients with non-missing values on employment/student status [denominator]	1,149	1,149
Percent of clients employed or student (full-time and part-time)	38.8 %	37.9 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		6,598
Number of CY 2015 discharges submitted:		4,889
Number of CY 2015 discharges linked to an admission:		2,283

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,093
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,149

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	1,030	1,033
Total number of clients with non-missing values on living arrangements [denominator]	1,715	1,715
Percent of clients in stable living situation	60.1 %	60.2 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		3,289
Number of CY 2015 discharges submitted:		2,633
Number of CY 2015 discharges linked to an admission:		2,069
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,033
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		1,715

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	298	319
Total number of clients with non-missing values on living arrangements [denominator]	559	559
Percent of clients in stable living situation	53.3 %	57.1 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		415
Number of CY 2015 discharges submitted:		723
Number of CY 2015 discharges linked to an admission:		666

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	651
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	559

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	7,394	7,614
Total number of clients with non-missing values on living arrangements [denominator]	9,774	9,774
Percent of clients in stable living situation	75.6 %	77.9 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		16,440
Number of CY 2015 discharges submitted:		17,365
Number of CY 2015 discharges linked to an admission:		13,689
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		12,931
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		9,774

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	786	783
Total number of clients with non-missing values on living arrangements [denominator]	1,149	1,149
Percent of clients in stable living situation	68.4 %	68.1 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		6,598
Number of CY 2015 discharges submitted:		4,889
Number of CY 2015 discharges linked to an admission:		2,283

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,093
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,149

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,448	1,528
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,595	1,595
Percent of clients without arrests	90.8 %	95.8 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		3,289
Number of CY 2015 discharges submitted:		2,633
Number of CY 2015 discharges linked to an admission:		2,069
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,056
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		1,595

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	486	541
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	551	551
Percent of clients without arrests	88.2 %	98.2 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		415
Number of CY 2015 discharges submitted:		723
Number of CY 2015 discharges linked to an admission:		666

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	660
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	551

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	8,307	9,253
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	9,590	9,590
Percent of clients without arrests	86.6 %	96.5 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		16,440
Number of CY 2015 discharges submitted:		17,365
Number of CY 2015 discharges linked to an admission:		13,689
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		13,579
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		9,590

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	903	942
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,044	1,044
Percent of clients without arrests	86.5 %	90.2 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		6,598
Number of CY 2015 discharges submitted:		4,889
Number of CY 2015 discharges linked to an admission:		2,283

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,233
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,044

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	919	1,301
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,723	1,723
Percent of clients abstinent from alcohol	53.3 %	75.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		400
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	804	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		49.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		901
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	919	
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:	3,289
Number of CY 2015 discharges submitted:	2,633
Number of CY 2015 discharges linked to an admission:	2,069
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,056
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,723

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

†Records received through 5/3/2016

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	340	493
All clients with non-missing values on at least one substance/frequency of use [denominator]	572	572
Percent of clients abstinent from alcohol	59.4 %	86.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		162
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	232	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		69.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		331
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	340	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.4 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	415
Number of CY 2015 discharges submitted:	723
Number of CY 2015 discharges linked to an admission:	666
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	660
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	572

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file [Records received through 5/3/2016]

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	6,272	8,669
All clients with non-missing values on at least one substance/frequency of use [denominator]	10,058	10,058
Percent of clients abstinent from alcohol	62.4 %	86.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		2,583
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,786	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		68.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		6,086
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,272	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.0 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	16,440
Number of CY 2015 discharges submitted:	17,365
Number of CY 2015 discharges linked to an admission:	13,689
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	13,579
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	10,058

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	688	898

All clients with non-missing values on at least one substance/frequency of use [denominator]	1,199	1,199
Percent of clients abstinent from alcohol	57.4 %	74.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		239
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	511	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		46.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		659
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	688	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.8 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	6,598
Number of CY 2015 discharges submitted:	4,889
Number of CY 2015 discharges linked to an admission:	2,283
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,233
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,199

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	633	1,037
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,723	1,723
Percent of clients abstinent from drugs	36.7 %	60.2 %

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]		426
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,090	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		39.1 %

