

Division Directives

Division of Substance Abuse and Mental Health



Fiscal Year 2015

March 2014

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DSAMH FY2015 DIRECTIVES

- I. The Local Authority shall refer to the contract, state and federal statute and administrative rule to comply with all of the requirements attached to the funding in these contracts. The directives are intended to be additional requirements that are not already identified in the contract, state and federal statute and administrative rule. These directives shall remain in effect from July 1, 2014 through June 30, 2015. The Local Authority shall comply with the directives, as identified below.

A. **GOVERNANCE AND OVERSIGHT**

- i. As required by statute, all Local Authorities must prepare and submit to the Division a plan approved by the county legislative body for funding and service delivery. For FY2015, the required Area Plan from all Local Authorities will consist of forms the Division has developed for Mental Health (Forms A, A1 & A2), Substance Abuse Treatment (Form B), and Substance Abuse Prevention (Form C). Each budget form is in Microsoft Excel format and must be completed in Microsoft Excel. Do not change any of the formats or formulas. The forms require specific information that is applicable to each program. DSAMH will review the forms with the Local Authority staff during the annual UBHC conference to be held March 27, 2014. The financial information of each form will be assessed by the Division and compared to each Local Authority's audited financial statements.
- ii. The Area Plan packet must include the completed Forms A, A1, A2, B, C, D and the required fee policy and fee schedule, pursuant to Administrative Rule Section R523-1-5. The Area Plan packet must be received by DSAMH at 195 N. 1950 W., Salt Lake City, UT 84116 by May 1, 2014. In addition, an electronic copy of Forms A, A1, A2, B and C must be submitted by E-mail to Chad Carter at chadcarter@utah.gov no later than May 1, 2014.
- iii. All Local Authorities shall complete specific year-end reports that must be submitted to the Division no later than August 30, 2014. The forms will be provided to the Local Authorities no later than 45 days prior to the due date. The reports must be completed with the most recent actual fiscal data available.
- iv. The Local Authority may use 2014 calendar or State fiscal year data, whichever is applicable to that Local Authority.
- v. The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and within twenty-five (25) percent of their previous year actual cost per client. If the Local Authority does not fall within the overall average cost, the Division will contact the Local Authority to discuss whether or not accurate data has been submitted. If the data is not accurate, the Local Authority will resubmit the correct financial or cost data. Client data cannot be changed for the prior year after August 15th.

- vi. The Local Authority shall provide an organization chart/listing of staff and subcontractors. It would be helpful to include the discipline/position of each individual and percentage of time devoted to administrative and clinical work (FTE).
- vii. Monitoring reports for FY2014 will contain automatic findings resulting from any red scores on the Substance Abuse Treatment Scorecard, the Mental Health Youth and Adult Scorecard, Consumer Satisfaction Scorecard, and the Client Cost Report. A yellow score will indicate a need for further review. A green score will be regarded as a positive outcome in the monitoring report.
- viii. DSAMH will use the following definitions in the monitoring process:
 - a. **Compliance:** DSAMH has reviewed and verified that the Local Authority or its designees' performance is sufficient and that it meets the requirements of service delivery and provisions within the contract.
 - b. **Corrective Action:** The use of this contractual compliance term requires 1) a written formal **Action Plan** to be developed, signed, and dated by the Local Authority or its designee; 2) acceptance by DSAMH evidenced by the dated signature of the Division director or designee; 3) follow-up and verification actions by DSAMH; and 4) a formal written notification of a return to compliance by the Local Authority or its designee. This notification shall be provided to the Bureau of Contract Management (BCM), the Office of Inspector General (OIG) with a copy placed in the files maintained by DSAMH Administration.
 - c. **Action Plan:** A written plan sufficient to resolve a non-compliance issue identified by Division reviewers. The development of the plan is the primary responsibility of the Local Authority or its designee. Each corrective action plan must be approved by Division staff and should include a date by which the Local Authority will return to compliance. This completion date and the steps by which the corrective action plan will return the Local Authority to contract compliance must be specific and measurable. Each action plan must also include the person(s) responsible to ensure its completion. If requested, the Division will provide technical assistance and guidance in its formulation.
 - d. **Recommendation:** The Local Authority or its designee is in compliance. DSAMH will use this term to make a best practice or technical suggestion. The Local Authority is encouraged to implement the suggestion, however implementation is not required.
 - e. Each performance inadequacy will be classified according to one of the following classification levels:
 - 1. **Major Non-Compliance:** Major non-compliance is an issue that affects the imminent health, safety, or well being of individuals and requires immediate resolution. Non-compliance at this level will require **Corrective Action** sufficient to return the issue to compliance within 24

hours or less. The Division of Substance Abuse and Mental Health's response to a major non-compliance issue may include the removal of clients from the current setting into other placements and/or contract termination.

2. **Significant Non-Compliance**: Significant non-compliance is: 1) non-compliance with contract requirements that do not pose an imminent danger to clients but result in inadequate treatment and/or care that jeopardizes the long-term well being of individual clients; or, 2) non-compliance in training or required paperwork/documentation that is so severe or pervasive as to jeopardize continued funding to the Department and to the Local Authority or its designee. Non-compliance at this level will require that **Corrective Action** be initiated within 10 days and compliance achieved within 30 days.
3. **Minor Non-Compliance**: Minor non-compliance, is a non-compliance issue in contract requirements that is relatively insignificant in nature and does not impact client well being or jeopardize Department or Local Authority funding. This level of non-compliance requires **Corrective Action** be initiated within 15 days and compliance achieved within 60 days.
4. **Deficiency**: The Local Authority or its designee is not in full contract compliance. The deficiency discovered is not severe enough nor is it pervasive enough in scope as to require a formal action plan. DSAMH will identify the deficiency to the Local Authority or its designee and require the appropriate actions necessary to resolve the problem by a negotiated date. DSAMH will follow-up to determine if the problem has been resolved and will notify the Local Authority or its designee that the resolution has been achieved by the negotiated date. If the Local Authority or its designee fails to resolve the identified deficiency by the negotiated date, formal **Corrective Action** will be required.

B. **MENTAL HEALTH SERVICES**

- i. Each client shall have a strength-based assessment. (Please note that when the client is a child or youth, the word client also refers to the parent/guardian.) The following principles are to be used to enhance a clinically sound assessment:
 - a. Initial Engagement: (These principles are shared with Substance Abuse Treatment.)
 1. Focus on the immediate/pertinent needs of the client.
 2. Clinician establishes rapport with the client.
 3. Client can expect to gain something (relief, clarity, answers, hope) from the initial engagement session.
 4. Clinicians check that client's needs are being met.
 5. Clinicians gather and document relevant information in an organized way.
 6. Clinicians make recommendations and negotiate with and respect the client.

- b. Ongoing Assessment: (These principles are shared with Substance Abuse Treatment.)
 - 1. Assessment information is kept current.
 - 2. Clinicians gather comprehensive relevant assessment information based on the client's concerns, in an ongoing manner as part of the treatment process.
 - 3. Assessment includes an ongoing focus on strengths and supports that aid the client in their recovery.
 - 4. Assessment includes identifying those things that motivate the client and how those motivations have been impeded by mental illness and/or addiction.
 - 5. Assessment information is organized coherently and available in a readable, printable format.

- c. Each client must have a Person-Centered Recovery Plan. Recovery Planning Principles: (These principles are shared with Substance Abuse Treatment.)
 - 1. The client is involved in ongoing and responsive recovery planning.
 - 2. Plans incorporate strategies based on the client's motivations.
 - 3. The plan represents a negotiated agreement between the client and provider.
 - 4. The plan is kept current and up to date.
 - 5. Short term goals/objectives are measureable, achievable and within a timeframe.
 - 6. Planning anticipates developing and maintaining independence.

- d. Treatment Principles: (These principles are shared with Substance Abuse Treatment.)
 - 1. Treatment is individualized dynamic and adjusts according to feedback and concerns of the client.
 - 2. Treatment is recovery/resiliency focused and based on outcomes, sound practice and evidence.
 - 3. Family and other informal and natural supports are involved (as approved by adult clients).
 - 4. Treatment is provided in a culturally competent, gender appropriate and trauma informed manner.

- ii. Local Authorities shall use the (\$2.7 million) State General Funds dedicated to children, youth and adults with mental illness with no funding available in the following manner.
 - a. Each Local Authority is required to spend its portion of the \$2.7 million allocation serving unfunded clients (total allotment of funds divided by the number of clients served by setting). These funds are subject to the County 20% match requirement.
 - b. This money may not be used for Medicaid match, for services not paid for by Medicaid for a Medicaid client, emergency services or inpatient services.

- iii. Records must contain a safety/crisis plan when clinically indicated.
- iv. Local Authorities shall develop a plan for coordination of follow up care based on best practices with inpatient and emergency department services for clients being treated for suicide related event.
- v. Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart. Excluding children age five and under.
- vi. Local Authorities will use a Holistic Approach to Wellness. Local Authorities must provide and as appropriate document the following:
 - a. Monitor weight (and height for children).
 - b. Provide or arrange for a diabetes screening, as indicated.
 - c. Identify tobacco use in the assessment and offer resources as indicated.
 - d. Provide services in a tobacco free environment.
 - e. Cooperate with efforts of the Division of Substance Abuse and Mental Health to promote integrated programs that address an individual's substance abuse, mental health, and physical healthcare needs, as described in UCA 62A-15-103.
 - f. Provide information to clients on physical health concerns and ways to improve their physical health.
 - g. Incorporate wellness into individual Recovery Plans as needed.
 - h. Additional areas for clients who are prescribed medications:
 - 1. Monitoring of labs, AIMS and tracking of vitals.
 - 2. Coordination/communication with prescribers.
 - i. Emphasize exercise along with healthy leisure and recreational activities in programming.
- vii. In accordance with 62A-15-105.2. **Employment first emphasis on the provision of services.** When providing services to a recipient, the local authority shall, in accordance with the requirements of federal and state law and memorandums of understanding between the division and other state entities that provide services to a recipient, give priority to providing services that assist an eligible recipient in obtaining and retaining meaningful and gainful employment that enables the recipient to earn sufficient income to:
 - a. purchase goods and services;

- b. establish self-sufficiency; and
 - c. exercise economic control of the recipient's life.
- viii. Local Authorities will utilize Wraparound Facilitation and Multi-Agency Collaboration in the provision of services for Children, Youth and Families. Evidence of compliance includes the following:
- a. Participation in Wraparound Facilitation as defined by the Utah Family Coalition. Participation will be evidenced through Family Mentor verification of the following related documentation:
 - 1. Strengths, need and cultural discovery;
 - 2. Family team roster;
 - 3. Crisis/safety plan;
 - 4. Team meeting minutes; and
 - 5. Transition plan.
 - b. Participation in local Multi-Agency Coordinating Committees (a.k.a.: System of Care Committees). Participation will be evidenced through stakeholder feedback, charts and program manager discussions.
 - c. As resources permit, wraparound facilitation and/or multi-agency collaboration should be provided for children who qualify in one of the following categories:
 - 1. Currently placed out of the home;
 - 2. At risk of out of home placement;
 - 3. Involved with multiple agencies; and
 - 4. Have complex mental health needs.
- ix. Participation in USH Continuity of Care meetings. Written children's outplacement requests are submitted to DSAMH by the LMHA representative for each individual client and then requests are presented at the Continuity of Care meeting. Funding is awarded by committee vote with DSAMH approval. The ultimate decision regarding the use of Outplacement Funds rests with the Children's Program Administrator.
- x. Mental Health Early Intervention (MHEI) Funding is for children and youth who may or may not have a Serious Emotional Disturbance (SED) designation, but are at risk to become so without early intervention services. Service provision is limited to Family Resource Facilitation, Mobile Crisis Teams, and School-Based Behavioral Health. This legislative funding requires the tracking of spending and outcomes related to each service provision, per legislative intent language and requires quarterly completion of the attached MHEI DATA & OUTCOMES REPORT. Funds will be allocated on formula and are subject to County 20% match requirement.
- xi. Identify and become a participating member of any Local Homeless Coordinating Council(s) that meet in the Local Authority service area.

- xii. Local Authorities shall continue to establish and/or expand Peer Support Services.
- xiii. Suicide prevention, intervention and postvention:
 - a. During FY2015 Local Authorities will conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices related to suicide prevention, intervention, and postvention. Conduct an assessment of staff knowledge, skills, and training related to suicide prevention, intervention, and postvention. A model tool will be provided by DSAMH or another assessment tool selected by the Local Authority may be used. Complete the above and submit a written report to DSAMH by June 30, 2015.
 - b. During FY2016, based on assessment results, Each Local Authority will develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan. A copy of the policy and implementation time line will be submitted to the DSAMH by March 1, 2016.

C. SUBSTANCE ABUSE TREATMENT SERVICES

- i. Substance Abuse Treatment Local Authorities will provide services that comply with the following principles:
 - a. Initial Engagement: (These principles are shared with Mental Health Treatment.)
 - 1. Focus is on the immediate/pertinent needs of the client.
 - 2. Clinician establishes rapport with clients.
 - 3. Clients can expect to gain something (relief, clarity, answers, hope) from the initial engagement session.
 - 4. Clinician's check that client's needs are being met.
 - 5. Clinician's gather and document relevant information in an organized way.
 - 6. Clinicians make recommendations and negotiate with and respect the client.
 - b. Ongoing Assessment: (These principles are shared with Mental Health Treatment).
 - 1. Assessment information is kept current.
 - 2. Clinicians gather comprehensive relevant assessment information based on the client's concerns in an ongoing manner as part of the treatment process.
 - 3. Assessment includes an ongoing focus on strengths and supports that aid the client in their recovery.
 - 4. Assessment includes identifying those things that motivate the client and how those motivations have been impeded by mental illness and/or addiction.

5. Assessment information is organized coherently and available in a readable, printable format.
- c. Recovery Planning Principles: (These principles are shared with Mental Health Treatment).
 1. The client is involved in ongoing and responsive recovery planning.
 2. Plans incorporate strategies based on the client's motivations.
 3. Where possible, the plan represents a negotiated agreement.
 4. The plan is kept current and up to date.
 5. Short term goals/objectives are measureable, achievable and within a timeframe.
 6. Planning anticipates developing and maintaining independence.
 - d. Treatment Principles: (These principles are shared with Mental Health Treatment).
 1. Treatment is individualized dynamic and adjusts according to feedback and concerns of the client.
 2. Treatment is recovery focused and based on outcomes, sound practice and evidence.
 3. Family and other informal and natural supports are involved as approved by the client.
 4. Treatment is provided in a culturally competent, gender appropriate and trauma informed manner.
 - e. Local Authority Clinical Records will be reviewed using the approved checklist which will be provided to each Local Authority prior to their site visit.
 - f. DSAMH requests Local Authority participation in a survey designed to gauge the use of medication assisted therapy.
- ii. Drug Courts:
 - a. Drug Courts shall comply with the FY2013 RFA Part III Scope of Work. This information can be found at:
<http://dsamh.utah.gov/pdf/Drug%20Court%20RFA%202013.pdf>
 - b. Drug Court funding:
 1. Drug Court Funding will be determined in accordance with statute by a meeting of the Directors of the Departments of Corrections and Human Services and the State Courts Director.
 - c. Drug Court Service reports must be completed as required.
 - iii. Drug Offender Reform Act (DORA) funds will be used in accordance with the "Guidelines for the Implementation of DORA-Funded Services for Probationers", Last Revised by USAAV Council on December 11, 2012, **or as otherwise determined by the USAAV Council.**

- iv. Women's SAPTBG set aside:
 - a. Funds shall be used to serve pregnant women, and women with dependent children in need of substance abuse treatment.
 - b. Funds may be used to provide: Treatment services at the I.0, II.1, II.5, III.1, III.3, and III.5 American Society of Addiction Medicine (ASAM) Levels of Care, as defined in the American Society of Addiction Medicine's (ASAM) Second Edition -Revised of Patient Placement Criteria (ASAM PPC-2R);
 - c. Funds may also be used to provide any of the following services:
 - 1. Gender-specific substance abuse treatment and other therapeutic interventions for women that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting;
 - 2. Child-care while the women are receiving services;
 - 3. Therapeutic interventions for the children which may address their developmental needs, their potential for substance abuse, and their issues of sexual and physical abuse and neglect;
 - 4. Sufficient case management and transportation services to ensure the women and their children have access to the services listed above; and
 - 5. Regular Urinalysis (UA) testing;
 - 6. Trauma informed gender specific services; and
 - 7. Comprehensive assessment of the children who are in the mothers and children's programs that will include, but not be limited to: developmental adjustment; motor skills; cognitive skills; health, including immunization history; interaction with mother and other adults; language and general affect.
- v. State Women's Funds.
 - a. Funds may be used to provide evidence-based prevention, treatment or recovery support services for women.
 - b. May be used to provide services for women as outlined in paragraph iv., c. above.
 - c. Funds will be allocated to the local authorities on the formula and are subject to the County 20% match requirement.
- vi. Wellness:
 - a. Local Authorities will use a Holistic Approach to Wellness and will:
 - 1. Identify tobacco use in the assessment.
 - 2. Provide services in a tobacco free environment.
 - 3. Provide appropriate tobacco cessation services and resources (including medication).

4. Implement a protocol for identification and referral for screening and treatment of HIV, Hepatitis C and TB.
 5. Evaluate all clients who are opioid or alcohol dependent for the appropriate use of Medication Assisted Treatment (MAT) and when deemed appropriate:
 - (a) include the use of MAT in the treatment plan, and
 - (b) either provide the medications as part of the treatment, or
 - (c) refer the individual for Medication assisted treatment .
 6. Provide training for staff in recognizing health issues.
 7. Provide information to clients on physical health concerns and ways to improve their physical health.
 8. Incorporate wellness into individual person centered Recovery Plans.
- vii. Local Authorities will cooperate with efforts of the Division of Substance Abuse and Mental Health to promote integrated programs that address an individual's substance abuse, mental health, and physical healthcare needs, as described in UCA 62A-15-103.

D. SUBSTANCE ABUSE PREVENTION SERVICES

- i. Prevention services
 - a. Local Authority shall follow the Strategic Prevention Framework (SPF) developed by the Substance Abuse Mental Health Services Administration (SAMHSA) to implement comprehensive community level prevention systems within their area. DSAMH encourages LSAA to utilize the Communities that Care model to meet this directive.
 1. Assess local prevention needs based on epidemiological data. This assessment shall include the most current Student Health and Risk Prevention Survey (SHARP) data.
 2. Build prevention capacity, including assurances that all prevention personnel are certified and trained for implementation and delivery for all required programs. Key tasks include convening community leaders and stakeholders; building coalitions; training stakeholders, coalitions and service providers; organizing agency networks; and leveraging resources. (SPF model description).
 3. Develop a strategic plan that is comprehensive, logical and data driven to address the problems identified during assessment with the current and future capacity developed.
 4. Implement effective, evidence based community prevention programs, policies and practices.
 5. Use logic models as the basis for the evaluation plan and to demonstrate expected short and long term outcomes for each policy, practice and/or program implemented.
 6. Submit an annual report within 45 days of the end of the State fiscal year, or by August 14th that summarizes performance of prevention programs policies and strategies based on the short and long term outcomes identified in the logic models.

7. LSAA shall spend a minimum of 30% of SAPT Block Grant funds on prevention policies, programs, strategies, administration.

E. **MENTAL HEALTH AND SUBSTANCE ABUSE DATA SUBMISSION**

- i. Substance Abuse and Mental Health Data Reporting Deadlines
 - a. All information and outcomes system data are to be submitted electronically.
 - b. Providers will submit the substance abuse “Treatment Episode Data Set” (TEDS) and/or the mental health “Mental Health Event Data Set” (MHE) data monthly for the prior month (on or before the last day of every month), and will be eligible to receive reimbursement and/or payment for each complete and successful submission based on the availability of Federal funds.
- ii. Substance Abuse and Mental Health Data and Outcome Reporting Requirements
 - a. The Information System Data Set for Mental Health is the MHE.
 - b. The Information System Data Set for Substance Abuse is the TEDS.
 - c. MHE and TEDS Data Specifications are available for download from the DSAMH Substance Abuse Mental Health Information System (SAMHIS) and from the DSAMH website at <http://dsamh.utah.gov/data/data-specifications/>.
 - d. Electronic submissions must be made through SAMHIS.
 - e. Outcomes system data includes:
 1. Adults:
 - (a) OQ[®] 45.2 - Adult Outcome measure (ages 18+);
 - (b) OQ[®] 30.0 – Adult Outcome measure (ages 18+);
 - (c) SOQ[®] 2.0 - SPMI Outcome instruments (self or clinician); and
 - (d) Mental Health Statistical Improvement Program (MHSIP) Consumer Survey.
 2. Children/Youth:
 - (a) YOQ[®] 30.1;
 - (b) YOQ[®] 2.01 - Youth Outcome measure (ages 4-17);
 - (c) YOQ[®] 2.01SR - Youth Outcome measure (ages 12-18);
 - (d) YOQ[®] 30.1 - Omni form Youth Outcome measure (ages 4-17); and
 - (e) YOQ[®] 30.1SR Omni form Youth Outcome measure (ages 12-18).
 - (f) Youth Satisfaction Survey (YSS) Consumer Survey.
 3. Parents/Youth:
 - (a) Parents Satisfaction Survey: (YSS-F) Consumer Survey; and
 - (b) Youth Satisfaction Survey: (YSS) Consumer Survey.
 - f. OQ Measure instruments are to be completed in the OQ Analyst Hosted System (OQA-HS).

- g. Optional OQ Measure instruments not included in state reporting or monitoring.
 - h. Consumer Satisfaction Survey instruments are to be completed annually through the OQ Analyst System or through a website provided by DSAMH.
 - i. Data findings may result for substance abuse providers when old open admissions, opened more than 2 years prior (and clients are no longer in service), account for more than 4% of clients served for a given fiscal year for non-methadone Outpatient and/or IOP and any residential and/or detox.
 - j. Data findings may result if performance measures and/or scorecard results, used for contract monitoring, are determined to be inaccurately reported by the provider.
 - k. Providers who contract out for services are required to report client service data to the Division for these clients regardless of where that service is being provided.
- iii. Adult and Youth Consumer Satisfaction Surveys
- a. The Mental Health Statistical Improvement Program (MHSIP) Method
 - 1. Introduction: The MHSIP is a self-report consumer satisfaction survey for adults in mental health and/or substance abuse treatment. The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers.
 - 2. Data Collection Procedures: The MHSIP is a survey, available in English and Spanish. The MHSIP is given as a point-in-time convenience survey during the approved survey period (from December 1st through April 1st of every year). Surveys administered after the approved time period will not be used in scoring and analysis. The surveys are given to adult substance abuse and mental health consumers regardless of the modality of treatment or length of stay in treatment.
 - 3. Scoring and Data Analysis:
 - (a) Completed survey data is analyzed by DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the center.
 - (b) A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers. Providers returning less than 10% will be considered deficient and will receive a finding in the audit report.
 - (c) Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report.
 - (d) Trend arrows on the scorecard will only indicate a trend upward or downward when there is a change in the score color.

b. YSS/YSS-F METHOD

1. Introduction: There are two parallel versions of the survey for youth in substance abuse and/or mental health treatment, one for youth (YSS) and one for children and youth's parent or caregiver (YSS-F). The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers.
2. Data Collection Procedures: The YSS and YSS-F are surveys, available in English and Spanish. The YSS and YSS-F are given as point-in-time convenience surveys during the approved survey period (from December 1st through April 1st of every year). Surveys administered after the approved time period will not be used in scoring and analysis. The YSS survey is given to open youth (ages 12-17) substance abuse and/or mental health clients, regardless of the modality of treatment or length of stay in treatment. The YSS-F survey is given to the parent or caretaker of the children/youth consumer.
3. Scoring and Data Analysis:
 - (a) Completed survey data is analyzed by DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the center.
 - (b) Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report.
 - (c) A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers. Providers returning less than 10% will be considered deficient and will receive a finding in the audit report.
 - (d) Trend arrows on the scorecard will only indicate a trend upward or downward when there is a change in the score color.
 - (e) Only youth 12-17 will be counted in clients served for the YSS, but all children/youth under the age of 18 will be counted in the client counts for the YSS-F.

iv. OQ/YOQ Requirements and Reporting Guidelines:

- a. DSAMH requires a 50% utilization rate for the LMHA for clients served in publicly funded programs. The instruments will require repeated administrations.
- b. DSAMH will require that the OQ/YOQ be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).
- c. DSAMH recommends that for ease of internal monitoring of these minimum frequency requirements, and to increase clinical effectiveness, providers are encouraged to administer the instruments at every encounter for relevant

services. The instruments are to be completed by the patient/consumer or by the parent/guardian for consumers under the age of 12.

- d. The OQ/YOQ should be included in and adopted as part of the standard intake and ongoing clinical protocol. DSAMH requires policy to be in place that prescribes the appropriate clinical response, follow-through, and patient, family, or guardian involvement for the empirical results of the OQ/YOQ.
- e. Scoring and Data Analysis:
 - 1. DSAMH will be a user of this system, similarly to LMHAs, and will obtain results directly from the OQ Analyst system. DSAMH will use results to evaluate program and patient treatment effectiveness. Aggregated results of data analysis and reporting will be shared with LMHAs and used to inform others regarding system effectiveness and clinical best practice.
 - 2. Clients who receive an assessment only service, or are served while in jail during the course of the reporting period, will be excluded from the client served denominator.
 - 3. Children 5 and under will be excluded from the client served denominator.
 - 4. LMHAs will be required to satisfy frequency requirements for a majority of the annual unduplicated number of clients served (denominator used for clients participating scorecard measure).
 - 5. LMHAs who do not satisfy the minimum frequency requirements for a majority of their annual unduplicated number of clients served may be reported in the scorecard as red and may receive a finding in the audit report.
 - 6. Client match rates must exceed 90% for the provider to be included in the outcome results. This will result in the provider not having results shown on the scorecard with insufficient data and may result in a finding. It is highly recommended that providers incorporate the client demographic Web Services Interface (WSI) into their Electronic Health Record (EHR) so identifying data items are kept accurate in the OQA system.
- v. Substance Abuse Prevention Data: The Local Authority shall enter prevention data into the DSAMH approved system within 60 calendar days of the delivery of service.

F. **PERFORMANCE MEASURES**

- i. Mental Health Performance Measures:
 - a. The mental health scorecard will be used to measure performance. Monitoring reports for FY2015 will contain automatic findings resulting from any red scores, a yellow score will indicate need for further review and a green score will be reported as a positive outcome in the monitoring report.

- b. Performance indicators on the scorecard will be reviewed with the centers by the Division during monitoring visits.
 - c. For successful performance, the Local Mental Health Authorities will meet or exceed their previous year numbers, average, or percent (as applicable) for the following measures: Supported Employment; Percent Employed (full time, part time, or supported employment) divided by the number of clients in the workforce (full time, part time or supported employment and/or unemployed but seeking work); Enrolled/Attendance in School; Supported Housing; Clients Served; Unfunded Clients Served; Percent in Need Served; Percent in Need SPMI/SED Served and Clients Served in Jail/Justice Services. Providers are encouraged during FY2015 to focus on percent increase or decrease, during an annual reporting period, for the Mental Health National Outcome Measures (NOMs); (Clients Served, Employment, School Enrollment/Attendance, and Criminal Justice Involvement).
- ii. Substance Abuse Treatment Performance Measures FY2015: Achievement of these measures will be reviewed in the annual site visit.
- a. Retention in Treatment: Local Substance Abuse Authorities will meet or exceed their FY2014 treatment retention in FY2015 and will work towards achieving a goal of 70%. Local Substance Abuse Authorities whose FY2014 retention rate was over 70% are required to meet or exceed a 70% retention rate in FY2015. Retention is defined as the percentage of clients who remain in treatment over 60 days.
 - b. Successful Treatment Episode Completion: Local Substance Abuse Authorities will meet or exceed their FY2014 Successful Treatment Episode Completion rates in FY2015 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY2014 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2015. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is defined in the Treatment Episode Data Set.
 - c. Abstinence from Alcohol: Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are abstinent from alcohol from admission to discharge at a rate that is greater than or equal to 75% of the national average. Abstinence from alcohol is defined as no alcohol use for 30 days.
 - d. Abstinence from Drugs: The Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are abstinent from drugs from admission to discharge at a rate that is greater than or equal to 75% of the National Average. Abstinence from drugs is defined as no drug use for 30 days.

- e. Decrease in Criminal Activity: Local Substance Abuse Authorities' Outcome Scorecard will show that they decreased the percentage of their clients who were involved in criminal activity from admission to discharge at a rate greater to or equal to 75% of the national average. Criminal activity is defined as being arrested within the past 30 days.
 - f. Recovery Support: Local Substance Abuse Authorities' Scorecard will show that the percent of clients participating in social support recovery activities increased from admission to discharge by at least 10%. Participation is measured as those participating in social support recovery activities during the 30 days prior to discharge minus percent of clients participating in social support of recovery activities in 30 days prior to admission
 - g. Tobacco Cessation: Local Substance Abuse Authorities' scorecard will show that the percent of clients who use tobacco will decrease from admission to discharge by 5%.
- iii. Substance Abuse Prevention Performance Measures:
- a. All prevention services are to be entered in to the DSAMH approved data system accurately and within 60 days of services. For instruction, see <http://kitusers.kithost.net/support/dcarsupport/UserManualsDocuments/MDS/Documents/tabid/1512/Default.aspx> .
 - b. Percent of retail establishments within Local Authority area that refused to sell tobacco to minors during Synar tobacco compliance checks. (Target for FY2015 is 90%.)
 - c. Percentage of students in each grade (6, 8, 10, 12) using alcohol during the past 30 days (will use trend data from 2003, 2005, 2007, 2009, 2011, 2013).
 - d. Percent of students in each grade (6, 8, 10, 12) using illegal drugs during the past 30 days (will use trend data from 2003, 2005, 2007, 2009, 2011, 2013).
 - e. Number of "Eliminate Alcohol Sales to Youth" (EASY) alcohol compliance checks within Local Authority area. (Target for FY2015 is an increase from the previous year.)
 - f. Number of coalitions as defined by DSAMH in local substance abuse authority area.
 - g. Increase the number of evidence-based policies, programs and strategies to a goal of 100%. A maximum of 20% of strategies may be a tier 1 or 2 per the program assessment rating tool (PART). PART is available on the DSAMH website.

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Changes made to FY2015 Division Directives

Division of Substance Abuse and Mental Health

A. Governance and Oversight

i., ii., & viii. c. – New language

pg. 2

- i. As required by statute, all Local Authorities must prepare and submit to the Division a plan approved by the county legislative body for funding and service delivery. For FY2015, the required Area Plan from all Local Authorities will consist of forms the Division has developed for Mental Health (Forms A, [A1](#) & [A2](#)), Substance Abuse Treatment (Form B), and Substance Abuse Prevention (Form C). Each budget form is in Microsoft Excel format and must be completed in Microsoft Excel. Do not change any of the formats or formulas. The forms require specific information that is applicable to each program. DSAMH will review the forms with the Local Authority staff during the annual UBHC conference to be held March 27, 2014. The financial information of each form will be assessed by the Division and compared to each Local Authority's audited financial statements.
- ii. The Area Plan packet must include the completed Forms A, [A1](#), [A2](#), B, C, D and the required fee policy and fee schedule, pursuant to Administrative Rule Section R523-1-5. The Area Plan packet must be received by DSAMH at 195 N. 1950 W., Salt Lake City, UT 84116 by May 1, 2014. In addition, an electronic copy of Forms A, [A1](#), [A2](#), B and C must be submitted by E-mail to Chad Carter at chadcarter@utah.gov no later than May 1, 2014.
- viii.c. Action Plan: A written plan sufficient to resolve a non-compliance issue identified by Division reviewers. The development of the plan is the primary responsibility of the Local Authority or its designee. [Each corrective action plan must be approved by Division staff and should include a date by which the Local Authority will return to compliance. This completion date and the steps by which the corrective action plan will return the Local Authority to contract compliance must be specific and measurable. Each action plan must also include the person\(s\) responsible to ensure its completion.](#) If requested, the Division will provide technical assistance and guidance in its formulation.

B. Mental Health Services

i. – Paragraph deleted

pg. 3

- ~~i. The Local Authority shall continue to practice principles of the Hope and Recovery model.~~

i. , c. & d. – New language/paragraphs

pg. 4

- ii. ~~Each client must have a Person-Centered Recovery Plan, which includes the following components:~~
 - b. ~~Identifying Information.~~
 - e. ~~Current diagnoses.~~
 - d. ~~Goals: Treatment goals are stated in the client's own words (for youth, when age and developmentally appropriate).~~
 - e. ~~Strengths (used to address barriers or help obtain goals).~~
 - f. ~~Barriers (behaviors, symptoms or life situations).~~
 - g. ~~Objectives (behavioral changes that are measurable, short term and tied to the goals).~~
 - h. ~~Interventions (list what modality is being used, the credentials of individuals who will furnish the services, and frequency and duration).~~
 - i. ~~Anticipated Transition/Discharge Criteria (describes the conditions of the client when ready for discharge).~~
 - j. ~~Copies of the plans should be offered to the client.~~
 - k. ~~Records must contain a safety/crisis plan when clinically indicated.~~
- c. Each client must have a Person-Centered Recovery Plan. Recovery Planning Principles: (These principles are shared with Substance Abuse Treatment.)
 1. The client is involved in ongoing and responsive recovery planning.
 2. Plans incorporate strategies based on the client's motivations.
 3. The plan represents a negotiated agreement between the client and provider.
 4. The plan is kept current and up to date.
 5. Short term goals/objectives are measureable, achievable and within a timeframe.
 6. Planning anticipates developing and maintaining independence.
- d. Treatment Principles: (These principles are shared with Substance Abuse Treatment.)
 1. Treatment is individualized dynamic and adjusts according to feedback and concerns of the client.
 2. Treatment is recovery/resiliency focused and based on outcomes, sound practice and evidence.
 3. Family and other informal and natural supports are involved (as approved by adult clients).

4. Treatment is provided in a culturally competent, gender appropriate and trauma informed manner.

ii.a. – New language pg. 4

- a. Each Local Authority is required to spend its portion of the \$2.7 million allocation serving unfunded clients (total allotment of funds divided by the number of clients served by setting). **These funds are subject to the County 20% match requirement.**

iv. – New paragraph pg. 5

- iv. Local Authorities shall develop a plan for coordination of follow up care based on best practices with inpatient and emergency department services for clients being treated for suicide related event.

vi.c.& e. – New language/Deleted sentence pg. 5

- c. Identify tobacco use in the assessment **and offer resources as indicated.**
- ~~e. Provide training for staff in recognizing health issues.~~

vii., xii. & xiii. – New paragraphs pg. 5 - 7

- vii. In accordance with 62A-15-105.2. **Employment first emphasis on the provision of services.** When providing services to a recipient, the local authority shall, in accordance with the requirements of federal and state law and memorandums of understanding between the division and other state entities that provide services to a recipient, give priority to providing services that assist an eligible recipient in obtaining and retaining meaningful and gainful employment that enables the recipient to earn sufficient income to:
 - a. purchase goods and services;
 - b. establish self-sufficiency; and
 - c. exercise economic control of the recipient's life.
- xii. Local Authorities shall continue to establish and/or expand Peer Support Services.
- xiii. Suicide prevention, intervention and postvention:
 - a. During FY2015 Local Authorities will conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices related to suicide prevention, intervention, and postvention. Conduct an assessment of staff knowledge, skills, and training related to suicide prevention, intervention, and postvention. A model tool will be provided by DSAMH or another assessment tool selected by the Local

Authority may be used. Complete the above and submit a written report to DSAMH by June 30, 2015.

- b. During FY2016, based on assessment results, Each Local Authority will develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan. A copy of the policy and implementation time line will be submitted to the DSAMH by March 1, 2016.

C. Substance Abuse Treatment Services

i. b. 3. - New language pg. 7

- 1. Assessment includes an ongoing focus on strengths and supports that aid **the client** in their recovery.

ii. b. 1. & c.- New language/deleted paragraphs pg. 8

b. Drug Court funding:

- 1. Drug Court Funding will be determined in accordance with statute by a meeting of the Directors of the Departments of Corrections and Human Services and the State Courts Director.

~~1. For FY2014, Drug Court funding case rates are total available resources divided by total number of participants reported.~~

~~2. Beginning in FY2015, funding for Drug Courts will be based on a three year average of total individuals served as reported in TEDS. Data for FY2012 and FY2013 will be determined from FY2012 and FY2013 Drug Court Service Reports.~~

~~3. No Drug Court will receive funding for more than 125 participants per court (Drug Courts counted by Judge) per year.~~

~~4. Local Authorities who's Drug Courts fall below 15 total participants per year for Felony and Family Drug Courts, or 10 total participants per year for Juvenile Drug Courts will receive a finding on their annual site visit report for the first year and may have their funding reduced for the following year.~~

~~5. Felony and Family Drug Courts that fall below 15 total participants for two consecutive years or Juvenile Drug Courts that fall below 10 participants per year, may receive reductions in their funding for the next year.~~

c. Drug Court Service reports **must be completed as required.**

~~e. Drug Court Service reports will no longer be required after the FY2013 report is submitted.~~

iii. - New language pg. 9

- iii. Drug Offender Reform Act (DORA) funds will be used in accordance with the "Guidelines for the Implementation of DORA-Funded Services for Probationers",

vi. **a.** - New language

pg. 9 - 10

vi. Wellness:

- a. Local Authorities will use a Holistic Approach to Wellness and will:
 3. **Provide appropriate tobacco cessation services and resources (including medication).**
 5. Evaluate all clients who are opioid or alcohol dependent for the appropriate use of Medication Assisted Treatment (MAT) and when deemed appropriate:
 - (a) include the use of MAT in the treatment plan, and
 - (b) either provide the medications as part of the treatment, or
 - (c) refer the individual for Medication assisted treatment .
 6. **Provide training for staff in recognizing health issues.**
 8. Incorporate wellness into individual person centered Recovery Plans as **needed.**

D. Substance Abuse Prevention Services

i. - New language

pg. 10

i. Prevention services

- a. Local Authority shall ~~use~~ **follow** the Strategic Prevention Framework (SPF) developed by the Substance Abuse Mental Health Services Administration (SAMHSA) to implement comprehensive community level prevention systems within their area. DSAMH encourages LSAA to utilize the Communities that Care model to meet this directive.
 2. Build prevention capacity, including assurances that all prevention personnel are certified and trained for implementation and delivery for all required programs. **Key tasks include convening community leaders and stakeholders; building coalitions; training stakeholders, coalitions and service providers; organizing agency networks; and leveraging resources. (SPF model description).**
 3. Develop a strategic plan **that is comprehensive, logical and data driven to address the problems identified during assessment with the current and future capacity developed.**
 4. Implement effective, **evidence based** community prevention programs, policies and practices.
 5. Use logic models as the basis for **the** evaluation plan and to demonstrate expected short and long term outcomes **for each policy, practice and/or program implemented.**
 6. Submit an annual report **within 45 days of the end of the State fiscal year, or by August 14th** that summarizes performance of prevention

programs policies and strategies based on the short and long term outcomes identified in the logic models.

ii.– Deleted paragraphs

pg. 11

~~ii — Evidenced Based Indicated Prevention for Parents and Families~~

- ~~a. — Funding shall be used to develop, expand or enhance indicated prevention programs that are evidenced based. — Programs, strategies and services listed on one of the following registries shall be considered eligible:~~
- ~~1. — Center for the Study and Prevention of Violence — Blueprints
<http://www.colorado.edu/cspv/blueprints/>;~~
 - ~~2. — U.S. Department of Justice Model Programs Guide
<http://www.ojjdp.gov/mpg/>;~~
 - ~~3. — Communities That Care Prevention Strategies Guide
<http://www.sdrp.org/cteresource/>; and~~
 - ~~4. — Programs determined by DSAMH to be Level III: Supported, Efficacious Practices, or Level IV: Well Supported — Effective Practices using the Program Assessment Rating Tool (PART) developed by the Office of Child Abuse and Neglect (OCAN).~~
- ~~b. — Allowable expenses will be limited to:~~
- ~~1. — Promotion of selected program(s);~~
 - ~~2. — Evidence based program (EBP) program training and certification costs;~~
 - ~~3. — Purchase of consumables and materials required to deliver EBP;~~
 - ~~4. — Implementation (Direct staff time devoted to preparation and delivery of EBP);~~
 - ~~5. — Monitoring and evaluation;~~
 - ~~6. — Other expenses necessary to promote, implement, enhance or bring EBP to fidelity;~~
- ~~c. — The Local Substance Abuse Authority agrees to the following:~~
- ~~1. — Implement services as described by EBP program curriculum;~~
 - ~~2. — Monitor implementation of program to ensure critical elements are delivered as described by program developer (fidelity);~~
 - ~~3. — Collect process data and report on DSAMH approved data collection system;~~
 - ~~4. — Administer approved pre-post matched surveys to participants;~~
 - ~~5. — Provide matched Pre/Post tests to each program participant;~~
 - ~~6. — Ensure all services are delivered by individuals certified and/or licensed for the implemented program;~~
 - ~~7. — Ensure that providers are Substance Abuse Prevention Specialist Training certified; and~~
 - ~~8. — Submit invoice monthly.~~
- ~~d. — Allocation letters will be amended upon submission and approval of a plan containing the following elements:~~
- ~~1. — Budget that identifies how funds will be expended; and~~

2. ~~Description of the target population, program, training and certification requirements, monitoring plan and evaluation plan.~~

E. Mental Health and Substance Abuse Data Submission

i. – v. . – Changed/deleted language pg. 11 - 14

i. Substance Abuse and Mental Health Data Reporting Deadlines

- a. All information system and outcomes system data are to be submitted electronically.
- ~~b. DORA providers must submit data for the prior month, on or before the last day of every month.~~
- b. Providers will submit the substance abuse “Treatment Episode Data Set” (TEDS) and/or the mental health “Mental Health Event Data Set” (MHE) data monthly for the prior month (on or before the last day of every month), and will be eligible to receive reimbursement and/or payment for each complete and successful submission based on the availability of Federal funds.
- ~~d. Providers will submit the “Service Level Funding Source” (SLFS) data annually for the prior fiscal year, on or before October 30th of each year.~~

ii. Substance Abuse and Mental Health Data and Outcome Reporting Requirements

- ~~e. The Information System Data Set for Service Level Funding for Substance Abuse and Mental Health is the SLFS.~~
- c. MHE and TEDS and SLFS Data Specifications are available for download from the DSAMH Substance Abuse Mental Health Information System (SAMHIS) and from the DSAMH website at <http://dsamh.utah.gov/data/data-specifications/>.
- e. Outcomes system data are includes:
 2. Children/Youth:
 - (f) Youth Satisfaction Survey (YSS) Consumer Survey.
 3. Parents/Youth:
 - ~~(a) Youth Services Survey (MHSIP);~~
 - (a) Parents Satisfaction Survey: (YSS-F) Consumer Survey; and
 - (b) Youth Satisfaction Survey: (YSS) Consumer Survey.
- h. Consumer Satisfaction Survey instruments are to be completed annually through the OQ Analyst System or through a website provided by DSAMH .

- i. Data findings may result for substance abuse providers when old open admissions, **opened more than 2 years prior (and clients are no longer in service)**, account for more than 4% of clients served for a given fiscal year for non-methadone Outpatient and/or IOP and any residential and/or detox.

iii. Adult and Youth Consumer Satisfaction Surveys

a. **The Mental Health Statistical Improvement Program (MHSIP) Method**

1. Introduction: ~~The Mental Health Statistical Improvement Program (MHSIP) is a self-report consumer satisfaction survey for adults in mental health and/or substance abuse treatment. The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers. The survey consists of the following domains: general satisfaction, access to treatment, quality/appropriateness, participation in treatment, outcomes, criminal justice contact, social connectedness, patient functioning and general wellness domains. Each domain has a five-point rating scale: strongly agree, agree, undecided, disagree, and strongly disagree. A “not applicable” answer is also available.~~
2. Data Collection Procedures: The MHSIP is a survey, available in English and Spanish. The MHSIP is given as a point-in-time convenience survey during the approved survey period (~~typically to begin on from~~ December 1st ~~and run~~ through April 1st of every year). ~~DSAMH will distribute surveys to providers with specific instructions and survey dates; completed surveys should be submitted to DSAMH on a monthly basis. Surveys administered after the approved time period or received by DSAMH after May 1st will not be used in scoring and analysis. The surveys are given to adult substance abuse and mental health consumers regardless of the modality of treatment or length of stay in treatment. For paper versions, surveys are color-coded so agency staff may distinguish between the different versions—MHSIP (white), MHSIP Spanish (yellow).~~
3. Scoring and Data Analysis:
 - (a) **Completed survey data is analyzed by DSAMH.** ~~Completed surveys are returned to DSAMH where they are scanned and the data is analyzed. The separate comments page should be retained by the agency prior to sending the completed surveys to DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the center.~~

b. YSS/YSS-F METHOD

1. Introduction: There are two parallel versions of the survey for youth in substance abuse and/or mental health treatment, one for youth (YSS) and one for ~~the~~ **children and** youth’s parent or caregiver (YSS-F). The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to

consumers. ~~The surveys consist of the following domains: satisfaction, access to services, participation in treatment, outcomes, cultural sensitivity, criminal justice contact, school attendance, social connectedness (YSS-F), improved functioning (YSS-F) and general wellness. Each of the questions has a five-point rating scale: strongly agree, agree, undecided, disagree, and strongly disagree.~~

2. ~~Data Collection Procedures: The YSS and YSS-F are surveys, available in English and Spanish. The YSS and YSS-F are given as point-in-time convenience surveys during the approved survey period (typically to begin on from December 1st and run through April 1st of every year). DSAMH will distribute surveys to providers with specific instructions and survey dates. Completed surveys should be submitted to DSAMH on a monthly basis. Surveys administered after the approved time period or received by DSAMH after May 1st; will not be used in scoring and analysis. The YSS survey is given to open youth (ages 12-17) substance abuse and/or mental health clients, regardless of the modality of treatment or length of stay in treatment. The YSS-F survey is given to the parent or caretaker of the children/youth consumer. For paper versions, surveys are color coded so agency staff may distinguish between the different versions—YSS (beige), YSS Spanish (pink), YSS-F (green), and YSS-F Spanish (lavender).~~

3. Scoring and Data Analysis:

- (a) ~~Completed surveys are returned to DSAMH where they are scanned and the data is analyzed by DSAMH. The separate comments page should be retained by the agency prior to sending the completed surveys to DSAMH.~~ Aggregate numbers for the State and specific data for the center/county are then returned to the center.
- (e) Only youth 12-17 will be counted in clients served for both the YSS, but all children/youth under the age of 18 will be counted in the client counts for the and YSS-F.

- iv. OQ/YOQ Requirements and Reporting Guidelines:

- a. DSAMH requires a 50% utilization rate for the LMHA for patients clients served in publicly funded programs. The instruments will require repeated administrations.
- v. Substance Abuse Prevention Data: The Local Authority shall enter prevention data into the ~~Minimum Data Set (MDS)~~ DSAMH approved system within 60 calendar days of the delivery of service.

F. Performance Measures

ii. ~~g.~~ – New language

pg. 16

- g. Tobacco Cessation: Local Substance Abuse Authorities' scorecard will show that the percent of clients who use tobacco will decrease from admission to discharge by 5%.

iii. – New/deleted paragraph

pg. 16

iii. Substance Abuse Prevention Performance Measures:

- g. Increase the number of evidence-based policies, programs and strategies to a goal of 100%. A maximum of 20% of strategies may be a tier-1 or 2 per the program assessment rating tool (PART). PART is available on the DSAMH website.

~~g. Number of evidence-based policies, programs and strategies implemented.~~

~~This process shall include:~~

- ~~1. Number of EB policies, programs and strategies.~~
- ~~2. Number of certified individuals to deliver evidence based policies, programs and strategies.~~
- ~~3. Percent of funding spent on evidence based policies, programs, and strategies.~~
- ~~4. Number of people reached by evidence based policies, programs and strategies.~~