

# Utah

## UNIFORM APPLICATION FY 2016 BEHAVIORAL HEALTH REPORT COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 05/21/2013 - Expires 05/31/2016  
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Center for Mental Health Services  
Division of State and Community Systems Development

## I: State Information

### State Information

#### State DUNS Number

Number 878593383  
Expiration Date 8/30/2013 12:00:00 AM

#### I. State Agency to be the Grantee for the Block Grant

Agency Name Utah Department of Human Services  
Organizational Unit Division of Substance Abuse and Mental Health  
Mailing Address 195 North 1950 West  
City Salt Lake City  
Zip Code 84116

#### II. Contact Person for the Grantee of the Block Grant

First Name Doug  
Last Name Thomas  
Agency Name Division of Substance Abuse and Mental Health  
Mailing Address 195 North 1950 West  
City Salt Lake City  
Zip Code 84116  
Telephone 801-538-4390  
Fax 801-538-9892  
Email Address doug@utah.gov

#### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2014  
To 6/30/2015

#### IV. Date Submitted

**NOTE: This field will be automatically populated when the application is submitted.**

Submission Date

Revision Date

#### V. Contact Person Responsible for Report Submission

First Name LeAnne  
Last Name Huff  
Telephone 801-538-4326  
Fax 801-538-4696  
Email Address lhuff@utah.gov

**Footnotes:**

## II: Annual Report

### MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

**Priority #:** 1

**Priority Area:** Provide Services for the following priority populations: a. Persons who are intravenous drug users (IDU). b. Women who are pregnant and have a substance use and/or mental disorder. c. Parents with substance use and /or mental disorders who have dependent children d. Individuals with tuberculosis. e. Children with serious emotional disturbances (SED) and their families. f. Adults with Serious Mental Illness (SMI).

**Priority Type:** SAP, SAT, MHP, MHS

**Population(s):** SMI, SED, PWWDC, IVDUs, TB, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Rural, Military Families, Criminal/Juvenile Justice, Persons with Disabilities, Homeless, Underserved Racial and Ethnic Minorities)

#### Goal of the priority area:

Goal A: Provide Services for persons who are intravenous drug users (IDU)  
Goal B: Provide behavioral health services to pregnant women and have a substance use and/or mental disorder.  
Goal C: Provide Services for parents with substance use and or mental disorders who have dependent children.  
Goal D: Provide Services for individuals with tuberculosis (TB)  
Goal E: Provide Services for children with serious emotional disturbances (SED) and their families.  
Goal F: Provide Services for adults with serious mental illness (SMI)

#### Strategies to attain the goal:

Goal A: 1. Contract with Local Authorities for services as per statute  
2. Include Block Grant requirements in Local Authority contracts.  
Goal B: 1. Contract with Local Authorities for services as per statute  
2. Include Block Grant requirements in Local Authority contracts.  
Goal C: 1. Contract with Local Authorities for services as per statute  
2. Include Block Grant requirements in Local Authority contracts.  
3. Contract with Local Authorities for services as per statute  
4. Include Block Grant requirements in Local Authority contracts.  
Goal D: 1. Contract with Local Authorities for services as per statute  
2. Include Block Grant requirements in Local Authority contracts.  
3. Coordinate with Department of Health for coordinated services.  
Goal E: 1. Contract with Local Authorities for services as per statute  
2. Include Block Grant requirements in Local Authority contracts.  
Goal F: 1. Contract with Local Authorities for services as per statute  
2. Include Block Grant requirements in Local Authority contracts.

#### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Goal A: 1. Compliance with Contract Requirements

**Baseline Measurement:** a. Baseline (FY 2012)—Two local authorities had findings, discrepancies or comments regarding services to Priority Population

**First-year target/outcome measurement:** b. 1st Year (FY 2014)—No more than one local authority has a finding, discrepancy or comment on their annual site visit audit regarding services to priority populations.

**Second-year target/outcome measurement:** c. 2nd Year (FY FY 2015)—No more than one local authority has a discrepancy or comment on their annual site visit report regarding services to priority populations.

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

**Data Source:**

Division Audit Visit Reports.

**New Data Source(if needed):**

**Description of Data:**

Agencies will be evaluated on their services provided to their specific minority underserved populations that can be identified. Evaluations will be based on compliance with contract requirements; compliance with Division Directives; compliance with SAPT and MH Block Grant requirements; compliance with state statutes and rules; numbers served according to TEDS, SAMHIS and other report data.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Statewide mandates for specific populations are not feasible due to the varied nature of the county/Local Authorities and their population's needs. Some data on some populations is not available, and or not reliable, and while efforts are being made to improve the availability and accuracy of data, it is not anticipated to be reliable statewide for the foreseeable future.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

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

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

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

<b>Indicator #:</b>	2
<b>Indicator:</b>	Goal B: Compliance with Contract Requirements
<b>Baseline Measurement:</b>	a. Baseline (FY 2012)—Two local authorities had findings, discrepancies or comments regarding services to Priority Population.
<b>First-year target/outcome measurement:</b>	b. 1st Year (FY 2014)—No more than one local authority has a finding, discrepancy or comment on their annual site visit audit regarding services to priority populations.
<b>Second-year target/outcome measurement:</b>	c. 2nd Year (FY 2015)—No more than one local authority has a discrepancy or comment on their annual site visit report regarding services to priority populations.

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

**Data Source:**

Division Audit Visit Reports

**New Data Source(if needed):**

**Description of Data:**

Agencies will be evaluated on their services provided to their specific minority underserved populations that can be identified. Evaluations will be based on compliance with contract requirements; compliance with Division Directives; compliance with SAPT and MH Block Grant requirements; compliance with state statutes and rules; numbers served according to TEDS, SAMHIS and other report data.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Statewide mandates for specific populations are not feasible due to the varied nature of the county/Local Authorities and their population's needs. Some data on some populations is not available, and or not reliable, and while efforts are being made to improve the availability and accuracy of data, it is not anticipated to be reliable statewide for the foreseeable future.

New Data issues/caveats that affect outcome measures:

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### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

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How second year target was achieved (optional):

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Indicator #: 3

Indicator: Goal C: Compliance with Contract Requirements

Baseline Measurement: a. Baseline (FY 2012)—Two local authorities had findings, discrepancies or comments regarding services to Priority Population.

First-year target/outcome measurement: b. 1st year (FY 2014)—No more than one local authority has a finding, discrepancy or comment on their annual site visit audit regarding services to priority populations.

Second-year target/outcome measurement: c. 2nd year (FY 2015)—No more than one local authority has a discrepancy or comment on their annual site visit report regarding services to priority populations.

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

Data Source:

Division Audit Visit Reports

New Data Source(if needed):

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Description of Data:

Agencies will be evaluated on their services provided to their specific minority underserved populations that can be identified. Evaluations will be based on compliance with contract requirements; compliance with Division Directives; compliance with SAPT and MH Block Grant requirements; compliance with state statutes and rules; numbers served according to TEDS, SAMHIS and other report data.

New Description of Data:(if needed)

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Data issues/caveats that affect outcome measures:

Statewide mandates for specific populations are not feasible due to the varied nature of the county/Local Authorities and their population's needs. Some data on some populations is not available, and or not reliable, and while efforts are being made to improve the availability and accuracy of data, it is not anticipated to be reliable statewide for the foreseeable future.

New Data issues/caveats that affect outcome measures:

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### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

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How second year target was achieved (optional):

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**Indicator #:** 4

**Indicator:** Goal D: Compliance with Contract Requirements

**Baseline Measurement:** a. Baseline (FY 2012)—Two local authorities had findings, discrepancies or comments regarding services to Priority Populations

**First-year target/outcome measurement:** b. 1st Year (FY 2014)—No more than one local authority has a finding, discrepancy or comment on their annual site visit audit regarding services to priority populations.

**Second-year target/outcome measurement:** c. 2nd Year (FY 2015)—No more than one local authority has a discrepancy or comment on their annual site visit report regarding services to priority populations.

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

**Data Source:**

Division Audit Visit Reports.  
Department of Health Reports and DATA

**New Data Source(if needed):**

**Description of Data:**

Agencies will be evaluated on their services provided to their specific minority underserved populations that can be identified. Evaluations will be based on compliance with contract requirements; compliance with Division Directives; compliance with SAPT and MH Block Grant requirements; compliance with state statutes and rules; numbers served according to TEDS, SAMHIS and other report data.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Data on TB clients is not specifically maintained or gathered by DSAMH due to the structure of TB funding and State testing requirements. Statewide mandates for specific populations are not feasible due to the varied nature of the county/Local Authorities and their population's needs. Some data on some populations is not available, and or not reliable, and while efforts are being made to improve the availability and accuracy of data, it is not anticipated to be reliable statewide for the foreseeable future.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

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

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

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

**Indicator #:** 5

**Indicator:** Goal E: 1. Compliance with Contract Requirements

**Baseline Measurement:** a. Baseline (FY 2012)—Two local authorities had findings, discrepancies or comments regarding services to Priority Population

**First-year target/outcome measurement:** b. 1st Year (FY 2014)—No more than one local authority has a finding, discrepancy or comment on their annual site visit audit regarding services to priority populations.

**Second-year target/outcome measurement:** c. 2nd Year (FY 2015)—No more than one local authority has a discrepancy or comment on their annual site visit report regarding services to priority populations.

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

**Data Source:**

Division Audit Visit Reports

**New Data Source(if needed):**

**Description of Data:**

Agencies will be evaluated on their services provided to their specific minority underserved populations that can be identified. Evaluations will be based on compliance with contract requirements; compliance with Division Directives; compliance with SAPT and MH Block Grant requirements; compliance with state statutes and rules; numbers served according to TEDS, SAMHIS and other report data.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Statewide mandates for specific populations are not feasible due to the varied nature of the county/Local Authorities and their population's needs. Some data on some populations is not available, and or not reliable, and while efforts are being made to improve the availability and accuracy of data, it is not anticipated to be reliable statewide for the foreseeable future.

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

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

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

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

- Indicator #:** 6
- Indicator:** Goal F: 1. Compliance with Contract Requirements
- Baseline Measurement:** a. Baseline (FY 2012)—Two local authorities had findings, discrepancies or comments regarding services to Priority Population
- First-year target/outcome measurement:** b. 1st year (FY 2014)—No more than one local authority has a finding, discrepancy or comment on their annual site visit audit regarding services to priority populations.
- Second-year target/outcome measurement:** c. 2nd Year (FY 2015)—No more than one local authority has a discrepancy or comment on their annual site visit report regarding services to priority populations.

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

**Data Source:**

Division Audit Visit Reports

**New Data Source(if needed):**

**Description of Data:**

Agencies will be evaluated on their services provided to their specific minority underserved populations that can be identified. Evaluations will be based on compliance with contract requirements; compliance with Division Directives; compliance with SAPT and MH Block Grant requirements; compliance with state statutes and rules; numbers served according to

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Statewide mandates for specific populations are not feasible due to the varied nature of the county/Local Authorities and their

population's needs. Some data on some populations is not available, and or not reliable, and while efforts are being made to improve the availability and accuracy of data, it is not anticipated to be reliable statewide for the foreseeable future.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

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

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

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

**Priority #:** 2

**Priority Area:** Improve Coordination and integration of mental health and substance use disorder treatment with physical health providers.

**Priority Type:** SAP, SAT, MHP, MHS

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

**Goal of the priority area:**

Goal A: Improve coordination and integration of mental health and substance use disorder treatment with physical health providers.  
Goal B: Improve the ability of mental health and substance use disorder treatment providers to bill Medicaid and other 3rd party insurers, including Qualified Health Plans sold on the Health Insurance Marketplace.

**Strategies to attain the goal:**

- Strategies for Goal A:
1. Participate in all legislative, departmental, provider associations, and interagency health care integration committee meetings and initiatives.
  2. Participate and provide leadership to Department of Human Services Committees and workgroups developing policy and procedures for integrating Behavioral Health care with other health care services.
  3. Participate in all SAMHSA meetings on integration of behavioral health services.
  4. Promote integrated programs that address an individual's substance abuse, mental health, and physical healthcare needs.
- Strategies for Goal B:
1. Participate and provide leadership in legislative, Department of Health (DOH), other partners, and interagency workgroups revising Medicaid reimbursement plans and policies.
  2. Provide recommendations to the Director of the Department of Human Services (DHS) on policy, statute and rule changes needed to prepare the DHS for implementation of Health Care
  3. In coordination with DHS and DOH agencies and private behavioral health care providers, develop procedures to expand Medicaid coverage to additional qualified providers.
  4. Participate and provide leadership in workgroups with DOH and other state partners in revising Medicaid reimbursement plans and policies.
  5. Provide recommendations to the Utah Department of Insurance (DOI) on mental health parity to ensure QHPs plans are in compliance.
  6. Work with the DOI and other behavioral health stakeholders to ensure clients have access to adequate behavioral health services and that mental health parity requirements are being met in the Marketplace.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Goal A: Increase the number of referrals into the public behavioral health system from the physical health system.

**Baseline Measurement:** FY 2012 Data -- i. Substance Use Disorder Clients -- 6.5 % were referred by another healthcare provider ii. Mental Health Clients -- 10.92% were referred by another healthcare provider

**First-year target/outcome measurement:** b. 1st Year (FY 2015) -- Increase the number of referrals into the behavioral health system from primary care by 20%

**Second-year target/outcome measurement:** c. 2nd Year (FY 2016) -- Increase the number of referrals into the behavioral health system

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

**Data Source:**

TEDS:  
Item 12 in TEDS/SAMHI's Admissions record: Referral Source.

**New Data Source(if needed):**

**Description of Data:**

Describes the specific person or agency referring the client to the alcohol or drug treatment program.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

none

**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:**

Utah set a high standard with wanting to increase referrals by 20%, we are excited that we were able to increase the numbers of referrals by 14% and continue to focus on integration of mental health, substance abuse, and physical health care needs. Utah is still pending Medicaid expansion, if Utah accepts Medicaid Expansion we project a significant increase in referrals.

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

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

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

Utah set a high standard with wanting to increase referrals by 20%, we are excited that we were able to increase the numbers of referrals by 12.6% and continue to focus on integration of mental health, substance abuse, and physical health care needs. Utah is still pending Medicaid expansion, if Utah accepts

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

**Indicator #:** 2

**Indicator:** Goal B: Numbers of individuals receiving SUD services funded by Medicaid and insurance.

**Baseline Measurement:** a. Baseline (FY 2012)—17% of clients were funded by Medicaid or 3rd party insurance

**First-year target/outcome measurement:** b. 1st Year (FY 2014)—Increase number of clients funded by Medicaid or 3rd party insurance to 25%

**Second-year target/outcome measurement:** c. 2nd Year (FY 2015)—Increase the number of clients funded by Medicaid or 3rd party insurance to 40%

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

**Data Source:**

TEDS and Agency reports  
Item 34 on TEDS/SAMHIS admission record: Health Insurance  
and Item 35 on TEDS/SAMHIS admission record: Payment source.

**New Data Source(if needed):**

**Description of Data:**

- 34 Specifies the client's health insurance.
- 35 Identifies the primary source of payment for the current treatment event/modality

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Utah's governor has not yet decided on the option of expanding Medicaid and will not decide until late December 2013. Given the current timeline it is unlikely that Utah will have a Medicaid expansion in 2014.

**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:**

See SUD Report

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

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

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

see SUD Report

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

- Priority #:** 3
- Priority Area:** Substance Use Disorder and Mental Illness prevention and treatment services and Mental Health promotion
- Priority Type:** SAP, SAT, MHP, MHS
- Population(s):** SMI, SED, PWWDC, Other (Adolescents w/SA and/or MH, Rural, Military Families, Children/Youth at Risk for BH Disorder)

**Goal of the priority area:**

- Goal A: Reduce lifetime and 30 day marijuana use for 8th, 10th, and 12th grades through education, awareness and referrals prevention programs.
- Goal B: Reduce underage drinking in adolescents.
- Goal C: Reduce prescription drug abuse through collaboration with state and local agencies, as well as provide education and awareness to communities to reduce abuse, increase early intervention, and expand use of medication assisted treatment and recovery.
- Goal D: Mental Illness Prevention
- Goal E: Build an infrastructure of prevention prepared communities through SAPST certification and CTC implementation to prioritize prevention risk factors and focus resources on reducing substance abuse and mental health problems or disorders.

**Strategies to attain the goal:**

- Goal A: 1. Review Student Health and Risk Prevention (SHARP) survey data and other epidemiological data sources for the state and Local Substance Abuse Authorities (LSAA) to identify risks and trends associated with the lifetime and 30 day use rates of marijuana. Focus on counties or LSAA areas with high marijuana use rates. Collaborate with other state and local agencies through education and awareness campaigns regarding the reduction of marijuana use rates. Emphasize the need to address marijuana use rates as a statewide issue during SAPST, CTC trainings, town hall meetings and other community forums.
- 2. Monitor LSAA programs identified for addressing marijuana use for 8th, 10th and 12th graders. This process will include evaluation of strategies, outcomes and methods used to reduce marijuana use rates.
- 3. Enhance existing programs through technical assistance and monitoring. Use evidenced-based strategies and/or programs to strengthen these efforts.
- Goal B: 1. Through collaboration with partner agencies develop a comprehensive strategy to:
  - a. reduce availability of alcohol to underage adolescents through compliance; and
  - b. delay time of first use and 30 day use.
- Goal C: 1. Include information and education on Prescription Drug abuse in all Division sponsored and supported conferences and trainings.
- 2. Participate and provide prevention and treatment expertise in the Department of Health and DEA Prescription Drug Committees.
- 3. Assist prevention prepared communities in addressing Prescription Drug abuse in their communities as appropriate.
- 4. Provide information about the benefits of medication assisted therapies to support recovery for opiate and alcohol related admissions.
- Goal D: 1. Early Intervention: reduce mental illness in SED populations through School Based intervention. Familv Resource Facilitator with wrap

around and mobile crisis teams.

2. Suicide prevention: Collaborate on a state level with Utah State Office of Education (USOE) to build capacity of suicide prevention specialists throughout communities by offering Train the trainer (T4T) trainings to local coalitions. Promote evidenced based programming on suicide prevention, intervention, and postvention across the lifespan.

3. Increase ASIST and CONNECT T4T trainers throughout the state.

Goal E: 1. Engage citizens to find solutions to substance abuse problems in their communities through research and evidence based programming.

2. Train LSAA and their staff including coalition members and volunteers in SAPST curriculum as needed.

3. Train LSAA and their staff in the CTC model of prevention.

4. Increase the number of trained prevention professionals in the CTC and subsequent coalitions each year

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Goal A: Lifetime marijuana use data

**Baseline Measurement:** a. Baseline (FY 2012)-- (the following outcomes are based on 2011 SHARP survey data and will be revised once the 2013 SHARP data is available) i. Marijuana use in lifetime for 8th grade is 7% ii. Marijuana use in lifetime for 10th grade is 17% iii. Marijuana use in lifetime for 12th grade is 23%

**First-year target/outcome measurement:** b. 1st Year (FY 2014)— i. Reduce lifetime use of marijuana in 8th grade from 7% in 2011 to 6% in 2014. ii. Reduce lifetime use of marijuana in 10th grade from 17% in 2011 to 16% in 2014. iii. Reduce lifetime use of marijuana in 12th grade from 23% in 2011 to 22% in 2014.

**Second-year target/outcome measurement:** c. 2nd year (FY 2015)— i. Reduce lifetime use of marijuana in 8th grade from 6% in 2014 to 5% in 2015. ii. Reduce lifetime use of marijuana in 10th grade from 16% in 2014 to 15% in 2015. iii. Reduce lifetime use of marijuana in 12th grade from 22% in 2014 to 21% in 2015.

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

**Data Source:**

The Utah Prevention Needs Assessment (PNA) Survey, SHARP Survey and Local Authority Reports

**New Data Source(if needed):**

**Description of Data:**

The Utah Prevention Needs Assessment (PNA) Survey portion of the Student Health and Risk Prevention (SHARP) Statewide Survey is designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict adolescent problem behaviors. It was administered every two years to students in grades 6, 8, 10, and 12 in 39 school districts and 14 charter schools across Utah.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Survey does not reach every student or school district due to a small number of districts resistant to reporting to the State.

**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:**

Utah did not achieve the goal of reducing lifetime use of marijuana. With the decrease of perception of harm of marijuana use, Utah has seen an increase in use. Other factors that impacted the achievement include neighboring states with recreational and/or medicinal marijuana use laws.

Utah has prioritized marijuana use. In collaboration with local agencies, state agencies and coalitions, Utah will utilize the Communities that Care model, with the complementary Strategic Prevention Framework, as well as a comprehensive strategic plan to address both the marijuana use and perception of harm.

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

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

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

8th grade lifetime marijuana use rates were 7.9 in 2011; they increased to 8.5 in 2013. In 2015, they dropped to 7.0. This was achieved by addressing the risk factors in community, school, family and peer domains.

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

See SUD Report

**Indicator #:** 2

**Indicator:** Goal A: 30 Day marijuana use data

**Baseline Measurement:** a. Baseline (FY 2012)-- (the following outcomes are based on 2011 SHARP survey data and will be revised once the 2013 SHARP data is available) i. 30 day Marijuana use in 8th grade is 3% ii. 30 day marijuana use in 10th grade is 8% iii. 30 day marijuana use in 12th grade is 22%

**First-year target/outcome measurement:** b. 1st Year (FY 2014)— i. Reduce 30 Day marijuana use in 8th grade from 3% in 2011 to 2% in 2014. ii. Reduce 30 Day marijuana use in 10th grade from 8% in 2011 to 7% in 2014. iii. Reduce 30 Day marijuana use in 12th grade from 10% in 2011 to 9% in 2014.

**Second-year target/outcome measurement:** c. 2nd year (FY 2015)— i. Reduce 30 Day marijuana use in 8th grade from 2% in 2014 to 1% in 2015. ii. Reduce 30 Day marijuana use in 10th grade from 7% in 2014 to 6% in 2015. iii. Reduce 30 Day marijuana use in 12th grade from 9% in 2014 to 8% in 2015.

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

**Data Source:**

Sharp Survey and Local Authority Reports

**New Data Source(if needed):**

**Description of Data:**

The Utah Prevention Needs Assessment (PNA) Survey portion of the Student Health and Risk Prevention (SHARP) Statewide Survey is designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict adolescent problem behaviors. It was administered every two years to students in grades 6, 8, 10, and 12 in 39 school districts and 14 charter schools across Utah.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Survey does not reach every student or school district due to a small number of districts resistant to reporting to the State.

**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:**

Utah did not achieve the goal of reducing 30 day use of marijuana. With the decrease of perception of harm of marijuana use, Utah has seen an increase in use. Other factors that impacted the achievement include neighboring states with recreational and/or medicinal marijuana use laws.

Utah has prioritized marijuana use. In collaboration with local agencies, state agencies and coalitions, Utah will utilize the Communities that Care model, with the complementary Strategic Prevention Framework, as well as a comprehensive strategic plan to address both the marijuana use and perception of harm.

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

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

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

See SUD report

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

**Indicator #:** 3

**Indicator:** Goal B: EASY compliance report with collaboration from Department of Highway Safety, LSAA area reports of EASY compliance and review of program outcomes targeting underage drinking as a measure, and the 2015, 2017 SHARP survey data.

**Baseline Measurement:** a. Baseline (FY 2011)—www.dsamh.utah.gov/docs/State%20of%20Utah%20Profile%20Report.pdf

**First-year target/outcome measurement:** b. 1st Year (FY 2014)—Reduce use by 10 %

**Second-year target/outcome measurement:** c. 2nd Year (FY 2015)—Maintain reduction achieved in FY 2014

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

**Data Source:**

SHARP Survey and BRFSS Data

**New Data Source(if needed):**

**Description of Data:**

The Utah Prevention Needs Assessment (PNA) Survey portion of the Student Health and Risk Prevention (SHARP) Statewide Survey is designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict adolescent problem behaviors. It was administered every two years to students in grades 6, 8, 10, and 12 in 39 school districts and 14 charter schools across Utah. Utah Behavioral Risk Factor Surveillance System (BRFSS) is used to to assess the prevalence of and trend in health-related behaviors in the non-institutionalized Utah adult population aged 18 years and older.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

SHARP survey only done every two years  
The BRFSS is a telephone 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):**

Utah decreased the underage drinking rates by 10% from 2011 to 2013. We anticipate a similar change in the 2015 report due next year.

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

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

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

See SUD report

**Indicator #:** 4

**Indicator:** Goal C: Reduction of overall statewide admissions for opiates.

**Baseline Measurement:** a. Baseline (FY 2012)—21.2% total admissions for opiates

**First-year target/outcome measurement:** b. 1st Year (FY 2014)—Decrease to 20%

**Second-year target/outcome measurement:** c. 2nd Year (FY 2015)—Decrease to 19%

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

**Data Source:**

Center for Disease Control Data  
TEDS/SAMHIS Admissions record Data: Substance of use: Items 20 (Primary at Admission); 21 (Secondary at Admission); and 22 (Tertiary at Admission)

**New Data Source(if needed):**

**Description of Data:**

Identifies the client's primary, secondary or tertiary substance problem

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

client report

**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:**

See SUD Report

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

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

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

In 2012 the correct percentage of admissions for opiates was 31.2%. In 2014 it increased to 34.3 and increased to 34.6 in 2015.. This increase reflects the increase of opiates and heroin use reported across the nation, and given the rate of increase reported by SAMHSA, Utah's admissions reflect the increase of emphasis on the use of medication assisted therapies as well and increased publicity about the dangers of opiate and prescription drug use.  
The DSAMH has several initiatives both with the publicly funded treatment system and the Primary Health Care System. The Division is represented on an three million dollar a year combined Department of Health and Intermountain Health Care work group focused on addressing the opiate use problem in Utah. The project focuses on Public Awareness, Provider Education (both Primary Care and Behavioral Health Care Providers) and Access to Treatment. While we do not anticipate this will lower our admission rate quickly the state's efforts have already paid off by reducing overdose deaths. (See Goal 5)

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

- Indicator #:** 5
- Indicator:** Goal C: Reduce Number of Overdose Deaths
- Baseline Measurement:** a. Baseline (FY 2012)—834 deaths
- First-year target/outcome measurement:** b. 1st Year (FY 2014)—2% reduction
- Second-year target/outcome measurement:** c. 2nd Year (FY 2015)—10% reduction

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

**Data Source:**

Center for Disease Control Data and Utah Department of Health Reports. Medical Examiner Reports are also used.

**New Data Source(if needed):**

**Description of Data:**

Reports track numbers of suicides, overdose deaths and causes of death.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Data is often two years behind.

**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):**

Preliminary Data from Department of Health indicates 433 overdose deaths in FY 14.

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

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

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

see SUD report

**Indicator #:** 6

**Indicator:** Goal D: Increase the number of T4T trainers in local coalitions

**Baseline Measurement:** a. Baseline (FY 2012)— i. 30 Question Persuade Refer (QPR) ii. 6 Mental Health First Aid

**First-year target/outcome measurement:** b. 1st Year (FY 2014)—Increase by 5 percent

**Second-year target/outcome measurement:** c. 2nd Year (FY 2015)—Increase by 10 percent

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

**Data Source:**

Internal data monitoring  
Prevention and MH LA reports

**New Data Source(if needed):**

**Description of Data:**

Numbers of T4T trained individuals

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

availability of trainings and resources for training.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

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

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

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

**Indicator #:** 7

**Indicator:** Goal E: 1. Number of CTC

**Baseline Measurement:** a. Baseline (FY 2012)—As of FY14, there are 9 CTC coalitions that either have contracts with DSAMH or are in the planning phase to do so.

**First-year target/outcome measurement:** b. 1st Year (FY 2014)—Increase by 25% which equal to 11 CTC coalitions

**Second-year target/outcome measurement:** c. 2nd Year (FY 2015)—Increase by 45% which equal to 16 CTC coalitions

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

**Data Source:**

Area Plans and monitoring reports

**New Data Source(if needed):**

**Description of Data:**

Area Plans describe specific prevention plans and strategies.  
Monitoring visits by DSAMH staff review on the group activities against plans and written reports.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

Data collected and reviewed annually

**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:**

Utah's goal was to increase the number of coalitions that are using the Communities that Care model with fidelity. With limited funds, lower access to resources, Utah did not increase the number of CTC coalitions. Utah has procured additional funding to work with CTC coaches and with new staff at the Region level, we anticipate additional coalitions to come on board with the CTC model in the next year. Utah recognized the crucial factor of coaching for coalitions' success. With coaches available around the state, the coalitions will be able to implement the model/process with fidelity.

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

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

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

See SUD Report

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

**Priority #:** 4

**Priority Area:** Develop a plan to improve services to the following populations within the state: a. American Indian; b. Military personnel and their families; c. Individuals with mental and or substance abuse disorders who live in rural areas or who are homeless; and d. Underserved racial, ethnic and LGBTQ populations.

**Priority Type:** SAP, SAT, MHP, MHS

**Population(s):** SMI, SED, Other (LGBTQ, Rural, Military Families, Underserved Racial and Ethnic Minorities, American Indian)

**Goal of the priority area:**

Goal A: Improve service delivery to identified special populations

**Strategies to attain the goal:**

1. Provide ongoing education through Generations, U of U June School and Fall Substance Abuse Conferences on cultural competence and special populations.
2. Focus on services to appropriate special populations during site visits to local authorities.
3. Participate in councils representing special populations when BH issues are involved. (DHS Tribal Council; Veteran's Councils; Legislative Committee on Veteran's affairs)
4. Include representatives of special populations in educational planning committees.
5. Review Local Authority Area Plans for emphasis on planning for special populations.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** 1. Admissions by special populations

**Baseline Measurement:** a. Baseline (FY 2012)—TEDS admission data for each population where available.

**First-year target/outcome measurement:** b. 1st Year (FY 2014)—Improve admissions and retention for each of the populations where data is available.

**Second-year target/outcome measurement:** c. 2nd Year (FY 2015)—Improve admissions and retention by 10% over baseline.

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

**Data Source:**

TEDS/SAMHIS The following are admission data entries for special populations

1. Military and Veteran Status: Item 95 (Have you ever are are you currently serving in the Military?)
2. Child and Family Services case: Item 80 (DCFS Indicator)
3. Legal Status: Items 78 and 79 (Probation and Parole Indicators)
4. Student: Item 50: (Enrolled in Education)
5. Pregnancy: Item 37 (Pregnant at time of admission)
6. Disability Status: Item 19 (Employment at admission - Code 7 disabled)
7. Ethnicity Item 16 (Ethnicity)
8. Race Item 15 (Race)
9. Gender Item 14 (Gender)
10. Age Item 13 (Date of Birth)

**New Data Source(if needed):**

**Description of Data:**

The above items are not exhaustive. Rural/Frontier residents can be determined largely through the identification of the LSAA/LMHA providing services. While Sexual Preference and identity is often determined during the assessment process, it is not reported at admission as it would not be reliable, especially in rural and frontier areas.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Some populations are not reported by TEDS, nor are there accurate ways to measure or collect the data. An example is LGTQBQ admissions are not collected, or asked for. Nor would they be reliable figures, especially in frontier areas of the state. Likewise, Tribal status is not reported and data about veterans status is notoriously inaccurate.

**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):**

Data is not collected for all of these populations. There were increases in the percentage of admissions for the following populations African American Females, Hawaiian and Polynesian males and females, Hispanic or Latino males and females. We also identified increases in the numbers of individuals with disabilities, clients connected with the Division of Child and Family Services, and increased attention

and focus on treatment for military members/veterans.

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

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

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

There were increases in the number of individuals served in both urban and rural areas, by gender; services to men increased. there was an increase in services to children and youth as well as young adults. Data show an increase in services to Hispanic male and females, African American and Asian males and females.

**Priority #:** 5

**Priority Area:** Plan for and implement Wellness and Recovery Oriented Systems of Care principles for persons with mental health and/or substance use disorders.

**Priority Type:** SAP, SAT, MHP, MHS

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

**Goal of the priority area:**

Goal A: Expand the continuum of care to include early interventions and long term support of recovery  
Goal B: Improve use of data to evaluate treatment and prevention systems and guide improvements and changes.

**Strategies to attain the goal:**

Goal A: 1. As SAPTBG funds become available through the expansion of other payment options, Utah will expand ATR type vouchers to provide RSS services.  
2. Work through the UBHC Data, Financial and Clinical committees to expand the state Substance Abuse and Mental Health Information System (SAMHIS) to allow for tracking of clients outside of the TEDS data system in order to provide recovery support services prior to admission and after discharge from an episode of acute treatment.  
3. Continue to work with SAMHSA to modify NOMS and TEDS to reflect and support a Recovery Oriented System of Care.  
Goal B: 1. Work through the UBHC Data, Financial and Clinical committees to expand the state Substance Abuse and Mental Health Information System (SAMHIS) to allow for tracking of clients outside of the TEDS data system in order to provide recovery support services prior to admission and after discharge from an episode of acute treatment.  
2. Improve the utility of Prevention Data by developing an alternative tracking system that will also provide input to SAMHIS.  
3. Develop a Prevention Scorecard to better measure achievement of Prevention goals and objectives

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Goal A: Number of Local Authorities using of Vouchers to provide Recovery Support Services to SUD Priority Populations.  
**Baseline Measurement:** a. Baseline (FY 2012)—Vouchers used to provide services in three Local Authorities  
**First-year target/outcome measurement:** b. 1st Year (FY 2014)—Increase the number of Local Authorities using vouchers by one, for a total of four Local Authorities using vouchers  
**Second-year target/outcome measurement:** c. 2nd Year (FY 2015)—Increase the number of Local Authorities using vouchers in 2014 by two, for a total of six Local Authorities using vouchers

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

**Data Source:**

Annual Reports and Local Authority Area Plans  
Monitoring of Voucher System by Division Staff

**New Data Source(if needed):**

**Description of Data:**

The data will be the number of agencies utilizing vouchers, either through the current ATR voucher management system or the

continuation of it at the completion of the ATR Grant.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

This is conditional on expansion of funding and retention of SAPT funds for RSS

**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):**

Addition of Drug Court Funding and Funding from DCFS assisted the Division in expanding the use of Vouchers, along with the positive reports from the agencies already using the.

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

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

See SUD report

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

**Indicator #:**

2

**Indicator:**

Goal B: 1. Inclusion of RSS services and pre and post treatment episode of care data in SA and Mental Health Score Cards.

**Baseline Measurement:**

a. Base Line (FY 2012)—See current Scorecards at www.dsamh.utah.gov

**First-year target/outcome measurement:**

b. 1st Year (FY 2014)—Two measures for RSS services on scorecards

**Second-year target/outcome measurement:**

c. 2nd Year (FY 2015)—Targets for RSS measures included in Division Directives and used for monitoring reports.

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

**Data Source:**

SAMHIS; Audit Reports; Division Directives; Agency Reports.  
TEDS/SAMHI's data:  
RSS Item 83 at admission and Item54 at Discharge (Participation in Social Support)  
Tobacco Use: Item 43 at admission and item 55 at Discharge (Tobacco Use)

**New Data Source(if needed):**

**Description of Data:**

Data will be the percentage of individuals using tobacco or recovery report services at admission, versus the number reporting use of tobacco or attendance at recovery support at discharge.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Difficulty in Local Authorities in collecting accurate information.

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

**Footnotes:**

### III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

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

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

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

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

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

**Footnotes:**

### III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2014	Estimated/Actual SFY 2015
\$5,337,155	\$13,492,165	\$14,675,856

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

**Footnotes:**

### III: Expenditure Reports

**MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services**

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2013) + B2(2014)</u> 2 (C)
SFY 2013 (1)	\$28,122,514	
SFY 2014 (2)	\$30,423,951	\$29,273,233
SFY 2015 (3)	\$30,681,269	

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

SFY 2013	Yes	<u>  X  </u>	No	<u>    </u>
SFY 2014	Yes	<u>  X  </u>	No	<u>    </u>
SFY 2015	Yes	<u>  X  </u>	No	<u>    </u>

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

**Footnotes:**