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]		611
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	633	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		96.5 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	3,289
Number of CY 2015 discharges submitted:	2,633
Number of CY 2015 discharges linked to an admission:	2,069
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,056
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,723

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
 (Records received through 5/3/2016)

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	244	466
All clients with non-missing values on at least one substance/frequency of use [denominator]	572	572
Percent of clients abstinent from drugs	42.7 %	81.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		237
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	328	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		72.3 %

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]		229
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	244	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		93.9 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	415
Number of CY 2015 discharges submitted:	723
Number of CY 2015 discharges linked to an admission:	666
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	660
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	572

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
 [Records received through 5/3/2016]

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	6,735	8,752
All clients with non-missing values on at least one substance/frequency of use [denominator]	10,058	10,058
Percent of clients abstinent from drugs	67.0 %	87.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		2,197
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,323	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		66.1 %

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]		6,555
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,735	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		97.3 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	16,440
Number of CY 2015 discharges submitted:	17,365
Number of CY 2015 discharges linked to an admission:	13,689
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	13,579
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	10,058

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	483	754

All clients with non-missing values on at least one substance/frequency of use [denominator]	1,199	1,199
Percent of clients abstinent from drugs	40.3 %	62.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		319
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	716	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		44.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		435
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	483	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		90.1 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	6,598
Number of CY 2015 discharges submitted:	4,889
Number of CY 2015 discharges linked to an admission:	2,283
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,233
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,199

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	393	393
Total number of clients with non-missing values on self-help attendance [denominator]	2,056	2,056
Percent of clients attending self-help programs	19.1 %	19.1 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		3,289
Number of CY 2015 discharges submitted:		2,633
Number of CY 2015 discharges linked to an admission:		2,069
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,056
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		2,056

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	166	166
Total number of clients with non-missing values on self-help attendance [denominator]	660	660
Percent of clients attending self-help programs	25.2 %	25.2 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		415
Number of CY 2015 discharges submitted:		723

Number of CY 2015 discharges linked to an admission:	666
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	660
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	660

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	2,199	2,199
Total number of clients with non-missing values on self-help attendance [denominator]	13,579	13,579
Percent of clients attending self-help programs	16.2 %	16.2 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	

Notes (for this level of care):

Number of CY 2015 admissions submitted:	16,440
Number of CY 2015 discharges submitted:	17,365
Number of CY 2015 discharges linked to an admission:	13,689
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	13,579
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	13,579

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	412	412
Total number of clients with non-missing values on self-help attendance [denominator]	2,233	2,233
Percent of clients attending self-help programs	18.5 %	18.5 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	

Notes (for this level of care):

Number of CY 2015 admissions submitted:	6,598
Number of CY 2015 discharges submitted:	4,889
Number of CY 2015 discharges linked to an admission:	2,283
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,233
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,233

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	98	52	107	134
2. Free-Standing Residential	15	2	3	4
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	111	54	77	104
4. Short-term (up to 30 days)	27	9	21	28
5. Long-term (over 30 days)	115	34	88	127
AMBULATORY (OUTPATIENT)				
6. Outpatient	114	43	80	140
7. Intensive Outpatient	61	18	38	77
8. Detoxification	137	71	78	200
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	7	3	3	4
10. ORT Outpatient	449	62	226	632

Level of Care	2015 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	309	3
2. Free-Standing Residential	462	419
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	96	11

4. Short-term (up to 30 days)	2633	2069
5. Long-term (over 30 days)	723	666
AMBULATORY (OUTPATIENT)		
6. Outpatient	17365	13614
7. Intensive Outpatient	4889	2283
8. Detoxification	7	7
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	18
10. ORT Outpatient	0	75

Source: SAMHSA/CBHSQ TEDS CY 2015 admissions file and CY 2015 linked discharge file
[Records received through 5/3/2016]

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2013 - 2014	9.9	
	Age 18+ - CY 2013 - 2014	60.4	
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 2013 - 2014	5.6	
	Age 18+ - CY 2013 - 2014	23.6	
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 2013 - 2014	5.2	
	Age 18+ - CY 2013 - 2014	9.2	
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 2013 - 2014	4.7	
	Age 18+ - CY 2013 - 2014	4.4	
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 2013 - 2014	2.3	
	Age 18+ - CY 2013 - 2014	2.4	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2013 - 2014	73.0	
	Age 18+ - CY 2013 - 2014	74.2	
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 2013 - 2014	93.0	
	Age 18+ - CY 2013 - 2014	93.4	
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 2013 - 2014	71.7	
	Age 18+ - CY 2013 - 2014	66.7	

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 2013 - 2014	13.6	
	Age 18+ - CY 2013 - 2014	17.3	
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 2013 - 2014	12.7	
	Age 18+ - CY 2013 - 2014	16.0	
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 2013 - 2014	14.2	
	Age 18+ - CY 2013 - 2014	20.3	
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 2013 - 2014	14.1	
	Age 18+ - CY 2013 - 2014	18.5	
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 2013 - 2014	12.1	
	Age 18+ - CY 2013 - 2014	20.2	

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

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2013 - 2014	94.3	
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 2013 - 2014	94.0	
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 2013 - 2014	87.0	
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 2013 - 2014	87.7	
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 2013 - 2014	91.6	

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 2013 - 2014	37.8	
	Age 12 - 17 - CY 2013 - 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 2013		

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 - 2015		

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		

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 2013 - 2014	57.5	
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 2013 - 2014		

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

Footnotes:

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Table 30 - 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 2013 - 2014	88.2	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

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

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2014	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	9/30/2014

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

The NOMS data was collected in the Minimum Data Set (MDS) reporting system.

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Participant race categories were reported as White, Black, Hawaiian, Asian, Native American, More than one race, and Other. Participants reporting more than one race were entered in the More Than One Race category.

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	1188
5-11	24193
12-14	30585
15-17	25087
18-20	4992
21-24	7879
25-44	37240
45-64	27152
65 and over	6435
Age Not Known	8837
Gender	
Male	69633
Female	98367
Gender Unknown	5588
Race	
White	139814
Black or African American	18437
Native Hawaiian/Other Pacific Islander	137
Asian	2014
American Indian/Alaska Native	687
More Than One Race (not OMB required)	2164

Race Not Known or Other (not OMB required)	10335
Ethnicity	
Hispanic or Latino	9790
Not Hispanic or Latino	154997
Ethnicity Unknown	8801

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

The NOMS data was collected in the Minimum Data Set (MDS) reporting system.

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Participant race categories were reported as White, Black, Hawaiian, Asian, Native American, More than one race, and Other. Participants reporting more than one race were entered in the More Than One Race category.

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	159
5-11	1358
12-14	1609
15-17	1191
18-20	975
21-24	859
25-44	3014
45-64	2172
65 and over	571
Age Not Known	1500
Gender	
Male	5140
Female	6455
Gender Unknown	1813
Race	
White	8759
Black or African American	1237
Native Hawaiian/Other Pacific Islander	50
Asian	511
American Indian/Alaska Native	112
More Than One Race (not OMB required)	57

Race Not Known or Other (not OMB required)	2682
Ethnicity	
Hispanic or Latino	1194
Not Hispanic or Latino	10284
Ethnicity Unknown	1930

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	163819	N/A
2. Universal Indirect	N/A	13408
3. Selective	4418	N/A
4. Indicated	5351	N/A
5. Total	173588	13408

Footnotes:

V: Performance Indicators and Accomplishments

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

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

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

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

Iowa used the Minimum Data Set (MDS) service data to compile the numbers of evidence-based and non-evidence based programs and strategies.

Table 34 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	365	40	405	67	67	539
2. Total number of Programs and Strategies Funded	415	88	503	97	117	717
3. Percent of Evidence-Based Programs and Strategies	87.95 %	45.45 %	80.52 %	69.07 %	57.26 %	75.17 %

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 # 396	\$ 401592.79
Universal Indirect	Total # 38	\$ 81303.02
Selective	Total # 64	\$ 51655.99
Indicated	Total # 74	\$ 64895.31
	Total EBPs: 572	Total Dollars Spent: \$599447.11

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: