

Utah

UNIFORM APPLICATION
FY 2016 BEHAVIORAL HEALTH REPORT
SUBSTANCE ABUSE PREVENTION AND TREATMENT
BLOCK GRANT

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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Utah Department of Human Services

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III. Expenditure Period

State Expenditure Period

From 7/1/2014

To 6/30/2015

Block Grant Expenditure Period

From 10/1/2012

To 9/30/2014

IV. Date Submitted

Submission Date 11/30/2015 6:30:55 PM

Revision Date

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Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

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:

In 2014 6.5 % of SUD clients were referred by Health Care Sources. In 2014 this dropped to 6.2%. (This was initially incorrectly entered as 16.2%) This does not meet the objective set, but that objective was based on the expected increase in insurance and Medicaid coverage by the Affordable Care Act. Since that has still not been implemented in Utah for the population under 138% of the FPL, and over 60% of clients served in the public system meet those criteria, there has been no significant increase in coverage in Utah. If the Governor's Healthy Utah is passed, we expect to easily achieve the objective in the coming years. While the objective was not met, there has been significant progress in collaboration and integration of SUD, MH and Health Care during the past year, with at least four of the Local SUD Authorities opening Primary Care Clinics on their property to refer the SUD clients to for their health care services. As a result there has been an increase of clients receiving services for BH and PH in the past year.

Even if Healthy Utah is not passed in the 2015 Legislature, the Division will continue to stress integration, and the increase in the numbers of individuals with insurance will improve the referral rate without the expansion. Additionally, the Division is now actively involved with Intermountain Health Care (IHC), the largest single health care provider in the state, as well as with the University of Utah System, Mountain Star and other health care providers in planning and coordinating the expansion of Behavioral Health Care integration across the state. This includes a collaboration with two local authorities and two hospital systems in Southern and South eastern Utah, involvement in the development of the IHC Care Process Model for SUDs, and being a member of the Steering Committee for a combined IHC and Department of Health Grant to increase the treatment of opioid dependent individuals in the state.

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 2015 6.0 % of SUD clients were referred by Health Care Sources. This does not meet the objective set, but that objective was based on the expected increase in insurance and Medicaid coverage by the Affordable Care Act. Since that has still not been implemented in Utah for the population under 138% of the FPL, and over 60% of clients served in the public system meet those criteria, there has been no significant increase in coverage in Utah. If the Governor's Healthy Utah is passed, we expect to easily achieve the objective in the coming years. While the objective was not met, there has been significant progress in collaboration and integration of SUD, MH and Health Care during the past 2 years, with at least four of the Local SUD Authorities opening Primary Care Clinics on their property to refer the SUD clients to for their health care services, this has increased services to clients and created Home Health Centers for individuals while in SUD and MH services. As a result there has been an increase of clients receiving services for BH and PH in the past 2 years.

Healthy Utah was not passed in the 2015 Legislature, at this time the Division will continue to stress integration, and the increase in the numbers of individuals with insurance will improve the referral rate without the expansion. Additionally, the Division is now actively involved with Intermountain Health Care (IHC), the largest single health care provider in the state, as well as with the University of Utah System, Mountain Star and other health care providers in planning and coordinating the expansion of Behavioral Health Care integration across the state. This includes a collaboration with two local authorities and two hospital systems in Southern and South eastern Utah, involvement in the development of the IHC Care Process Model for SUDs, and being a member of the Steering Committee for a combined IHC and Department of Health Grant to increase the treatment of opioid dependent individuals in the state.

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:

In 2014 there were 16.3% of SUD clients funded by Medicaid and 2.5% by other insurance. This does not meet the objective set, but that objective was based on the expected increase in insurance and Medicaid coverage by the Affordable Care Act. Since that has still not been implemented in Utah for the population under 138% of the FPL, and over 60% of clients served in the public system meet those criteria, there has been no significant increase in coverage in Utah. If the Governor's Healthy Utah is passed, we expect to easily achieve the objective in the coming years.

Even if Healthy Utah is not passed in the 2015 Legislature, the Division will continue to stress integration, and the increase in the numbers of individuals with insurance will improve the coverage rate without the expansion. Additionally, the Division is now actively involved with Intermountain Health Care (IHC), the largest single health care provider in the state, as well as with the University of Utah System, Mountain Star and other health care providers in planning and coordinating the expansion of Behavioral Health Care integration across the state. This includes a collaboration with two local authorities and two hospital systems in Southern and South eastern Utah, involvement in the development of the IHC Care Process Model for SUDs, and being a member of the Steering Committee for a combined IHC and Department of Health Grant to increase the treatment of opioid dependent individuals in the state.

Finally, the state is working hard to continue to expand the number of providers who are eligible to provide Medicaid Services for Behavioral Health, and to encourage Medicaid Providers in the publicly funded system to become provide insurance providers.

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 2015 there were 27.7% of SUD clients funded by Medicaid and 14.5% by other insurance. This does not meet the objective set, but that objective was based on the expected increase in insurance and Medicaid coverage by the Affordable Care Act. Since that has still not been implemented in Utah for the population under 138% of the FPL, and over 60% of clients served in the public system meet those criteria, there has been no significant increase in coverage in Utah.

Healthy Utah was not passed in the 2015 Legislature, the Division will continue to stress integration, and the increase in the numbers of individuals with insurance will improve the coverage rate without the expansion. Additionally, the Division is now actively involved with Intermountain Health Care (IHC), the largest single health care provider in the state, as well as with the University of Utah System, Mountain Star and other health care providers in planning and coordinating the expansion of Behavioral Health Care integration across the state. This includes a collaboration with two local authorities and two hospital systems in Southern and South eastern Utah, involvement in the development of the IHC Care Process Model for SUDs, and being a member of the Steering Committee for a combined IHC and Department of Health Grant to increase the treatment of opioid dependent individuals in the state.

Finally, the state is working hard to continue to expand the number of providers who are eligible to provide Medicaid Services for Behavioral Health, and to encourage Medicaid Providers in the publicly funded system to become provide insurance providers.

How second year target was achieved (optional):

Priority #: 2

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)*:

Indicator #:

2

Indicator:

Goal B: 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:

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):

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 #: 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, Family 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:

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

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.

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:

Utah did not achieve the goal of reducing 30 day use of marijuana. While lifetime use rates ultimately decreased, the 30 day use rates only decreased from 3.9 in 2011 to 3.3 in 2015.

In the past two years, Utah has seen multiple bills to legalize medicinal cannabis/cannibodial oils. This has increased the discussion of harm of marijuana. Utah has prioritized marijuana use. In collaboration with local agencies, state agencies, and coalitions, Utah has used the Communities that Care model to create strategic plans at the local level.

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

Description of Data:

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

New Description of Data: *(if needed)*

In the earlier application, the percentage of admissions submitted was for Primary use only. The correct number of admissions for Primary, Secondary and Tertiary use was 31.2%. In 2014 that total went to 34.3%

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:

In 2012 the correct percentage of admissions for opiates was 31.2%. In 2014 it increased to 34.3%. 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 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.

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:

With the increase in discretionary funds, Utah contracted with SDRG to train additional coaches and coordinators throughout the state. While we didn't meet the original goal of 16 CTC coalitions, we were able to increase the number of CTC coalitions to 11. With the continued technical assistance, Utah anticipates bringing at least 2 more coalitions on using the CTC process in this fiscal year.

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 LGTBQ 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

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

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

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$6,984,185		\$10,090,305	\$7,111,910	\$13,211,907	\$5,307,706	\$1,982,861
a. Pregnant Women and Women with Dependent Children*	\$726,456		\$4,704,464	\$1,528,595	\$2,961,774	\$745,928	\$347,664
b. All Other	\$6,257,729		\$5,385,841	\$5,583,315	\$10,250,133	\$4,561,778	\$1,635,197
2. Primary Prevention	\$4,081,161	\$0	\$48,371	\$88,784	\$78,062	\$324,192	\$537,401
3. Tuberculosis Services	\$14,949		\$0	\$0	\$350,585	\$0	\$0
4. HIV Early Intervention Services	\$0		\$0	\$0	\$0	\$0	\$0
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Administration (Excluding Program and Provider Level)	\$806,468	\$0	\$359,374	\$10,245,814	\$2,435,907	\$0	\$0
9. Subtotal (Row 1, 2, 3, 4 and 8)	\$11,886,763	\$0	\$10,498,050	\$17,446,508	\$16,076,461	\$5,631,898	\$2,520,262
10. Subtotal (Row 5, 6, 7 and 8)	\$806,468	\$0	\$359,374	\$10,245,814	\$2,435,907	\$0	\$0
11. Total	\$11,886,763	\$0	\$10,498,050	\$17,446,508	\$16,076,461	\$5,631,898	\$2,520,262

* Prevention other than primary prevention

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

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

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
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
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Substance Abuse (Primary Prevention)			\$0
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
Engagement Services			\$0
Assessment			\$0
Specialized Evaluations (Psychological and Neurological)			\$0
Service Planning (including crisis planning)			\$0
Consumer/Family Education			\$0
Outreach			\$0
Outpatient Services			\$0
Evidenced-based Therapies			\$0
Group Therapy			\$0
Family Therapy			\$0
Multi-family Therapy			\$0
Consultation to Caregivers			\$0
Medication Services			\$0
Medication Management			\$0
Pharmacotherapy (including MAT)			\$0
Laboratory services			\$0
Community Support (Rehabilitative)			\$0
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
Recovery Supports			\$0
Peer Support			\$0
Recovery Support Coaching			\$0
Recovery Support Center Services			\$0
Supports for Self-directed Care			\$0
Other Supports (Habilitative)			\$0
Personal Care			\$0
Homemaker			\$0
Respite			\$0
Supported Education			\$0
Transportation			\$0
Assisted Living Services			\$0
Recreational Services			\$0
Trained Behavioral Health Interpreters			\$0
Interactive Communication Technology Devices			\$0
Intensive Support Services			\$0
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
Out-of-Home Residential Services			\$0
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
Acute Intensive Services			\$0
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
Other (please list)			\$0
Total			\$0

Footnotes:

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

Category	FY 2013 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$11,050,075
2. Primary Prevention	\$4,252,285
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$800,238
6. Total	\$16,102,598

*Prevention other than Primary Prevention

**HIV Designated States

Footnotes:

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: Expenditure Period End Date:

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

Community-Based Process	Indicated	\$ <input type="text"/>				
Community-Based Process	Universal	\$ <input type="text"/>				
Community-Based Process	Unspecified	\$ <input type="text"/>				
Community-Based Process	Total	\$	\$	\$	\$	\$
Environmental	Selective	\$ <input type="text"/>				
Environmental	Indicated	\$ <input type="text"/>				
Environmental	Universal	\$ <input type="text"/>				
Environmental	Unspecified	\$ <input type="text"/>				
Environmental	Total	\$	\$	\$	\$	\$
Section 1926 Tobacco	Selective	\$ <input type="text"/>				
Section 1926 Tobacco	Indicated	\$ <input type="text"/>				
Section 1926 Tobacco	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ 347,000	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>				
Section 1926 Tobacco	Total	\$	\$	\$ 347,000	\$	\$
Other	Selective	\$ <input type="text"/>				
Other	Indicated	\$ <input type="text"/>				
Other	Universal	\$ <input type="text"/>				
Other	Unspecified	\$ <input type="text"/>				
Other	Total	\$	\$	\$	\$	\$
	Grand Total	\$	\$	\$ 347,000	\$	\$

Footnotes:

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date:

Expenditure Period End Date:

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$1,154,755				
Universal Indirect	\$576,820				
Selective	\$1,709,108				
Indicated	\$811,602				
Column Total	\$4,252,285.00	\$0.00	\$0.00	\$0.00	\$0.00

Footnotes:

III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

Targeted Substances	
Alcohol	b
Tobacco	b
Marijuana	b
Prescription Drugs	b
Cocaine	e
Heroin	b
Inhalants	b
Methamphetamine	b
Synthetic Drugs (i.e. Bath salts, Spice, K2)	b
Targeted Populations	
Students in College	e
Military Families	b
LGBTQ	b
American Indians/Alaska Natives	b
African American	b
Hispanic	b
Homeless	b
Native Hawaiian/Other Pacific Islanders	b
Asian	b
Rural	b
Underserved Racial and Ethnic Minorities	b

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment		\$116,160.00		\$19,506.00		\$135,666.00
2. Quality Assurance						\$0.00
3. Training (Post-Employment)						\$0.00
4. Program Development						\$0.00
5. Research and Evaluation		\$54,242.00		\$72,772.00		\$127,014.00
6. Information Systems						\$0.00
7. Education (Pre-Employment)						\$0.00
8. Total	\$0.00	\$170,402.00	\$0.00	\$92,278.00	\$0.00	\$262,680.00

Footnotes:

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

Entity Number	I-BHS ID		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Mailing Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds (B + D + E)	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV
1	UT301575		Box Elder County	Bear River Health Department	655 East 1300 North	Logan	UT	84321	\$634,140	\$438,801	\$114,745	\$195,339	\$0
9	UT901390		Juab County	Central Utah Counseling	255 West Main	Mt. Pleasant	UT	84647	\$436,510	\$310,233	\$108,316	\$126,277	\$0
3	UT101900		Davis County	Davis County Health Department	50 East State Street	Farmington	UT	84025	\$1,355,783	\$954,072	\$123,319	\$401,711	\$0
7	UT103260		Carbon County	Four Corners Community Center	105 West 100 North	Price	UT	84501	\$328,507	\$245,225	\$32,261	\$83,282	\$0
16	UT100015		Wasatch County	Heber Valley Counseling	1485 South Highway 40	Heber City	UT	84032	\$127,417	\$95,007	\$29,015	\$32,410	\$0
6	UT301690		Uintah County	Northeastern Counseling Center	1140 West 500 South Street	Vernal	UT	84078	\$275,849	\$195,036	\$53,390	\$80,813	\$0
18	UT100727		Salt Lake County	Salt Lake County	2001 South State Street	Salt Lake City	UT	84190	\$5,286,848	\$3,760,082	\$466,914	\$1,526,766	\$0
8	UT100431		San Juan County	San Juan Counseling	356 South Main	Blanding	UT	84511	\$132,334	\$90,731	\$23,570	\$41,603	\$0
5	UT102387		Beaver County	Southwest Center	474 West 200 North	St. George	UT	84770	\$1,242,810	\$926,440	\$296,625	\$316,370	\$0
12	UT100468		99	U of U Alcohol and Drug Abuse Clinic	515 South 700 East	Salt Lake City	UT	84102	\$295,933	\$270,333	\$0	\$25,600	\$0
13	UT100134		99	U of U Utah Addiction Center	501 Chipeta Way	Salt Lake City	UT	84108	\$268,546	\$145,034	\$0	\$123,512	\$0
17	UT102429		Utah County	Utah County	750 North Freedom Boulevard	Provo	UT	84601	\$1,852,600	\$1,377,751	\$256,683	\$474,849	\$0
15	UT901002		Summit County	Valley Mental Health	1753 Sidewinder Drive	Park City	UT	84060	\$319,580	\$228,629	\$19,498	\$90,951	\$0
4	UT101322		Tooele County	Valley Mental Health Inc	100 South 1000 West	Tooele	UT	84074	\$404,647	\$287,720	\$17,098	\$116,927	\$0
2	UT301500		Morgan County	Weber Human Services	237 26th Street	Ogden	UT	84401	\$1,325,210	\$976,966	\$257,368	\$348,244	\$0
Total									\$14,286,714	\$10,302,060	\$1,798,802	\$3,984,654	\$0

* Indicates the imported record has an error.

Footnotes:

III: Expenditure Reports

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

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

Yes No

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

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

Yes No

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2013) + B2(2014)</u> 2 (C)
SFY 2013 (1)	\$18,602,639	
SFY 2014 (2)	\$19,726,404	\$19,164,522
SFY 2015 (3)	\$19,798,682	

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

SFY 2013 Yes No

SFY 2014 Yes No

SFY 2015 Yes No

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

Footnotes:

III: Expenditure Reports

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

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment BASE				
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) (C)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE) (D)
SFY 1991 (1)	\$126,083	9.45%	\$11,915	
SFY 1992 (2)	\$143,977	9.45%	\$13,606	\$12,760

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment MAINTENANCE			
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) (C)
SFY 2015 (3)	\$350,585	4.26%	\$14,949

Footnotes:

III: Expenditure Reports

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

Enter the year in which your State last became a designated State, Federal Fiscal Year __. Enter the 2 prior years' expenditure data in A1 and A2. Compute the average of the amounts in boxes A1 and A2. Enter the resulting average (MOE Base) in box B2.

State Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment BASE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	Average of Columns A1 and A2 $\frac{A1+A2}{2}$ (MOE Base) (B)
(1) SFY <u>1991</u>	\$0	
(2) SFY <u>1992</u>	\$0	\$0

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment MAINTENANCE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	
(3) SFY 2015		\$0

Footnotes:
The State of Utah is not an HIV designated state.

III: Expenditure Reports

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

Expenditures for Services to Pregnant Women and Women with Dependent Children		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$2,054,926	
SFY 2013		\$2,415,524
SFY 2014		\$2,609,343
SFY 2015		\$4,161,711
Enter the amount the State plans to expend in 2016 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>4161711.00</u>		

Footnotes:

IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2014

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	1. Information Dissemination	
	2. Resources directories	13
	3. Media campaigns	13
	4. Brochures	13
	5. Radio and TV public service announcements	13
	6. Speaking engagements	13
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	2. Education	
	1. Parenting and family management	13
	2. Ongoing classroom and/or small group sessions	13
	3. Peer leader/helper programs	11
	4. Education programs for youth groups	12
	5. Mentors	6
	3. Alternatives	
	2. Youth/adult leadership activities	11
	4. Community service activities	11
	4. Problem Identification and Referral	
	2. Student Assistance Programs	13
	3. Driving while under the influence/driving while intoxicated education programs	10
	4. Screening	12
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	13
	2. Systematic planning	13
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	13

5. Accessing services and funding	5
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	10
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
3. Modifying alcohol and tobacco advertising practices	5
4. Product pricing strategies	5

Footnotes:

IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

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

Level of Care	Number of Admissions \geq Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	0	0	\$0	\$0	\$0
2. Free-Standing Residential	3121	1804	\$0	\$0	\$0
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	886	815	\$0	\$0	\$0
5. Long-term (over 30 days)	594	539	\$0	\$0	\$0
AMBULATORY (OUTPATIENT)					
6. Outpatient	7184	6596	\$0	\$0	\$0
7. Intensive Outpatient	3134	2769	\$0	\$0	\$0
8. Detoxification	4	0	\$0	\$0	\$0
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	0	0	\$0	\$0	\$0
10. ORT Outpatient	502	363	\$0	\$0	\$0

Footnotes:

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

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

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	910	568	189	25	7	15	8	2	1	18	12	36	15	11	3	277	102	398	133
2. 18 - 24	1787	989	526	34	15	52	26	13	4	24	24	39	23	15	3	299	125	867	496
3. 25 - 44	5697	2825	1987	102	44	132	98	38	15	123	79	87	71	57	39	574	375	2790	1958
4. 45 - 64	1669	935	461	66	11	29	18	9	0	63	23	22	9	15	8	173	78	966	452
5. 65 and Over	50	23	16	5	0	1	0	0	0	2	0	2	0	1	0	8	1	26	15
6. Total	10113	5340	3179	232	77	229	150	62	20	230	138	186	118	99	53	1331	681	5047	3054
7. Pregnant Women	195		172		6		3		0		8		3		3		29		166
Number of persons served who were admitted in a period prior to the 12 month reporting period		4936																	
Number of persons served outside of the levels of care described on Table 10		0																	

Footnotes:

IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

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

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

IV: Populations and Services Reports

Table 13 - Charitable Choice

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

Notice to Program Beneficiaries - Check all that apply:

- Used model notice provided in final regulation.
- Used notice developed by State (please attach a copy to the Report).
- State has disseminated notice to religious organizations that are providers.
- State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- State has developed specific referral system for this requirement.
- State has incorporated this requirement into existing referral system(s).
- SAMHSA's Treatment Facility Locator is used to help identify providers.
- Other networks and information systems are used to help identify providers.
- State maintains record of referrals made by religious organizations that are providers.
- 0 Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

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

None other than through the Access to Recovery (ATR) process.

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	86	93
Total number of clients with non-missing values on employment/student status [denominator]	653	653
Percent of clients employed or student (full-time and part-time)	13.2 %	14.2 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		552
Number of CY 2014 discharges submitted:		728
Number of CY 2014 discharges linked to an admission:		705
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		653
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		653

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	76	140
Total number of clients with non-missing values on employment/student status [denominator]	515	515
Percent of clients employed or student (full-time and part-time)	14.8 %	27.2 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		221
Number of CY 2014 discharges submitted:		546
Number of CY 2014 discharges linked to an admission:		541

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	516
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	515

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	3,204	3,660
Total number of clients with non-missing values on employment/student status [denominator]	6,223	6,223
Percent of clients employed or student (full-time and part-time)	51.5 %	58.8 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		5,424
Number of CY 2014 discharges submitted:		6,800
Number of CY 2014 discharges linked to an admission:		6,701
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		6,239
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		6,223

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	860	1,014
Total number of clients with non-missing values on employment/student status [denominator]	2,586	2,586
Percent of clients employed or student (full-time and part-time)	33.3 %	39.2 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		2,053
Number of CY 2014 discharges submitted:		2,802
Number of CY 2014 discharges linked to an admission:		2,745

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,595
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	2,586

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:
The State of Utah will be using the pre-populated data for tables 14-20.

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	540	590
Total number of clients with non-missing values on living arrangements [denominator]	653	653
Percent of clients in stable living situation	82.7 %	90.4 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		552
Number of CY 2014 discharges submitted:		728
Number of CY 2014 discharges linked to an admission:		705
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		653
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		653

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	465	465
Total number of clients with non-missing values on living arrangements [denominator]	516	516
Percent of clients in stable living situation	90.1 %	90.1 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		221
Number of CY 2014 discharges submitted:		546
Number of CY 2014 discharges linked to an admission:		541

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	516
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	516

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	6,001	6,009
Total number of clients with non-missing values on living arrangements [denominator]	6,205	6,205
Percent of clients in stable living situation	96.7 %	96.8 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		5,424
Number of CY 2014 discharges submitted:		6,800
Number of CY 2014 discharges linked to an admission:		6,701
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		6,239
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		6,205

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	2,483	2,469
Total number of clients with non-missing values on living arrangements [denominator]	2,593	2,593
Percent of clients in stable living situation	95.8 %	95.2 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		2,053
Number of CY 2014 discharges submitted:		2,802
Number of CY 2014 discharges linked to an admission:		2,745

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,595
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	2,593

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	547	603
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	674	674
Percent of clients without arrests	81.2 %	89.5 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		552
Number of CY 2014 discharges submitted:		728
Number of CY 2014 discharges linked to an admission:		705
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		674
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		674

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	423	468
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	533	533
Percent of clients without arrests	79.4 %	87.8 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		221
Number of CY 2014 discharges submitted:		546
Number of CY 2014 discharges linked to an admission:		541

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	533
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	533

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	4,928	5,802
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	6,425	6,425
Percent of clients without arrests	76.7 %	90.3 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		5,424
Number of CY 2014 discharges submitted:		6,800
Number of CY 2014 discharges linked to an admission:		6,701
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		6,442
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		6,425

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2,017	2,328
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,701	2,701
Percent of clients without arrests	74.7 %	86.2 %
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		2,053
Number of CY 2014 discharges submitted:		2,802
Number of CY 2014 discharges linked to an admission:		2,745

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,706
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	2,701

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	449	606
All clients with non-missing values on at least one substance/frequency of use [denominator]	674	674
Percent of clients abstinent from alcohol	66.6 %	89.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		164
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	225	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		72.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		442
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	449	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.4 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	552
Number of CY 2014 discharges submitted:	728
Number of CY 2014 discharges linked to an admission:	705
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	674
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	674

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

[Records received through 5/3/2015]

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	414	485
All clients with non-missing values on at least one substance/frequency of use [denominator]	533	533
Percent of clients abstinent from alcohol	77.7 %	91.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		78
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	119	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		65.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		407
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	414	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.3 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	221
Number of CY 2014 discharges submitted:	546
Number of CY 2014 discharges linked to an admission:	541
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	533
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	533

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file [Records received through 5/3/2015]

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	4,094	5,644
All clients with non-missing values on at least one substance/frequency of use [denominator]	6,435	6,435
Percent of clients abstinent from alcohol	63.6 %	87.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		1,707
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,341	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		72.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		3,937
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,094	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.2 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	5,424
Number of CY 2014 discharges submitted:	6,800
Number of CY 2014 discharges linked to an admission:	6,701
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	6,442
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	6,435

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,823	2,422

All clients with non-missing values on at least one substance/frequency of use [denominator]	2,705	2,705
Percent of clients abstinent from alcohol	67.4 %	89.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		654
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	882	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		74.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,768
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,823	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.0 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	2,053
Number of CY 2014 discharges submitted:	2,802
Number of CY 2014 discharges linked to an admission:	2,745
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,706
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	2,705

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	170	513
All clients with non-missing values on at least one substance/frequency of use [denominator]	674	674
Percent of clients abstinent from drugs	25.2 %	76.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		350
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	504	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		69.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		163
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	170	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		95.9 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	552
Number of CY 2014 discharges submitted:	728
Number of CY 2014 discharges linked to an admission:	705
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	674
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	674

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
Records received through 5/3/2015

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	252	409
All clients with non-missing values on at least one substance/frequency of use [denominator]	533	533
Percent of clients abstinent from drugs	47.3 %	76.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		179
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	281	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		63.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		230
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	252	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		91.3 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	221
Number of CY 2014 discharges submitted:	546
Number of CY 2014 discharges linked to an admission:	541
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	533
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	533

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file [Records received through 5/3/2015]

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	2,832	4,882
All clients with non-missing values on at least one substance/frequency of use [denominator]	6,435	6,435
Percent of clients abstinent from drugs	44.0 %	75.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		2,303
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,603	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		63.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2,579
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,832	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		91.1 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	5,424
Number of CY 2014 discharges submitted:	6,800
Number of CY 2014 discharges linked to an admission:	6,701
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	6,442
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	6,435

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	784	2,039

All clients with non-missing values on at least one substance/frequency of use [denominator]	2,705	2,705
Percent of clients abstinent from drugs	29.0 %	75.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1,344
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,921	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		70.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		695
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	784	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		88.6 %

Notes (for this level of care):

Number of CY 2014 admissions submitted:	2,053
Number of CY 2014 discharges submitted:	2,802
Number of CY 2014 discharges linked to an admission:	2,745
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,706
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	2,705

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	294	374
Total number of clients with non-missing values on self-help attendance [denominator]	663	663
Percent of clients attending self-help programs	44.3 %	56.4 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	12.1 %	
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		552
Number of CY 2014 discharges submitted:		728
Number of CY 2014 discharges linked to an admission:		705
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		674
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):		663

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	288	365
Total number of clients with non-missing values on self-help attendance [denominator]	528	528
Percent of clients attending self-help programs	54.5 %	69.1 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	14.6 %	
Notes (for this level of care):		
Number of CY 2014 admissions submitted:		221
Number of CY 2014 discharges submitted:		546

Number of CY 2014 discharges linked to an admission:	541
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	533
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	528

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	1,492	1,763
Total number of clients with non-missing values on self-help attendance [denominator]	5,531	5,531
Percent of clients attending self-help programs	27.0 %	31.9 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	4.9 %	

Notes (for this level of care):

Number of CY 2014 admissions submitted:	5,424
Number of CY 2014 discharges submitted:	6,800
Number of CY 2014 discharges linked to an admission:	6,701
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	6,442
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	5,531

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	974	1,356
Total number of clients with non-missing values on self-help attendance [denominator]	2,420	2,420
Percent of clients attending self-help programs	40.2 %	56.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	15.8 %	

Notes (for this level of care):

Number of CY 2014 admissions submitted:	2,053
Number of CY 2014 discharges submitted:	2,802
Number of CY 2014 discharges linked to an admission:	2,745
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,706
Number of CY 2014 linked discharges eligible for this calculation (non-missing values):	2,420

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

V: Performance Indicators and Accomplishments

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

Manually Enter Data				
Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	7	1	3	9
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	66	28	46	88
5. Long-term (over 30 days)	89	32	71	112
AMBULATORY (OUTPATIENT)				
6. Outpatient	178	57	121	237
7. Intensive Outpatient	110	48	90	131
8. Detoxification	121	92	100	151
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	25	6	19	39
10. ORT Outpatient	216	33	98	288

Level of Care	2014 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	3417	2912
REHABILITATION/RESIDENTIAL		

3. Hospital Inpatient	4	0
4. Short-term (up to 30 days)	728	705
5. Long-term (over 30 days)	546	541
AMBULATORY (OUTPATIENT)		
6. Outpatient	6800	6456
7. Intensive Outpatient	2802	2745
8. Detoxification	4	4
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	10
10. ORT Outpatient	0	245

Source: SAMHSA/CBHSQ TEDS CY 2014 admissions file and CY 2014 linked discharge file
[Records received through 5/3/2015]

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2012 - 2013	7.1	<input type="text"/>
	Age 18+ - CY 2012 - 2013	32.4	<input type="text"/>
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2012 - 2013	4.6	<input type="text"/>
	Age 18+ - CY 2012 - 2013	18.0	<input type="text"/>
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] ^[1] ?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2012 - 2013	2.6	<input type="text"/>
	Age 18+ - CY 2012 - 2013	6.2	<input type="text"/>
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2012 - 2013	6.4	<input type="text"/>
	Age 18+ - CY 2012 - 2013	4.7	<input type="text"/>
5. 30-day Use of Illegal Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] ^[2] ? Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors' orders).		
	Age 12 - 17 - CY 2012 - 2013	2.7	<input type="text"/>
	Age 18+ - CY 2012 - 2013	3.0	<input type="text"/>

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

Footnotes:

We accept the pre populated data.

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2012 - 2013	86.7	<input type="text"/>
	Age 18+ - CY 2012 - 2013	84.8	<input type="text"/>
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2012 - 2013	91.7	<input type="text"/>
	Age 18+ - CY 2012 - 2013	94.3	<input type="text"/>
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2012 - 2013	77.7	<input type="text"/>
	Age 18+ - CY 2012 - 2013	68.9	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

Table 23 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Age of First Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.risk.		
	Age 12 - 17 - CY 2012 - 2013	12.7	<input type="text"/>
	Age 18+ - CY 2012 - 2013	17.2	<input type="text"/>
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2012 - 2013	12.4	<input type="text"/>
	Age 18+ - CY 2012 - 2013	16.2	<input type="text"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[1] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2012 - 2013	13.7	<input type="text"/>
	Age 18+ - CY 2012 - 2013	19.6	<input type="text"/>
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2012 - 2013	13.3	<input type="text"/>
	Age 18+ - CY 2012 - 2013	18.0	<input type="text"/>
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] ^[2] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2012 - 2013	12.8	<input type="text"/>
	Age 18+ - CY 2012 - 2013	20.5	<input type="text"/>

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

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2012 - 2013	93.3	<input type="text"/>
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2012 - 2013	92.7	<input type="text"/>
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2012 - 2013	86.8	<input type="text"/>
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2012 - 2013	87.5	<input type="text"/>
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2012 - 2013	92.0	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

Table 25 - Prevention Performance Measures - Employment/Education; Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 18+ - CY 2012 - 2013	53.9	<input type="text"/>
	Age 12 - 17 - CY 2012 - 2013		<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

Table 26 - Prevention Performance Measures - Employment/Education; Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp . Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2012	90.8	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

Table 27 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol-Related Traffic Fatalities

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2013 - 2014	17.3	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug- Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2014	25.4	<input type="text"/>

Footnotes:

V: Performance Indicators and Accomplishments

Table 29 - Prevention Performance Measures - Social Connectedness; Measure: Family Communications Around Drug and Alcohol Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2012 - 2013	61.8	<input type="text"/>
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?^[1][Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2012 - 2013	91.6	<input type="text"/>

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

Footnotes:

V: Performance Indicators and Accomplishments

Table 30 - Prevention Performance Measures - Retention; Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ? Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2012 - 2013	88.9	<input type="text"/>

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

Footnotes:

V: Performance Indicators and Accomplishments

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

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

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

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

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

Utah used the MDS and manual process for this calendar year. This was the year the MDS shut down due to the Federal shutdown and didn't come back online until mid year. Because of this, providers were asked to record using a spreadsheet. The data is inconsistent for this time period.

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

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

We used the MDS guidelines. The MDS and Spreadsheets had the option of "more than one race." The races were not defined if they selected more than one race. Therefore, Utah did not add the participants to the applicable racial categories.

Footnotes:

Table 33 - It is not required.

Table 35 - There are limitations on the funding dates. Because Utah funds on a State Fiscal Year running from July to June, the calendar year amounts may not match up to other areas where it is reported on the SFY.

V: Performance Indicators and Accomplishments

Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	5900
5-11	53051
12-14	60843
15-17	33959
18-20	5763
21-24	6634
25-44	24758
45-64	12279
65 and over	4419
Age Not Known	49969
Gender	
Male	77395
Female	82841
Gender Unknown	2212134
Race	
White	135638
Black or African American	3461
Native Hawaiian/Other Pacific Islander	1965
Asian	2414
American Indian/Alaska Native	4115
More Than One Race (not OMB required)	1313

Race Not Known or Other (not OMB required)	25521
Ethnicity	
Hispanic or Latino	27162
Not Hispanic or Latino	118274

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

During the CY 2013, we were using MDS. However, MDS shut down in September 2013. It came back online about March 2014 and then shut down permanently in February 2015. We did a download of all data in Feb 2015. We also asked local areas to collect the data with spreadsheets. This (spreadsheets) data is inconsistent across all providers and how often it was collected.

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

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

MDS offered an option of "Multi". Utah has not added Multi to the "more than one race" at this time due to the inconsistency of the data for the reporting time period.

Footnotes:

Please note that this data was collected via MDS, WITS and spreadsheets. Due to the shutdown of MDS during the Federal shutdown, Utah instructed local providers to collect the data via spreadsheets. MDS came back online and then shut down again.

The spread sheet was sent out to the providers in hopes that they would collect the data in the same manner. At the end of the fiscal year, the data was collected from the spreadsheets. It was discovered at that time the providers were collecting data with different spreadsheets, editing the original. In addition, some providers did not collect demographics, only numbers of people served.

Since this time, Utah is using only ONE system and all providers are using the system. In addition, there has been sufficient training and review for the data collection.

V: Performance Indicators and Accomplishments

Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	0
5-11	3153
12-14	100
15-17	402
18-20	37
21-24	54
25-44	68
45-64	31
65 and over	2
Age Not Known	12312315
Gender	
Male	269
Female	332
Gender Unknown	12315467
Race	
White	171
Black or African American	2
Native Hawaiian/Other Pacific Islander	0
Asian	2
American Indian/Alaska Native	1
More Than One Race (not OMB required)	18

Race Not Known or Other (not OMB required)	11238352
Ethnicity	
Hispanic or Latino	118
Not Hispanic or Latino	11238081

Footnotes:

Please note that this data was collected via MDS, WITS and spreadsheets. Due to the shutdown of MDS during the Federal shutdown, Utah instructed local providers to collect the data via spreadsheets. MDS came back online and then shut down again.

The spread sheet was sent out to the providers in hopes that they would collect the data in the same manner. At the end of the fiscal year, the data was collected from the spreadsheets. It was discovered at that time the providers were collecting data with different spreadsheets, editing the original. In addition, some providers did not collect demographics, only numbers of people served.

Since this time, Utah is using only ONE system and all providers are using the system. In addition, there has been sufficient training and review for the data collection.

V: Performance Indicators and Accomplishments

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

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

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

Footnotes:

V: Performance Indicators and Accomplishments

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

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

Utah has developed and maintained the Evidence Based Workgroup (EBW) to review programs. The EBW uses the guidelines and a rating system to identify programs that meet the criteria for Evidence Based. The EBW meets monthly to review programs. The EBW has representatives from local agencies (rural and urban), professors from BYU and University of Utah, Researchers, and Division of Substance Abuse and Mental Health Staff.

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

The source of this data is reported on the MDS and on logic models submitted to the Division of Substance Abuse and Mental Health.

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

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	28	6	34	70	42	146
2. Total number of Programs and Strategies Funded	78	12	90	93	61	244
3. Percent of Evidence-Based Programs and Strategies	35.90 %	50.00 %	37.78 %	75.27 %	68.85 %	59.84 %

Footnotes:

V: Performance Indicators and Accomplishments

Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies

Total Number of Evidence-Based Programs/Strategies for IOM Category Below		Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 28	\$ 428006.00
Universal Indirect	Total # 6	\$ 174559.00
Selective	Total # 70	\$ 1390005.00
Indicated	Total # 42	\$ 674570.00
	Total EBPs: 146	Total Dollars Spent: \$2667140.00

Footnotes:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2014 Prevention Attachment Category A:

FFY 2014 Prevention Attachment Category B:

FFY 2014 Prevention Attachment Category C:

FFY 2014 Prevention Attachment Category D:

Footnotes: