

South Dakota

UNIFORM APPLICATION

FY 2017 BEHAVIORAL HEALTH REPORT

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

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III. Expenditure Period

State Expenditure Period

From 7/1/2015

To 6/30/2016

Block Grant Expenditure Period

From 10/1/2013

To 9/30/2015

IV. Date Submitted

Submission Date

Revision Date

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Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Client Level Data and Outcomes
Priority Type: SAT, MHS
Population(s): SMI, SED, PWWDC, IVDUs, TB

Goal of the priority area:

Enhance South Dakota's ability to report federally mandated client level data and use client level data to ensure funded services are meeting identified outcomes.

Strategies to attain the goal:

In a 2012 Substance Abuse Federal Review it was recommended that SD receive technical assistance on enhancing STARS' capability, as well as for contracted providers, as part of its data strategy. Recommended system enhancements included streamlining client assessments, integrating mental health and substance use data where possible and enhancing reporting features.

The Division of Behavioral Health (DBH) is currently working with contracted providers to identify meaningful client level data. It is the goal of DBH to work collaboratively with the providers to identify data that will assist with ensuring the services are being provided with quality and reaching the outcomes intended.

The data collected on the mental health side is comprehensive. However, the next steps will be to identify a means to use the data to drive system improvement. The data collected on the substance abuse side will need to be addressed to ensure meaningful data is identified.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: SD will reevaluate and improve current methodology and information being collected for individuals receiving state funded services.
Baseline Measurement: Baseline measurement data collected during SFY 2016 TEDS/URS reporting period along with data collected through the Mental Health Statistical Improvement Program and Mental Health Outcomes.
First-year target/outcome measurement: In SFY 2016, the State Information Technology (IT) staff will update STARS' programming language and file structures in order to combine TEDS and URS filing data into one BH TEDS file. In addition, state staff will collaborate with contracted providers to identify meaningful data for both mental health and substance abuse clients.
Second-year target/outcome measurement: In SFY 2017, South Dakota will have the capacity to successfully report one combined file to BH TEDS. In addition, SD will have identified a plan to use meaningful data to drive system improvement and demonstrate effectiveness of the programming funded.

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

Data Source:

State Treatment Activity Reporting System (STARS)

New Data Source (*if needed*):

Description of Data:

STARS reports related to necessary federal reporting requirements.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that would affect the outcome measures.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

In SFY17, the DBH collaborated with a work group of providers representing both mental health and substance use disorder service providers to collectively identify meaningful outcomes that will be collected across both service delivery systems and will meet and exceed the current minimum federal requirements. The DBH moved forward in SFY17 to build the outcome tools into STARS thus allowing billing and outcome data to be matched. This will ensure a means for assisting agencies in submitting reliable data on each client served. Agencies will also be able to extract their agency level data from the STARS system. Once the outcomes tools are built into STARS (estimated completion date of early 2017) the next phase will be to build the combined electronic file to jointly report mental health and substance use disorder data by Dec 1, 2017.

Priority #: 2

Priority Area: Statewide Treatment Needs Assessment

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, PWWDC, PP, IVDUs, TB

Goal of the priority area:

Complete an updated statewide treatment needs assessments in order to inform block grant planning and state priorities.

Strategies to attain the goal:

In a 2012 Substance Abuse Federal Review it was recommended that the SD receive technical assistance on reviewing historical assessment data/processes within the state in order to identify treatment data sources and scope of measures. In September 2014, SD received technical assistance from Gwen Grams, Ph.D. The technical assistance included identifying a variety and scope of needs assessments used in other states, covering the spectrum of substance abuse services from prevention to treatment to recovery.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Develop a consolidated needs assessment plan.

Baseline Measurement: Not applicable at this time. Baseline measurements will occur when statistical information is obtained after completion of the statewide needs assessment.

First-year target/outcome measurement: Select a needs assessment methodology and corresponding data sources based on the state's priorities and resources by the end of SFY 2016.

Second-year target/outcome measurement: By the end of SFY 2017, SD will have implemented the selected statewide needs assessment and chosen methodology.

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

Data Source:

Not applicable at this time.

New Data Source *(if needed)*:

Description of Data:

Not applicable at this time.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Not applicable at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The DBH drafted an RFP to solicit a provider to conduct a comprehensive needs assessment. The RFP is currently under review by the Department Secretary for final approval. In the meantime, the DBH is working with the state's State Epidemiological Outcome Workgroup (SEOW) to ensure we are maximizing the data available through this groups work.

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

Priority #: 3
Priority Area: Peer Support Services
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

Identify feasibility and system structure needed to potentially implement Peer Support Services in South Dakota.

Strategies to attain the goal:

In a 2013 Mental Health Federal Review it was recommended that SD receive technical assistance in the area of Peer Support Services. South Dakota acknowledges the practice of Peer Support Services as a practice that has shown to be an effective means to enhance and compliment current service delivery systems.
South Dakota would like to explore the funding structures that would support the development of Peer Support Services along with the rules and regulations that would need to be implemented to oversee such services.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: South Dakota will explore potential options and funding mechanisms for Peer Support Services.
Baseline Measurement: Not applicable at this time. Baseline measurement will occur when outcome data is collected after completion of one year of Peer Support Services.
First-year target/outcome measurement: By the end of SFY 2016, SD will request and receive technical assistance from SAMHSA in order to determine how other states have implemented and funded Peer Support Services in their system, including how Peer Support Specialists are trained.
Second-year target/outcome measurement: By the end of SFY 2017, SD will have identified potential funding and training structure that could support the development of Peer Support Services in their area.

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

Data Source:

Not applicable at this time.

New Data Source *(if needed)*:

Description of Data:

Not applicable at this time.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None have been identified at this time.

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):

SD received TA from Dr. Allen Daniels, Ed.D.
Funding of Peer Supports will be dependent on several factors in South Dakota including potential Medicaid Expansion. The state legislature meets January – March of 2017. If Medicaid does expand, the DBH will assess the feasibility of including Peer Supports as part of the expansion. Through the technical assistance, the training component has been assessed and the DBH will be working on a draft training proposal should the funding component be determined.

Priority #: 4

Priority Area: Suicide Prevention - Suicide is the second leading cause of death in South Dakota for those under the age of 35

Priority Type:

Population(s): Other (Youth and Young Adults between the ages of 10-24. Priority populations will include youth and young adults that are Native, are veterans or members of military service families, in the criminal justice population, LGBTQ, or immigrants.)

Goal of the priority area:

Increase identification, support, services, and awareness to reduce suicide risk among at risk youth age 10 – 24.

Strategies to attain the goal:

1. Conduct follow up calls
2. Provide Evidence Based Training to clinical service providers
3. Provide training to staff in juvenile justice facilities, colleges, universities, high schools and middle schools
4. Develop a public awareness campaign

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Conduct follow up calls on youth and young adults discharged from emergency departments and inpatient psychiatric programs that had either a suicidal ideation or a suicide attempt.

Baseline Measurement: Baseline data for the SFY2016 reporting period will be established by September 30, 2015.

First-year target/outcome measurement: In SFY2016, maintain the baseline number of youth and young adults that participate in follow up calls.

Second-year target/outcome measurement: During SFY2017, maintain the number of youth and young adults that received follow up services in SFY 2016.

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

Data Source:

The data sources are the HelpLine Information System, FamCare and the Suicide Prevention Data Center (SPDC).

New Data Source (if needed):

Description of Data:

HelpLine conducts follow up calls with youth discharged from emergency departments and inpatient psychiatric programs in coordination with local hospitals. Data on the contacts is recorded in their case management software and exported to the federal reporting system – SPDC.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome measures.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

In SFY 2015, there were 51 clients involved in the follow-up program. In SFY 2016, there were 299 youth and young adults enrolled in the follow-up program.

Indicator #: 2

Indicator: Provide Evidence Based Training to clinical service providers including behavioral and health care providers to obtain the skills needed to assess, manage and treat at risk youth.

Baseline Measurement: Baseline data for the SFY2016 reporting period will be established by September 30, 2015.

First-year target/outcome measurement: During SFY2016, continue to conduct the same number of trainings that were completed in the baseline year.

Second-year target/outcome measurement: During SFY2017, continue to conduct the same number of trainings as were conducted in SFY2016.

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

Data Source:

The Suicide Prevention Data Center (SPDC).

New Data Source *(if needed)*:

Description of Data:

Data collected for each training is entered into the SPDC Federal data reporting system.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome measures.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

In SFY2015, there were 16 trainings held. In SFY2016, there were 41 trainings held. The trainings included the following: QPRT, Means Restriction, Safety Planning, Kognito in the ER, RRSR, MHFA, Shield of Care and Making Educators Partners in Suicide Prevention.

Indicator #: 3

Indicator: Increase the number of staff at juvenile justice programs, colleges, universities, high schools and middle schools that are trained to assist in the identification and referral of youth at risk for Suicide.

Baseline Measurement: Baseline data for the SFY2016 reporting period will be established by September 30, 2015.

First-year target/outcome measurement: During SFY2016, maintain the same number of trainings that were conducted in the baseline year.

Second-year target/outcome measurement: The target for SFY2017 is to maintain the same number of trainings that were conducted in SFY2016.

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

Data Source:

The Suicide Prevention Data Center (SPDC).

New Data Source (if needed):

Description of Data:

Data that is collected from for each training is entered into the SPDC Federal data reporting system.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome measures.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

In SFY2015, there were 146 individuals trained. In SFY2016, there were 458 individuals trained.

Indicator #: 4

Indicator: Develop a public awareness campaign that promotes a crisis texting service for youth to increase the access points for youth at risk.

Baseline Measurement: Baseline data for the SFY2016 reporting period will be established by September 30, 2015.

First-year target/outcome measurement: During SFY2016, a maximum of three colleges and universities will be trained on the crisis texting program and will fully implement this program at each institution.

Second-year target/outcome measurement: Maintain support for the three colleges and universities with crisis texting programs in SFY2017.

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

Data Source:

Helplines Information System – FamCare.

New Data Source (if needed):

Description of Data:

Data collected for each contact is entered into the Helpline case management system and extracted to meet reporting requirements.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome measures.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

In SFY2015, there were 3 colleges trained and 14 crisis texts from students with the Awareness Program under development. In SFY2016, the 3 colleges received additional training and 92 students sent crisis texts with all 3 colleges having developed and rolled out an Awareness Campaign on their campus..

Priority #: 5

Priority Area: Underage Drinking – South Dakota’s underage use of alcohol for persons aged 12 -20 is above the national average

Priority Type: SAP

Population(s): Other (within the 12-20 age groups, specific target populations will include: Native American youth, LGBTQ youth, youth living in military families and immigrant youth.)

Goal of the priority area:

reduce underage drinking by using a data-driven decision making process and implement evidence base prevention programs.

Strategies to attain the goal:

1. Continue to support primary prevention evidence-based programs
2. Continue to support early intervention evidence-based programs
3. Educate the prevention workforce on Recovery Support Services

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Provide evidence-based primary prevention programming to youth

Baseline Measurement: The number of youth served in Primary Prevention programming by September 30, 2015 will be the baseline year.

First-year target/outcome measurement: In SFY2016 maintain the number of youth served in the primary prevention area as served in the baseline year.

Second-year target/outcome measurement: In SFY2017, maintain the number of youth receiving services through primary prevention evidence-based programs as was served in SFY2016.

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

Data Source:

MOSAIC (formerly KITS) Management Information System.

New Data Source *(if needed)*:

Description of Data:

The MOSAIC Management Information System is the information system for all state prevention providers that record the number and type of programs, activities conducted and individuals served.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Currently the MOSAIC system is moving to a new data collection system which the State will adopt in SFY2017. This conversion may cause a disruption in the data entry and the generation of reports off the new system.

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):

In SFY 2015, there were 169,498 individuals involved in primary prevention programming. In SFY 2016, there were 169,815 individuals involved in primary prevention programming.

Indicator #: 2

Indicator: Continue to support early intervention evidence-based programs that serve youth

Baseline Measurement: The number of youth served in early intervention programming by September 30, 2015 will be the baseline year.

First-year target/outcome measurement: In SFY 2016 provide early intervention services to the same number of youth as served in the baseline year.

Second-year target/outcome measurement: In SFY 2017, maintain the number of youth receiving services through early intervention evidence-based programs at the SFY2016 level.

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

Data Source:

MOSAIC (formerly KITS) Management Information System.

New Data Source (if needed):

Description of Data:

The MOSAIC Management Information System is the information system for all state prevention providers that record the number and type of programs, activities conducted and individuals served.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Currently revising MOSAIC system is moving to a new data collection system which the State will adopt in SFY2017. This conversion may cause a disruption in the data entry and the generation of reports off the new system.

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):

In SFY 2015, there were 1,643 youth involved in early intervention programming. In SFY2016, there were 3,265 youth involved in early intervention programs.

Indicator #: 3

Indicator: Educate the prevention workforce on Recovery Support Services and encourage the development of these services in local communities.

Baseline Measurement: The number of community based prevention and health care specialists trained in the State supported Recovery Support Specialists Model as of September 30, 2015.

First-year target/outcome measurement: Continue the number of community based prevention and health care specialist's trainings in the State supported Recovery Support Specialists Model as conducted in baseline year.

Second-year target/outcome measurement: Continue the number of community based prevention and health care specialist's trainings in the State supported Recovery Support Specialists Model as conducted in SFY2016.

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

Data Source:

Annual reports from Recovery community organizations to the Prevention Program annually.

New Data Source (*if needed*):

Description of Data:

The annual report from the Recovery Community organization includes the number of individuals trained in Recovery Supports, the number of employers involved in supporting the recovery community organizations and number of individuals receiving community coaching activities and information dissemination to communities on recovery support services.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None at this time.

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*):

In SFY 2015, there were no peer support trainings held. In SFY 2016, trainings were held with 25 Recovery Coaches trained. In SFY 2015, there were 13 employers supporting the initiative and in SFY 2016, there were 16. In SFY 2015, there were 1,997 support calls and in SFY2016, there were 2,437 support calls. In SFY 2015, 6,012 individuals were impacted by community outreach and in SFY 2016, 1,380 individuals were impacted by outreach.

Footnotes:

Priority Area: Client Level Data and Outcomes

Priority Type: Substance Abuse Treatment (SAT) and Mental Health Services (MHS)

Priority Population: PWWDC, TB, SED, SMI, IVDUs

Goal: Enhance South Dakota's ability to report federally mandated client level data and use client level data to ensure funded services are meeting identified outcomes.

Objective: By the end of SFY 2017, DBH will have developed meaningful client level data for substance abuse and mental health services through the current State Treatment Activity Reporting System (STARS) and other data collection means.

Strategies:

In a 2012 Substance Abuse Federal Review it was recommended that SD receive technical assistance on enhancing STARS' capability, as well as for contracted providers, as part of its data strategy. Recommended system enhancements included streamlining client assessments, integrating mental health and substance use data where possible and enhancing reporting features.

The Division of Behavioral Health (DBH) is currently working with contracted providers to identify meaningful client level data. It is the goal of DBH to work collaboratively with the providers to identify data that will assist with ensuring the services are being provided with quality and reaching the outcomes intended.

The data collected on the mental health side is comprehensive. However, the next steps will be to identify a means to use the data to drive system improvement. The data collected on the substance abuse side will need to be addressed to ensure meaningful data is identified.

Annual Performance Indicator *(must have one performance indicator for each objective:*

1. SD will reevaluate and improve current methodology and information being collected for individuals receiving state funded services.
 - a) **Baseline Measurement** *(Initial data collected prior to and during SFY2016):*
Baseline measurement data collected during SFY 2016 TEDS/URS reporting period along with data collected through the Mental Health Statistical Improvement Program and Mental Health Outcomes.
 - b) **First-year target/outcome measurement** *(Progress to end of SFY 2016):*
In SFY 2016, the State Information Technology (IT) staff will update STARS' programming language and file structures in order to combine TEDS and URS filing data into one BH TEDS file. In addition, state staff will collaborate with contracted providers to identify meaningful data for both mental health and substance abuse clients.

- c) **Second-year target/outcome measurement** (*Progress to end of SFY 2017*):
In SFY 2017, South Dakota will have the capacity to successfully report one combined file to BH TEDS. In addition, SD will have identified a plan to use meaningful data to drive system improvement and demonstrate effectiveness of the programming funded.
- d) **Data Source:**
State Treatment Activity Reporting System (STARS)
- e) **Description of Data:**
STARS reports related to necessary federal reporting requirements.
- f) **Data Issues:**
No issues are currently foreseen that would affect the 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):

In SFY17, the DBH collaborated with a work group of providers representing both mental health and substance use disorder service providers to collectively identify meaningful outcomes that will be collected across both service delivery systems and will meet and exceed the current minimum federal requirements. The DBH moved forward in SFY17 to build the outcome tools into STARS thus allowing billing and outcome data to be matched. This will ensure a means for assisting agencies in submitting reliable data on each client served. Agencies will also be able to extract their agency level data from the STARS system. Once the outcomes tools are built into STARS (estimated completion date of early 2017) the next phase will be to build the combined electronic file to jointly report mental health and substance use disorder data by Dec 1, 2017.

Priority Area: Statewide Treatment Needs Assessment.

Priority Type: SAP, SAT, MHS

Priority Population: SMI, SED, PWWDC, PP, IVDU, TB,

Goal: Complete an updated statewide treatment needs assessments in order to inform block grant planning and state priorities.

Objective: By the end of SFY 2017, South Dakota will have completed statewide needs assessment survey to include data regarding incidence and prevalence of all treatment and prevention activities related to substance abuse and mental health services.

Strategies:

In a 2012 Substance Abuse Federal Review it was recommended that the SD receive technical assistance on reviewing historical assessment data/processes within the state in order to identify treatment data sources and scope of measures.

In September 2014, SD received technical assistance from Gwen Grams, Ph.D. The technical assistance included identifying a variety and scope of needs assessments used in other states, covering the spectrum of substance abuse services from prevention to treatment to recovery.

Annual Performance Indicator (*must have one performance indicator for each objective*):

1. Develop a consolidated needs assessment plan.
 - a) **Baseline Measurement** (*Initial data collected prior to and during SFY2016*):
Not applicable at this time. Baseline measurements will occur when statistical information is obtained after completion of the statewide needs assessment.
 - b) **First-year target/outcome measurement** (*Progress to end of SFY 2016*):
Select a needs assessment methodology and corresponding data sources based on the state's priorities and resources by the end of SFY 2016.
 - c) **Second-year target/outcome measurement** (*Progress to end of SFY 2017*):
By the end of SFY 2017, SD will have implemented the selected statewide needs assessment and chosen methodology.
 - d) **Data Source:** Not applicable at this time.
 - e) **Description of Data:** Not applicable at this time.
 - f) **Data Issues:** Not applicable at this time.

Report of Progress Toward Goal Attainment

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

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

The DBH drafted an RFP to solicit a provider to conduct a comprehensive needs assessment. The RFP is currently under review by the Department Secretary for final approval. In the meantime, the DBH is working with the state's State Epidemiological Outcome Workgroup (SEOW) to ensure we are maximizing the data available through this groups work.

How first year target was achieved (optional):

Priority Area: Peer Support Services

Priority Type: Mental Health Services (MHS)

Priority Population: SMI

Goal: Identify feasibility and system structure needed to potentially implement Peer Support Services in South Dakota.

Objective: By the end of SFY 2017, DBH will have identified the feasibility and structure needed to implement Peer Support Services.

Strategies:

In a 2013 Mental Health Federal Review it was recommended that SD receive technical assistance in the area of Peer Support Services. South Dakota acknowledges the practice of Peer Support Services as a practice that has shown to be an effective means to enhance and compliment current service delivery systems.

South Dakota would like to explore the funding structures that would support the development of Peer Support Services along with the rules and regulations that would need to be implemented to oversee such services.

Annual Performance Indicator (*must have one performance indicator for each objective:*)

1. South Dakota will explore potential options and funding mechanisms for Peer Support Services.
 - a) **Baseline Measurement** (*Initial data collected prior to and during SFY2016:*)
Not applicable at this time. Baseline measurement will occur when outcome data is collected after completion of one year of Peer Support Services.
 - b) **First-year target/outcome measurement** (*Progress to end of SFY 2016:*)
By the end of SFY 2016, SD will request and receive technical assistance from SAMHSA in order to determine how other states have implemented and funded Peer Support Services in their system, including how Peer Support Specialists are trained.
 - c) **Second-year target/outcome measurement** (*Progress to end of SFY 2017:*)
By the end of SFY 2017, SD will have identified potential funding and training structure that could support the development of Peer Support Services in their area.
 - d) **Data Source:**
Not applicable at this time.
 - e) **Description of Data:**
Not applicable at this time.
 - f) **Data Issues:**
None have been identified at this time.

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):

SD received TA from Dr. Allen Daniels, Ed.D.

Funding of Peer Supports will be dependent on several factors in South Dakota including potential Medicaid Expansion. The state legislature meets January – March of 2017. If Medicaid does expand, the DBH will assess the feasibility of including Peer Supports as part of the expansion. Through the technical assistance, the training component has been assessed and the DBH will be working on a draft training proposal should the funding component be determined.

Prevention Performance Indicators

The following are the Goals, Objectives and Strategies in the prevention area for the 2016 – 2017 Block Grant.

Priority Area: Suicide Prevention - Suicide is the second leading cause of death in South Dakota for those under the age of 35.

Targeted/Required Populations: (Other): Youth and Young Adults between the ages of 10-24. Priority populations will include youth and young adults that are Native, are veterans or members of military service families, in the criminal justice population, LGBTQ, or immigrants.

Goal of the Priority Area: Increase identification, support, services, and awareness to reduce suicide risk among at risk youth age 10 – 24.

Objective: Increase the access points for youth at risk and improve the continuity of care for youth demonstrating suicidal ideations.

Strategies to Obtain the Objective:

1. Conduct follow up calls
2. Provide Evidence Based Training to clinical service providers
3. Provide training to staff in juvenile justice facilities, colleges, universities, high schools and middle schools
4. Develop a public awareness campaign

Annual Performance Indicator:

Strategy #1: Conduct follow up calls on youth and young adults discharged from emergency departments and inpatient psychiatric programs that had either a suicidal ideation or a suicide attempt.

a) Baseline Measurement:

Baseline data for the SFY2016 reporting period will be established by September 30, 2015.

b) SFY2016 target/outcome measurement:

In SFY2016, maintain the baseline number of youth and young adults that participate in follow up calls.

c) SFY2017 target/outcome measurement:

During SFY2017, maintain the number of youth and young adults that received follow up services in SFY 2016.

d) Data Source: The data sources are the HelpLine Information System, FamCare and the Suicide Prevention Data Center (SPDC).

- e) **Description of Data:** HelpLine conducts follow up calls with youth discharged from emergency departments and inpatient psychiatric programs in coordination with local hospitals. Data on the contacts is recorded in their case management software and exported to the federal reporting system – SPDC.
- f) **Data Issues:** No issues are currently foreseen that will affect the 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): In SFY 2015, there were 51 clients involved in the follow-up program. In SFY 2016, there were 299 youth and young adults enrolled in the follow-up program.

Annual Performance Indicator:

Strategy #2: Provide Evidence Based Training to clinical service providers including behavioral and health care providers to obtain the skills needed to assess, manage and treat at risk youth.

- a) **Baseline Measurement:**
Baseline data for the SFY2016 reporting period will be established by September 30, 2015.
- b) **SFY2016 target/outcome measurement:**
During SFY2016, continue to conduct the same number of trainings that were completed in the baseline year.
- c) **SFY2017 target/outcome measurement:**
During SFY2017, continue to conduct the same number of trainings as were conducted in SFY2016.
- d) **Data Source:** The Suicide Prevention Data Center (SPDC).
- e) **Description of Data:** Data collected for each training is entered into the SPDC Federal data reporting system.
- f) **Data Issues:** No issues are currently foreseen that will affect the 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): In SFY2015, there were 16 trainings held. In SFY2016, there were 41 trainings held. The trainings included the following; QPRT, Means Restriction, Safety Planning, Kognito in the ER, RRSR, MHFA, Shield of Care and Making Educators Partners in Suicide Prevention.

Annual Performance Indicator:

Strategy #3: Increase the number of staff at juvenile justice programs, colleges, universities, high schools and middle schools that are trained to assist in the identification and referral of youth at risk for Suicide.

- a) **Baseline Measurement:**
Baseline data for the SFY2016 reporting period will be established by September 30, 2015.
- b) **SFY2016 target/outcome measurement:**
During SFY2016, maintain the same number of trainings that were conducted in the baseline year.
- c) **SFY2017 target/outcome measurement:**
The target for SFY2017 is to maintain the same number of trainings that were conducted in SFY2016.
- d) **Data Source:** The Suicide Prevention Data Center (SPDC).
- e) **Description of Data:** Data that is collected from for each training is entered into the SPDC Federal data reporting system.
- f) **Data Issues:** No issues are currently foreseen that will affect the 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): In SFY2015, there were 146 individuals trained. In SFY2016, there were 458 individuals trained.

Annual Performance Indicator:

Strategy #4: Develop a public awareness campaign that promotes a crisis texting service for youth to increase the access points for youth at risk.

- a) **Baseline Measurement:**
Baseline data for the SFY2016 reporting period will be established by September 30, 2015.
- b) **SFY2016 target/outcome measurement:**
During SFY2016, a maximum of three colleges and universities will be trained on the crisis texting program and will fully implement this program at each institution.
- c) **SFY2017 target/outcome measurement:**
Maintain support for the three colleges and universities with crisis texting programs in SFY2017.

- d) **Data Source:** Helplines Information System – FamCare.
- e) **Description of Data:** Data collected for each contact is entered into the Helpline case management system and extracted to meet reporting requirements.
- f) **Data Issues:** No issues are currently foreseen that will affect the 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): In SFY2015, there were 3 colleges trained and 14 crisis texts from students with the Awareness Program under development. In SFY2016, the 3 colleges received additional training and 92 students sent crisis texts with all 3 colleges having developed and rolled out an Awareness Campaign on their campus.

Priority Area: Underage Drinking – South Dakota’s underage use of alcohol for persons aged 12 -20 is above the national average.

Priority Type: Substance Abuse Prevention (SAP)

Targeted/Required Populations: within the 12-20 age groups, specific target populations will include: Native American youth, LGBTQ youth, youth living in military families and immigrant youth.

Goal of the Priority Area: reduce underage drinking by using a data-driven decision making process and implement evidence base prevention programs.

Objective: Implement a range of Evidence Based Programs blending individual and environmental programs.

Strategies:

1. Continue to support primary prevention evidence-based programs
2. Continue to support early intervention evidence-based programs
3. Educate the prevention workforce on Recovery Support Services

Annual Performance Indicator:

Strategy #1: Provide evidence-based primary prevention programming to youth.

a) Baseline Measurement:

The number of youth served in Primary Prevention programming by September 30, 2015 will be the baseline year.

b) SFY2016 target/outcome measurement:

In SFY2016 maintain the number of youth served in the primary prevention area as served in the baseline year.

c) SFY2017 target/outcome measurement:

In SFY2017, maintain the number of youth receiving services through primary prevention evidence-based programs as was served in SFY2016.

d) Data Source: MOSAIC (formerly KITS) Management Information System.

e) Description of Data: The MOSAIC Management Information System is the information system for all state prevention providers that record the number and type of programs, activities conducted and individuals served.

f) Data Issues: Currently the MOSAIC system is moving to a new data collection system which the State will adopt in SFY2017. This conversion may cause a disruption in the data entry and the generation of reports off the new system.

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): In SFY 2015, there were 169,498 individuals involved in primary prevention programming. In SFY 2016, there were 169,815 individuals involved in primary prevention programming.

Annual Performance Indicator:

Strategy #2: Continue to support early intervention evidence-based programs that serve youth.

a) Baseline Measurement:

The number of youth served in early intervention programming by September 30, 2015 will be the baseline year.

b) SFY2016 target/outcome measurement:

In SFY 2016 provide early intervention services to the same number of youth as served in the baseline year.

c) SFY2017 target/outcome measurement:

In SFY 2017, maintain the number of youth receiving services through early intervention evidence-based programs at the SFY2016 level.

d) Data Source: MOSAIC (formerly KITS) Management Information System.

e) Description of Data: The MOSAIC Management Information System is the information system for all state prevention providers that record the number and type of programs, activities conducted and individuals served.

f) Data Issues: Currently revising MOSAIC system is moving to a new data collection system which the State will adopt in SFY2017. This conversion may cause a disruption in the data entry and the generation of reports off the new system.

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): In SFY 2015, there were 1,643 youth involved in early intervention programming. In SFY2016, there were 3,265 youth involved in early intervention programs.

Annual Performance Indicator:

Strategy #3: Educate the prevention workforce on Recovery Support Services and encourage the development of these services in local communities.

a) Baseline Measurement:

The number of community based prevention and health care specialists trained in the State supported Recovery Support Specialists Model as of September 30, 2015.

b) SFY2016 target/outcome measurement:

Continue the number of community based prevention and health care specialist's trainings in the State supported Recovery Support Specialists Model as conducted in baseline year.

c) SFY2017 target/outcome measurement:

Continue the number of community based prevention and health care specialist's trainings in the State supported Recovery Support Specialists Model as conducted in SFY2016.

d) Data Source: Annual reports from Recovery community organizations to the Prevention Program annually.

e) Description of Data: The annual report from the Recovery Community organization includes the number of individuals trained in Recovery Supports, the number of employers involved in supporting the recovery community organizations and number of individuals receiving community coaching activities and information dissemination to communities on recovery support services.

f) Data Issues: None at this time.

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): In SFY 2015, there were no peer support trainings held. In SFY 2015, trainings were held with 25 Recovery Coaches trained. In SFY 2015, there were 13 employers supporting the initiative and in SFY 2016, there were 16. In SFY 2015, there were 1,997 support calls and in SFY2016, there were 2,437 support calls. In SFY

2015, 6,012 individuals were impacted by community outreach and in SFY 2016, 1,380 individuals were impacted by outreach.

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

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

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

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$3,635,018		\$3,689,802	\$333,893	\$12,915,531	\$0	\$265,627
a. Pregnant Women and Women with Dependent Children*	\$253,901		\$0	\$0	\$0	\$0	\$0
b. All Other	\$3,381,117		\$3,689,802	\$333,893	\$12,915,531	\$0	\$265,627
2. Substance Abuse Primary Prevention	\$1,133,820		\$0	\$1,814,974	\$0	\$0	\$0
3. Tuberculosis Services	\$0		\$0	\$0	\$0	\$0	\$0
4. HIV Early Intervention Services**	\$0		\$0	\$0	\$0	\$0	\$0
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	\$184,029		\$22,298	\$199,264	\$398,600	\$0	\$0
11. Total	\$4,952,867	\$0	\$3,712,100	\$2,348,131	\$13,314,131	\$0	\$265,627

* Prevention other than primary prevention

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

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

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

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

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

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

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

Footnotes:

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

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

Category	FY 2014 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$4,201,978
2. Primary Prevention	\$1,158,341
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$282,122
6. Total	\$5,642,441

*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	\$17,734	\$	\$	\$	\$
Information Dissemination	Indicated	\$	\$	\$	\$	\$
Information Dissemination	Universal	\$235,618	\$	\$	\$	\$
Information Dissemination	Unspecified	\$	\$	\$	\$	\$
Information Dissemination	Total	\$253,352	\$	\$	\$	\$
Education	Selective	\$49,418	\$	\$	\$	\$
Education	Indicated	\$	\$	\$	\$	\$
Education	Universal	\$280,034	\$	\$	\$	\$
Education	Unspecified	\$	\$	\$	\$	\$
Education	Total	\$329,452	\$	\$	\$	\$
Alternatives	Selective	\$50	\$	\$	\$	\$
Alternatives	Indicated	\$	\$	\$	\$	\$
Alternatives	Universal	\$454	\$	\$	\$	\$
Alternatives	Unspecified	\$	\$	\$	\$	\$
Alternatives	Total	\$504	\$	\$	\$	\$
Problem Identification and Referral	Selective	\$3,351	\$12,883	\$	\$	\$
Problem Identification and Referral	Indicated	\$20,584	\$79,137	\$	\$	\$
Problem Identification and Referral	Universal	\$	\$	\$	\$	\$
Problem Identification and Referral	Unspecified	\$	\$	\$	\$	\$
Problem Identification and Referral	Total	\$23,935	\$92,020	\$	\$	\$
Community-Based Process	Selective	\$22,146	\$	\$	\$	\$

Community-Based Process	Indicated	\$ <input type="text"/>				
Community-Based Process	Universal	\$ 254,685	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ <input type="text"/>				
Community-Based Process	Total	\$276,831	\$	\$	\$	\$
Environmental	Selective	\$ 4,095	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Indicated	\$ <input type="text"/>				
Environmental	Universal	\$ 64,154	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Unspecified	\$ <input type="text"/>				
Environmental	Total	\$68,249	\$	\$	\$	\$
Section 1926 Tobacco	Selective	\$ <input type="text"/>				
Section 1926 Tobacco	Indicated	\$ <input type="text"/>				
Section 1926 Tobacco	Universal	\$ <input type="text"/>	\$ 75,000	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>				
Section 1926 Tobacco	Total	\$	\$75,000	\$	\$	\$
Other	Selective	\$ <input type="text"/>	\$ 221,420	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Indicated	\$ <input type="text"/>	\$ 162,375	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Universal	\$ <input type="text"/>	\$ 1,092,337	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Unspecified	\$ <input type="text"/>				
Other	Total	\$	\$1,476,132	\$	\$	\$
	Grand Total	\$952,323	\$1,643,152	\$	\$	\$

Footnotes:

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

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

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$617,859	\$863,830			
Universal Indirect	\$217,085	\$303,508			
Selective	\$96,795	\$234,302			
Indicated	\$20,584	\$241,512			
Column Total	\$952,323.00	\$1,643,152.00	\$0.00	\$0.00	\$0.00

Footnotes:

III: Expenditure Reports

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

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

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

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

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

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment		\$2,004.00				\$2,004.00
2. Quality Assurance						\$0.00
3. Training (Post-Employment)				\$29,076.00		\$29,076.00
4. Program Development						\$0.00
5. Research and Evaluation		\$155,417.00		\$46,024.00		\$201,441.00
6. Information Systems		\$48,596.00				\$48,596.00
7. Education (Pre-Employment)						\$0.00
8. Total	\$0.00	\$206,017.00	\$0.00	\$75,100.00	\$0.00	\$281,117.00

Footnotes:

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

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

Entity Number	I-BHS ID		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Mailing Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds (B + D + E)	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV
* 18	SD750089		3	Community Counseling Services	357 Kansas Ave SE	Huron	SD	57350	\$111,602	\$103,744	\$0	\$7,859	\$0
* 82	x		1	Health Education and Promotion Council	2430 Gnugnuska Dr	Rapid City	SD	57701	\$0	\$0	\$0	\$24,282	\$0
* 26	SD750261		4	Lewis and Clark Behavioral Health Services	1028 Walnut St	Yankton	SD	57078	\$161,610	\$62,807	\$0	\$98,802	\$0
* 43	SD900338		1	Three Rivers MH CD Center	PO Box 447	Lemmon	SD	57638	\$26,706	\$15,583	\$0	\$11,124	\$0
78	x		1	Action for the Betterment of the Community	PO Box 188	Sturgis	SD	57785	\$27,313	\$0	\$0	\$27,313	\$0
9	SD100368		99	Addiction Family Resources	608 5th Ave	Belle Fourche	SD		\$121,641	\$121,641	\$0	\$0	\$0
40	SD900312		1	Addiction Recovery Center of the Black Hills (Southern Hills Alcohol and Drug Referral Center)	646 Jennings Ave, Suite 2	Hot Springs	SD		\$208,640	\$208,640	\$0	\$0	\$0
79	x		1	Adolescent Substance Abuse Prevention	PO Box 9171	Rapid City	SD	57709	\$34,490	\$0	\$0	\$34,490	\$0
80	x		3	ALLIVE-Roberts County	401 Veteran's Ave	Sisseton	SD	57262	\$9,843	\$0	\$0	\$9,843	\$0
50	SD900494		99	Avera St. Luke's Worthmore Addiction Services	305 South State St	Aberdeen	SD		\$471,217	\$293,166	\$0	\$178,051	\$0
10	SD100272		5	Bartels Counseling Services, Inc.	6330 S Western Ave, Suite 140	Sioux Falls	SD	57108	\$90,441	\$90,441	\$0	\$0	\$0
11	SD000081		99	Behavior Management Systems	350 Elk St	Rapid City	SD	57701	\$525,496	\$525,496	\$281,615	\$0	\$0
13	SD900320		2	Capital Area Counseling Services, Inc.	PO Box 148	Pierre	SD	57501	\$81,529	\$81,529	\$0	\$0	\$0
14	SD300067		99	Carroll Institute	310 S 1st Ave	Sioux Falls	SD	57104	\$502,923	\$502,923	\$0	\$0	\$0
15	SD100205		5	Choices Recovery	2701 S Minnesota	Sioux Falls	SD	57105	\$115,573	\$115,573	\$0	\$0	\$0

					Services Inc.	Ave, Suite 6								
19	SD900171	X	99	Dakota Counseling Institute	901 S Miller	Mitchell	SD	57301	\$319,139	\$319,139	\$0	\$0	\$0	
20	SD100246	X	5	Dakota Drug and Alcohol (Prairie View Prevention)	822 E 41st St, Suite 235	Sioux Falls	SD	57105	\$9,988	\$9,988	\$0	\$0	\$0	
21	SD750352	X	3	East Central Behavioral Health	211 4th St	Brookings	SD	57006	\$36,630	\$36,630	\$0	\$0	\$0	
81	x	X	1	EMPOWER	646 Jennings Ave, Suite 1	Rapid City	SD		\$1,964	\$0	\$0	\$1,964	\$0	
73	x	X	1	Family Services Center dba Youthwise	PO Box 73	Spearfish	SD	57783	\$43,658	\$0	\$0	\$43,658	\$0	
22	SD750337	X	99	Glory House of Sioux Falls	PO Box 88145	Sioux Falls	SD	57109	\$124,153	\$124,153	\$0	\$0	\$0	
74	x	X	2	Growing Up Together	800 E Dakota	Pierre	SD	57501	\$76,375	\$0	\$0	\$76,375	\$0	
23	SD100525	X	99	Human Service Agency	PO Box 1030	Watertown	SD	57201	\$219,077	\$162,762	\$0	\$56,315	\$0	
25	SD900304	X	99	Keystone Treatment Center -DBA Bowling Green Inn of SD	PO Box 159	Canton	SD	57013	\$272,025	\$272,025	\$0	\$0	\$0	
28	SD100254	X	1	Lifeways Inc.	1010 9th St, Suite 2	Rapid City	SD	57701	\$31,096	\$4,538	\$0	\$26,558	\$0	
29	SD750253	X	2	Main Gate Counseling	208 S Main St	Winner	SD	57580	\$41,238	\$41,238	\$0	\$0	\$0	
31	SD100040	X	1	Martin Addiction Recovery Center (Morning Star Family Ministries)	PO Box 845	Martin	SD	57551	\$23,102	\$23,102	\$0	\$0	\$0	
75	x	X	2	Michael Glynn Memorial Coalition	25044 Cedar Butte Rd	Belvidere	SD	57521	\$54,133	\$0	\$0	\$54,133	\$0	
30	SD100287	X	99	Minnehaha County Detox	500 N Minnesota Ave	Sioux Falls	SD	57104	\$7,580	\$7,580	\$0	\$0	\$0	
33	x	X	2	Native American Advocacy dba Wicozani Patintanpi	PO Box 277	Herrick	SD	57538	\$11,990	\$0	\$0	\$11,990	\$0	
34	SD900643	X	99	New Dawn Enterprises	PO Box 198	Vale	SD	57788	\$90,714	\$90,714	\$0	\$0	\$0	
35	SD900346	X	99	Northern Hills Alcohol and Drug Services (Compass Point)	PO Box 277	Sturgis	SD	57785	\$342,686	\$303,641	\$0	\$39,045	\$0	
67	x	X	3	Northern State University	1200 S Jay St.	Aberdeen	SD		\$61,015	\$0	\$0	\$61,015	\$0	
16	SD100046	X	99	Pennington County DBA City/County Alcohol and Drug	725 N Lacrosse St, Suite 300	Rapid City	SD	57701	\$336,887	\$336,887	\$0	\$0	\$0	

37	SD100699	X	1	ROADS Outpatient Treatment	103 E Omaha St	Rapid City	SD	57701	\$103,828	\$103,828	\$0	\$0	\$0
39	SD100259	X	99	Sisseton Wahpeton Sioux Tribe Dakota Pride Center	388 Dakota Ave	Sisseton	SD	57262	\$36,345	\$36,345	\$0	\$0	\$0
38	SD100256	X	99	South Dakota Urban Indian Health	711 N Lake Ave	Sioux Falls	SD	57104	\$10,915	\$10,915	\$0	\$0	\$0
83	x	X	3	Spink County Coalition	Box 5640	Redfield	SD	57469	\$14,824	\$0	\$0	\$14,824	\$0
45	SD100335	X	4	USD Student Counseling Center	414 E Clark	Vermillion	SD	57069	\$33,439	\$2,713	\$0	\$30,726	\$0
46	SD100188	X	99	Volunteers of America - Dakotas	PO Box 89306	Sioux Falls	SD	57109	\$176,988	\$128,204	\$40,532	\$48,784	\$0
47	SD100255	X	99	WellSpring, Inc.	PO Box 1087	Rapid City	SD	57709	\$372	\$372	\$0	\$0	\$0
76	x	X	1	Whatever It Takes (Newell Christian Fellowship Church)	PO Box 163	Newell	SD	57760	\$48,403	\$0	\$0	\$48,403	\$0
51	SD100186	X	1	Youth and Family Services, Inc.	PO Box 2813	Rapid City	SD	57709	\$52,336	\$5,565	\$0	\$46,771	\$0
Total									\$5,069,924	\$4,141,882	\$322,147	\$952,325	\$0

* Indicates the imported record has an error.

Footnotes:

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State: South Dakota

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Date Imported: 11/23/2016 1:10:04 PM

State Provider ID	Provider Name	Provider Address	I-BHS ID ¹	Substate Planning Area
Valid				
78	Action for the Betterment of the Community	PO Box 188	x	1
9	Addiction Family Resources	608 5th Ave	SD100368	99
40	Addiction Recovery Center of the Black Hills (Southern Hills Alcohol and Drug Referral Center)	646 Jennings Ave, Suite 2	SD900312	1
79	Adolescent Substance Abuse Prevention	PO Box 9171	x	1
80	ALLIVE-Roberts County	401 Veteran's Ave	x	3
50	Avera St. Luke's Worthmore Addiction Services	305 South State St	SD900494 (*)	99
10	Bartels Counseling Services, Inc.	6330 S Western Ave, Suite 140	SD100272 (*)	5
11	Behavior Management Systems	350 Elk St	SD000081 (*)	99
13	Capital Area Counseling Services, Inc.	PO Box 148	SD900320 (*)	2

14	Carroll Institute	310 S 1st Ave	SD300067 (*)	99
15	Choices Recovery Services Inc.	2701 S Minnesota Ave, Suite 6	SD100205 (*)	5
18	Community Counseling Services	357 Kansas Ave SE	SD750089 (*)	3
19	Dakota Counseling Institute	901 S Miller	SD900171 (*)	99
20	Dakota Drug and Alcohol (Prairie View Prevention)	822 E 41st St, Suite 235	SD100246 (*)	5
21	East Central Behavioral Health	211 4th St	SD750352 (*)	3
81	EMPOWER	646 Jennings Ave, Suite 1	x	1
73	Family Services Center dba Youthwise	PO Box 73	x	1
22	Glory House of Sioux Falls	PO Box 88145	SD750337 (*)	99
74	Growing Up Together	800 E Dakota	x	2
82	Health Education and Promotion Council	2430 Gnugnuska Dr	x	1
23	Human Service Agency	PO Box 1030	SD100525 (*)	99
25	Keystone Treatment Center -DBA Bowling Green Inn of SD	PO Box 159	SD900304 (*)	99

26	Lewis and Clark Behavioral Health Services	1028 Walnut St	SD750261 (*)	4
28	Lifeways Inc.	1010 9th St, Suite 2	SD100254 (*)	1
29	Main Gate Counseling	208 S Main St	SD750253 (*)	2
31	Martin Addiction Recovery Center (Morning Star Family Ministries)	PO Box 845	SD100040 (*)	1
75	Michael Glynn Memorial Coalition	25044 Cedar Butte Rd	x	2
30	Minnehaha County Detox	500 N Minnesota Ave	SD100287	99
34	New Dawn Enterprises	PO Box 198	SD900643 (*)	99
33	Native American Advocacy dba Wicozani Patintandi	PO Box 277	x	2
35	Northern Hills Alcohol and Drug Services (Compass Point)	PO Box 277	SD900346 (*)	99
67	Northern State University	1200 S Jay St.	x	3
16	Pennington County DBA City/County Alcohol and Drug	725 N Lacrosse St, Suite 300	SD100046 (*)	99
37	ROADS Outpatient Treatment	103 E Omaha St	SD100699 (*)	1

39	Sisseton Wahpeton Sioux Tribe Dakota Pride Center	388 Dakota Ave	SD100259 (*)	99
83	Spink County Coalition	Box 5640	x	3
38	South Dakota Urban Indian Health	711 N Lake Ave	SD100256 (*)	99
43	Three Rivers MH CD Center	PO Box 447	SD900338 (*)	1
45	USD Student Counseling Center	414 E Clark	SD100335 (*)	4
46	Volunteers of America - Dakotas	PO Box 89306	SD100188 (*)	99
47	WellSpring, Inc.	PO Box 1087	SD100255 (*)	99
76	Whatever It Takes (Newell Christian Fellowship Church)	PO Box 163	x	1
51	Youth and Family Services, Inc.	PO Box 2813	SD100186 (*)	1

Total for Valid Entries:

Total for State from Provider Inventory Form:

Total Block Grant Fund (A)	Prevention (other than primary prevention) and Treatment Services (B)	Pregnant Women and Women with Dependent Children (C)	SAPT Primary Prevention (D)	HIV Early Intervention (E)	Imported
27,312.53			27,312.53		Y
121,640.54	121,640.54				Y
208,640.22	208,640.22				Y
34,489.59			34,489.59		Y
9,843.25			9,843.25		Y
471,217.21	293,165.98		178,051.23		Y
90,441.25	90,441.25				Y
525,495.78	525,495.78	281,614.70			Y
81,529.34	81,529.34				Y

502,922.83	502,922.83				Y
115,572.62	115,572.62				Y
111,602.23	103,743.71		7,858.52		Y
319,138.99	319,138.99				Y
9,988.24	9,988.24				Y
36,629.65	36,629.65				Y
1,964.00			1,964.00		Y
43,658.00			43,658.00		Y
124,152.55	124,152.55				Y
76,374.90			76,374.90		Y
			24,281.54		Y
219,077.15	162,762.38		56,314.77		Y
272,024.65	272,024.65				Y

161,609.82	62,807.40		98,802.42		Y
31,095.66	4,538.00		26,557.66		Y
41,237.51	41,237.51				Y
23,101.88	23,101.88				Y
54,133.00			54,133.00		Y
7,580.16	7,580.16				Y
90,713.52	90,713.52				Y
11,990.00			11,990.00		Y
342,685.81	303,640.53		39,045.28		Y
61,014.95			61,014.95		Y
336,887.12	336,887.12				Y
103,827.99	103,827.99				Y

36,345.37	36,345.37				Y
14,823.75			14,823.75		Y
10,914.55	10,914.55				Y
26,706.38	15,582.63		11,123.75		Y
33,439.10	2,712.63		30,726.47		Y
176,987.63	128,203.63	40,531.82	48,784.00		Y
371.85	371.85				Y
48,402.54			48,402.54		Y
52,335.93	5,564.87		46,771.06		Y
5,069,920.04	4,141,878.37	322,146.52	952,323.21		
5,069,924.00	4,141,882.00	322,147.00	952,325.00	0.00	

Comments (INF - Information, WRN - Warning, ERR - Error)

WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar

WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar

WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar

WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar

WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar

WRN - Provider address differs from SAMHSA Provider List (305 South State Street)

WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar

WRN - Provider address differs from SAMHSA Provider List (6330 South Western Avenue)

WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar

WRN - Provider address differs from SAMHSA Provider List (350 Elk Street)

WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar

WRN - Provider address differs from SAMHSA Provider List (P.O. Box 148)

WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar

WRN - Provider address differs from SAMHSA Provider List (310 South 1st Avenue) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider address differs from SAMHSA Provider List (2701 South Minnesota Avenue) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider address differs from SAMHSA Provider List (357 Kansas Avenue SE) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider name differs from SAMHSA Provider List (Dakota Counseling Institute Inc - Stepping Stones) WRN - Provider address differs from SAMHSA Provider List (901 South Miller Street) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider name differs from SAMHSA Provider List (Dakota Drug and Alcohol Prevention Inc - Prairie View Prevention Services) WRN - Provider address differs from SAMHSA Provider List (822 East 41st Street) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider address differs from SAMHSA Provider List (211 4th Street) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider address differs from SAMHSA Provider List (P.O. Box 88145) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Block Grant Fund (A) does not equal (B+D+E) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider address differs from SAMHSA Provider List (P.O. Box 1030) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider address differs from SAMHSA Provider List (P.O. Box 159) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar

WRN - Provider name differs from SAMHSA Provider List (Lewis and Clark Behavioral Hlth Servs - Alcohol and Drug Program) WRN - Provider address differs from SAMHSA Provider List (1028 Walnut Street) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider address differs from SAMHSA Provider List (1010 9th Street) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider name differs from SAMHSA Provider List (Main Gate Counseling Services) WRN - Provider address differs from SAMHSA Provider List (202 South Main Street) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider address differs from SAMHSA Provider List (P.O. Box 845) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider address differs from SAMHSA Provider List (P.O. Box 198) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider name differs from SAMHSA Provider List (Northern Hills Alcohol/Drug Services - Sturgis) WRN - Provider address differs from SAMHSA Provider List (P.O. Box 277) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider name differs from SAMHSA Provider List (City/County Alcohol and Drug Programs) WRN - Provider address differs from SAMHSA Provider List (725 North Lacrosse Street) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider name differs from SAMHSA Provider List (ROADS Inc) WRN - Provider address differs from SAMHSA Provider List (103 East Omaha Street) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar

WRN - Provider address differs from SAMHSA Provider List (388 Dakota Avenue) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider address differs from SAMHSA Provider List (1714 Abbey Road) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider name differs from SAMHSA Provider List (Three Rivers Mental Health and - Chemical Dependency Center) WRN - Provider address differs from SAMHSA Provider List (P.O. Box 447) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider address differs from SAMHSA Provider List (414 East Clark Street) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider name differs from SAMHSA Provider List (Volunteers of America Dakotas) WRN - Provider address differs from SAMHSA Provider List (1310 51st Street) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider address differs from SAMHSA Provider List (P O Box 1087) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar
WRN - Provider address differs from SAMHSA Provider List (P.O. Box 2813) WRN - Expenditure amounts contain pennies - will be rounded to nearest dollar

ID	Substate Planning Area Name	Comment	Created Date
1	1	Added 1 as a SubstatePlanningArea	12/4/2012 12:00:00 AM
2	2	Added 2 as a SubstatePlanningArea	12/4/2012 12:00:00 AM
22	Eastern		6/29/2012 10:57:52 AM
3	3	Added 3 as a SubstatePlanningArea	12/4/2012 12:00:00 AM
4	4	Added 4 as a SubstatePlanningArea	12/4/2012 12:00:00 AM
44	Western		6/29/2012 10:57:52 AM
5	5	Added 5 as a SubstatePlanningArea	12/4/2012 12:00:00 AM
6	6	Added 6 as a SubstatePlanningArea	12/4/2012 12:00:00 AM
7	7	Added 7 as a SubstatePlanningArea	12/4/2012 12:00:00 AM
99	99	Added 99 as a SubstatePlanningArea	12/4/2012 12:00:00 AM

III: Expenditure Reports

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

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

Yes No

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

If yes, SFY: _____

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

Yes No

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2014) + B2(2015)</u> 2 (C)
SFY 2014 (1)	\$12,747,380	
SFY 2015 (2)	\$12,452,273	\$12,599,827
SFY 2016 (3)	\$13,314,131	

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

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

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

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

No change in methodology from previous years.

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)	\$31,505	25.00%	\$7,876	
SFY 1992 (2)	\$29,136	25.00%	\$7,284	\$7,580

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment MAINTENANCE			
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) (C)
SFY 2016 (3)	\$711,454	25.00%	\$177,864

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

DBH receives all TB expenditure information from the Department of Health.

Footnotes:

III: Expenditure Reports

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

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

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment MAINTENANCE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	
(3) SFY 2016		\$0

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

Footnotes:
South Dakota is not a designated state for HIV services.

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	\$277,407	
SFY 2014		\$616,063
SFY 2015		\$551,063
SFY 2016		\$601,444
Enter the amount the State plans to expend in 2017 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>600000.00</u>		

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

Footnotes:

IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

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

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	1. Information Dissemination	
	1. Clearinghouse/information resources centers	16
	2. Resources directories	14
	3. Media campaigns	10
	4. Brochures	90
	5. Radio and TV public service announcements	25
	6. Speaking engagements	70
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	59
	8. Information lines/Hot lines	13
	9. Audiovisual Material Development/Dissemination (19), Curriculum Development/Dissemination (10), Newsletter Development/Dissemination (19), & Plan, Conduct, Analyze and/or Disseminate Evaluation Information (16)	64
	2. Education	
	1. Parenting and family management	30
	2. Ongoing classroom and/or small group sessions	90
	3. Peer leader/helper programs	54
	4. Education programs for youth groups	55
	5. Mentors	5
	6. Preschool ATOD prevention programs	0
	7. Professional Development (74), Plan, Conduct, Analyze and/or Disseminate Evaluation Information (22) & Children of Substance Abusers (COSA) Groups (0)	96
	3. Alternatives	
	1. Drug free dances and parties	0
	2. Youth/adult leadership activities	8
	3. Community drop-in centers	0
	4. Community service activities	2

5. Outward Bound	0
6. Recreation activities	8
4. Problem Identification and Referral	
1. Employee Assistance Programs	4
2. Student Assistance Programs	63
3. Driving while under the influence/driving while intoxicated education programs	54
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	25
2. Systematic planning	83
3. Multi-agency coordination and collaboration/coalition	59
4. Community team-building	97
5. Accessing services and funding	70
6. Community and Volunteer Services (78) & Plan, Conduct, Analyze and/or Disseminate Evaluation Information (50)	128
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	32
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	0
3. Modifying alcohol and tobacco advertising practices	18
4. Product pricing strategies	0
5. Changing Environmental Codes, Ordinances, Regulations, and Legislation (3), Environmental Consultation to Communities (6), Preventing Underage Sale of Tobacco and Tobacco Products (0), Preventing Underage Sale of Alcoholic Beverage Sales (7), Promoting Establishment and Review of Substance Abuse Policies-New Workplaces Adopting Substance Abuse Policies (3), Public Policy Efforts (97), Violence Prevention Policy (2) & Promoting Establishment and Review of Substance Abuse Policies-Enforcement Initiatives (28)	146

Footnotes:

IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

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

Level of Care	Number of Admissions \geq Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	0	0	\$0	\$0	\$0
2. Free-Standing Residential	3293	1116	\$0	\$0	\$0
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	630	476	\$0	\$0	\$0
5. Long-term (over 30 days)	1210	942	\$0	\$0	\$0
AMBULATORY (OUTPATIENT)					
6. Outpatient	2127	1732	\$0	\$0	\$0
7. Intensive Outpatient	2257	2051	\$0	\$0	\$0
8. Detoxification	0	0	\$0	\$0	\$0
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	0	0	\$0	\$0	\$0
10. ORT Outpatient	0	0	\$0	\$0	\$0

Footnotes:

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

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

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	742	182	107	22	3	0	1	3	0	170	160	27	33	24	10	401	288	27	26
2. 18 - 24	1730	712	319	38	8	3	0	10	1	252	210	75	59	33	10	1064	580	59	27
3. 25 - 44	4662	1701	889	155	30	5	2	12	4	765	672	147	140	115	25	2722	1695	178	67
4. 45 - 64	1669	712	316	53	4	2	0	4	0	317	150	46	24	35	6	1118	485	51	15
5. 65 and Over	93	48	18	2	0	0	0	0	0	11	8	4	1	1	0	65	26	1	1
6. Total	8896	3355	1649	270	45	10	3	29	5	1515	1200	299	257	208	51	5370	3074	316	136
7. Pregnant Women	122		41		0		0		0		72		7		2		119		3
Number of persons served who were admitted in a period prior to the 12 month reporting period																			
Number of persons served outside of the levels of care described on Table 10																			

Footnotes:
 The DBH does not have means to track the numbers of persons served who were admitted in a period prior to the 12 month reporting period. Information reported previously was inaccurate.

IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

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

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

IV: Populations and Services Reports

Table 13 - Charitable Choice

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

Notice to Program Beneficiaries - Check all that apply:

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

Referrals to Alternative Services - Check all that apply:

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

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

The Division of Behavioral Health contracts with both faith-based and non-faith based organizations which are subject to Charitable Choice provisions and regulations. Training is not provided, however, providers are encouraged to contact the Division if they are seeking additional information or have technical assistance needs related to the Charitable Choice requirements.

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	335	266
Total number of clients with non-missing values on employment/student status [denominator]	915	915
Percent of clients employed or student (full-time and part-time)	36.6 %	29.1 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,545
Number of CY 2015 discharges submitted:		1,113
Number of CY 2015 discharges linked to an admission:		924
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		915
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		915

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

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	454	751
Total number of clients with non-missing values on employment/student status [denominator]	1,305	1,305
Percent of clients employed or student (full-time and part-time)	34.8 %	57.5 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,377
Number of CY 2015 discharges submitted:		1,411
Number of CY 2015 discharges linked to an admission:		1,350

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,305
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,305

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

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,735	1,939
Total number of clients with non-missing values on employment/student status [denominator]	2,645	2,645
Percent of clients employed or student (full-time and part-time)	65.6 %	73.3 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		2,826
Number of CY 2015 discharges submitted:		3,043
Number of CY 2015 discharges linked to an admission:		2,899
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,645
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		2,645

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

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,281	1,464
Total number of clients with non-missing values on employment/student status [denominator]	2,441	2,441
Percent of clients employed or student (full-time and part-time)	52.5 %	60.0 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		2,606
Number of CY 2015 discharges submitted:		2,621
Number of CY 2015 discharges linked to an admission:		2,565

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,441
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,441

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	858	851
Total number of clients with non-missing values on living arrangements [denominator]	915	915
Percent of clients in stable living situation	93.8 %	93.0 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,545
Number of CY 2015 discharges submitted:		1,113
Number of CY 2015 discharges linked to an admission:		924
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		915
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		915

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

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	1,134	1,085
Total number of clients with non-missing values on living arrangements [denominator]	1,305	1,305
Percent of clients in stable living situation	86.9 %	83.1 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,377
Number of CY 2015 discharges submitted:		1,411
Number of CY 2015 discharges linked to an admission:		1,350

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,305
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,305

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

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	2,609	2,599
Total number of clients with non-missing values on living arrangements [denominator]	2,645	2,645
Percent of clients in stable living situation	98.6 %	98.3 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		2,826
Number of CY 2015 discharges submitted:		3,043
Number of CY 2015 discharges linked to an admission:		2,899
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,645
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		2,645

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

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	2,354	2,337
Total number of clients with non-missing values on living arrangements [denominator]	2,441	2,441
Percent of clients in stable living situation	96.4 %	95.7 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		2,606
Number of CY 2015 discharges submitted:		2,621
Number of CY 2015 discharges linked to an admission:		2,565

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,441
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,441

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	824	908
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	920	920
Percent of clients without arrests	89.6 %	98.7 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,545
Number of CY 2015 discharges submitted:		1,113
Number of CY 2015 discharges linked to an admission:		924
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		920
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		920

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

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,106	1,266
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,343	1,343
Percent of clients without arrests	82.4 %	94.3 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,377
Number of CY 2015 discharges submitted:		1,411
Number of CY 2015 discharges linked to an admission:		1,350

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,343
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,343

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

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2,628	2,395
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,844	2,844
Percent of clients without arrests	92.4 %	84.2 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		2,826
Number of CY 2015 discharges submitted:		3,043
Number of CY 2015 discharges linked to an admission:		2,899
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,844
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		2,844

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

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2,096	2,341
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,538	2,538
Percent of clients without arrests	82.6 %	92.2 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		2,606
Number of CY 2015 discharges submitted:		2,621
Number of CY 2015 discharges linked to an admission:		2,565

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,538
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,538

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	377	875
All clients with non-missing values on at least one substance/frequency of use [denominator]	920	920
Percent of clients abstinent from alcohol	41.0 %	95.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		501
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	543	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		92.3 %

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]		374
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	377	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.2 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,545
Number of CY 2015 discharges submitted:	1,113
Number of CY 2015 discharges linked to an admission:	924
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	920
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	920

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

†Records received through 5/3/2016†

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	928	1,162
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,343	1,343
Percent of clients abstinent from alcohol	69.1 %	86.5 %

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]		266
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	415	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		64.1 %

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]		896
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	928	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.6 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,377
Number of CY 2015 discharges submitted:	1,411
Number of CY 2015 discharges linked to an admission:	1,350
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,343
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,343

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

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2,305	2,303
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,844	2,844
Percent of clients abstinent from alcohol	81.0 %	81.0 %

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]		184
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	539	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		34.1 %

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]		2,119
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,305	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.9 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	2,826
Number of CY 2015 discharges submitted:	3,043
Number of CY 2015 discharges linked to an admission:	2,899
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,844
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,844

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

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,720	2,160

All clients with non-missing values on at least one substance/frequency of use [denominator]	2,538	2,538
Percent of clients abstinent from alcohol	67.8 %	85.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		546
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	818	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		66.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,614
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,720	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.8 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	2,606
Number of CY 2015 discharges submitted:	2,621
Number of CY 2015 discharges linked to an admission:	2,565
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,538
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,538

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	339	855
All clients with non-missing values on at least one substance/frequency of use [denominator]	920	920
Percent of clients abstinent from drugs	36.8 %	92.9 %

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]		520
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	581	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		89.5 %

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]		335
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	339	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		98.8 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,545
Number of CY 2015 discharges submitted:	1,113
Number of CY 2015 discharges linked to an admission:	924
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	920
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	920

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

Records received through 5/3/2016

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	856	1,139
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,343	1,343
Percent of clients abstinent from drugs	63.7 %	84.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		325
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	487	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		66.7 %

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]		814
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	856	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		95.1 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,377
Number of CY 2015 discharges submitted:	1,411
Number of CY 2015 discharges linked to an admission:	1,350
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,343
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,343

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

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	2,209	2,196
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,844	2,844
Percent of clients abstinent from drugs	77.7 %	77.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		198
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	635	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		31.2 %

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]		1,998
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,209	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		90.4 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	2,826
Number of CY 2015 discharges submitted:	3,043
Number of CY 2015 discharges linked to an admission:	2,899
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,844
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,844

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

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,735	2,034

All clients with non-missing values on at least one substance/frequency of use [denominator]	2,538	2,538
Percent of clients abstinent from drugs	68.4 %	80.1 %

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]		417
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	803	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		51.9 %

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]		1,617
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	1,735	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		93.2 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	2,606
Number of CY 2015 discharges submitted:	2,621
Number of CY 2015 discharges linked to an admission:	2,565
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,538
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,538

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	44	112
Total number of clients with non-missing values on self-help attendance [denominator]	915	915
Percent of clients attending self-help programs	4.8 %	12.2 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	7.4 %	
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,545
Number of CY 2015 discharges submitted:		1,113
Number of CY 2015 discharges linked to an admission:		924
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		920
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		915

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

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	222	325
Total number of clients with non-missing values on self-help attendance [denominator]	1,339	1,339
Percent of clients attending self-help programs	16.6 %	24.3 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	7.7 %	
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,377
Number of CY 2015 discharges submitted:		1,411

Number of CY 2015 discharges linked to an admission:	1,350
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,343
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,339

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

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	771	607
Total number of clients with non-missing values on self-help attendance [denominator]	2,824	2,824
Percent of clients attending self-help programs	27.3 %	21.5 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-5.8 %	

Notes (for this level of care):

Number of CY 2015 admissions submitted:	2,826
Number of CY 2015 discharges submitted:	3,043
Number of CY 2015 discharges linked to an admission:	2,899
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,844
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,824

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

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	375	644
Total number of clients with non-missing values on self-help attendance [denominator]	2,522	2,522
Percent of clients attending self-help programs	14.9 %	25.5 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	10.7 %	

Notes (for this level of care):

Number of CY 2015 admissions submitted:	2,606
Number of CY 2015 discharges submitted:	2,621
Number of CY 2015 discharges linked to an admission:	2,565
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,538
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,522

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	0	0	0	0
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	30	26	30	30
5. Long-term (over 30 days)	62	17	44	79
AMBULATORY (OUTPATIENT)				
6. Outpatient	183	62	126	217
7. Intensive Outpatient	64	30	44	64
8. Detoxification	3	2	3	3
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	102	2	3	93
10. ORT Outpatient	269	78	212	356

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

4. Short-term (up to 30 days)	1113	924
5. Long-term (over 30 days)	1411	1350
AMBULATORY (OUTPATIENT)		
6. Outpatient	3043	2853
7. Intensive Outpatient	2621	2565
8. Detoxification	3692	3649
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	5
10. ORT Outpatient	0	46

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2013 - 2014	8.3	
	Age 18+ - CY 2013 - 2014	60.5	
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2013 - 2014	8.4	
	Age 18+ - CY 2013 - 2014	23.6	
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] ^[1] ?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2013 - 2014	4.8	
	Age 18+ - CY 2013 - 2014	10.0	
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2013 - 2014	5.6	
	Age 18+ - CY 2013 - 2014	4.1	
5. 30-day Use of Illegal Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] ^[2] Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors'orders).		
	Age 12 - 17 - CY 2013 - 2014	2.6	
	Age 18+ - CY 2013 - 2014	1.3	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2013 - 2014	71.2	
	Age 18+ - CY 2013 - 2014	73.2	
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2013 - 2014	88.4	
	Age 18+ - CY 2013 - 2014	93.2	
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2013 - 2014	71.2	
	Age 18+ - CY 2013 - 2014	69.2	

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.risk.		
	Age 12 - 17 - CY 2013 - 2014	13.8	
	Age 18+ - CY 2013 - 2014	16.6	
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2013 - 2014	13.1	
	Age 18+ - CY 2013 - 2014	15.8	
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[1] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2013 - 2014	13.7	
	Age 18+ - CY 2013 - 2014	18.5	
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2013 - 2014	13.6	
	Age 18+ - CY 2013 - 2014	18.1	
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] ^[2] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2013 - 2014	12.9	
	Age 18+ - CY 2013 - 2014	20.6	

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

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2013 - 2014	92.6	
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2013 - 2014	90.3	
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2013 - 2014	83.8	
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2013 - 2014	83.5	
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2013 - 2014	90.4	

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 18+ - CY 2013 - 2014	42.8	
	Age 12 - 17 - CY 2013 - 2014		

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp . Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2013		

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2014 - 2015		

Footnotes:

V: Performance Indicators and Accomplishments

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

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2013 - 2014	52.3	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?^[1][Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2013 - 2014	86.1	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ?" Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2013 - 2014	88.4	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

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

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2014	12/31/2014
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2014	12/31/2014
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2014	12/31/2014
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2014	12/31/2014
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2014	9/30/2016

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

KITS Solutions

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.

Upon admission into programming, individuals provide basic demographics including age, sex, race and ethnicity. For those individuals that are more than one race, the system is able to collect primary, secondary, and tertiary races-providing data on individuals who identify as being from more than one race.

Footnotes:

V: Performance Indicators and Accomplishments

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

Category	Total
Age	
0-4	3471
5-11	11843
12-14	15077
15-17	11068
18-20	24627
21-24	18176
25-44	5036
45-64	7894
65 and over	6686
Age Not Known	0
Gender	
Male	48977
Female	54901
Gender Unknown	0
Race	
White	90274
Black or African American	822
Native Hawaiian/Other Pacific Islander	125
Asian	662
American Indian/Alaska Native	8881
More Than One Race (not OMB required)	2074

Race Not Known or Other (not OMB required)	1040
Ethnicity	
Hispanic or Latino	1732
Not Hispanic or Latino	102146
Ethnicity Unknown	0

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

MOSAIX Software Inc.

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.

Upon admission into programming, individuals provide basic demographics including age, sex, race and ethnicity. For those individuals that are more than one race, the system is able to collect primary, secondary, and tertiary races-providing data on individuals who identify as being from more than one race.

Footnotes:

V: Performance Indicators and Accomplishments

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

Category	Total
Age	
0-4	3774
5-11	7606
12-14	10717
15-17	42253
18-20	36158
21-24	18276
25-44	8398
45-64	6787
65 and over	10486
Age Not Known	0
Gender	
Male	70732
Female	73723
Gender Unknown	0
Race	
White	128037
Black or African American	790
Native Hawaiian/Other Pacific Islander	8
Asian	712
American Indian/Alaska Native	11876
More Than One Race (not OMB required)	1482

Race Not Known or Other (not OMB required)	1550
Ethnicity	
Hispanic or Latino	1729
Not Hispanic or Latino	142726
Ethnicity Unknown	0

Footnotes:

Upon admission into programming, individuals provide basic demographics including age, sex, race and ethnicity. For those individuals that are more than one race, the system is able to collect primary, secondary, and tertiary races-providing data on individuals who identify as being from more than one race.

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.

All of the providers that are funded through state prevention money are required to use evidence-based programs or promising practices. Before providers can implement these programs they are required to attend a training on how to implement the program with fidelity and accuracy. The Division conducts onsite reviews of all prevention providers and reviews EBP's or promising practices being utilized, verifies that the staff implementing the program, have a certificate documenting that they have been trained, reviews prevention files to ensure the program is being implemented with fidelity and reviews the pre and post test scores and related program evaluation data to access whether the implemented program is being effective. Another way that the state implements the guidelines is by having the coalitions fill out a midyear report stating where they are at in regards to their goals and objectives related to the programs they are implementing.

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

The state collected data on programs and strategies in multiple ways. The first method would be through provider work plans. Each provider is required to submit a work plan each year which gives the state information on which programs they have selected to work with and which strategies within the program they are implementing. The second method is by monitoring data submitted by prevention providers into the prevention management information system. All prevention providers enter their program data into a database within the KITS management information system. Division staff can then go into the system and view which programs are being implemented and which ones are having the greatest impact among the populations being served. Another way the state was able to determine the number of programs being implemented was by surveying prevention providers and obtaining information on which programs and strategies they are currently implementing.

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	14	19	33	8	4	45
2. Total number of Programs and Strategies Funded	14	19	33	8	4	45
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %

Footnotes:

V: Performance Indicators and Accomplishments

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

Total Number of Evidence-Based Programs/Strategies for IOM Category Below		Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 14	\$ 617859.00
Universal Indirect	Total # 19	\$ 217085.00
Selective	Total # 8	\$ 96795.00
Indicated	Total # 4	\$ 20584.00
	Total EBPs: 45	Total Dollars Spent: \$952323.00

Footnotes:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2014 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category D:		
File	Version	Date Added

Footnotes: