

State Information

I. State Agency for the Block Grant

Agency Name

Organizational Unit

Mailing Address

City

Zip Code

II. Contact Person for the Block Grant

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

III. Expenditure Period

State Expenditure Period

From

To

Block Grant Expenditure Period

From

To

IV. Date Submitted

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

First Name

Last Name

Telephone

Fax

Email Address

VI. Contact Person Responsible for Substance Abuse Data

First Name

Last Name

Telephone

Email Address heather.wood@nebraska.gov

footnote:

II: Annual Report

Table 2 - State Priorities

Number	Title	Description
1	Substance Abuse Prevention	Substance abuse prevention and wellness promotion efforts are essential to helping people live better, healthier lives. Through a strategic planning initiative, DBH will strengthen its existing infrastructure to deliver a unified and effective prevention system. The plan will guide DBH in developing a comprehensive prevention approach which focuses on strategies to reduce underage drinking and the occurrence of excessive drinking among adults, and the reduction of tobacco sales to youth.
2	Consumer Workforce	Peers are an essential component of recovery oriented systems and services. The Office of Consumer Affairs will facilitate training opportunities and certification of Peer Support and Wellness Specialists (CPSWS).
3	Peer Recovery Supports	Peers are an essential component of recovery oriented systems and services. The Division of Behavioral Health will lead the development and implementation of consumer and family driven and consumer run services and supports. There are multiple approaches to peer run recovery supports (such as veterans groups, family organizations in the six Regions). The Division of Behavioral Health will: * define what a peer recovery support service is and * work with the six regions to identify the number of peer recovery supports currently being operated in NE.
4	SA Treatment – Women's Set Aside Services (including Pregnant Women And Women With Dependent Children)	DBH in concert with our system partners must continue to impact the health of Nebraska's families to promote safety, permanency and well-being. The DBH works to improve services for priority populations by focusing on Trauma Informed Care (TIC) and recovery among other factors. Substance Using Pregnant Women And Women With Dependent Children are Substance Abuse Priority Populations in Nebraska. Specifically (1) Pregnant injecting drug users, (2) Other pregnant substance users, (3) Other injecting drug users, and (4) Women with dependent children.
5	Transition Age Youth and Young Adult	Youth/Young Adults need access to developmentally appropriate services, tailored to meet their needs. By developing such services, DBH will be proactive in ensuring this population's needs are met and preventing hospitalization or incarceration. One service each Region provides is Regional Transition Age Youth care planning. This voluntary Transition Age Care planning is based on a team approach that offers care recommendations and referral information to community resources for young adults and their families as requested. At this time, developmentally appropriate services provided to these youth/young adults on an individual basis. In order to systematically meet the needs of young adults/youth in transition to adulthood, the Division of Behavioral Health will further develop a statewide plan for services, seek TA on services/supports and identify potential funding for these services and supports. DBH will work in partnership with the DHHS Division of Children and Family Services, the six Regions and others.
6	Professional Partners Program	DBH in concert with our system partners must continue to impact the health of Nebraska's families to promote safety, permanency and well-being. DBH will improve the fidelity to the wrap-around model to increase the integrity and effectiveness of the Professional Partners Program.
7	Co-Occurring Disorder Services	The Division of Behavioral Health Strategic Plan Goal 1 states, "The public behavioral health workforce will be able to deliver effective prevention and treatment in recovery-oriented systems of care for people with co-occurring disorders." The Statewide Quality Improvement Team (SQIT) Co-Occurring Disorders Workgroup completed a road map to co-occurring service delivery system. Nebraska must develop the no wrong door approach to serving consumers. The Co-Occurring Disorders Workgroup road map initiatives are: I. Nebraska will develop a co-occurring disorder system of care which is consumer driven and consumer centered. This system of care will include common vision - coordinated advisory committees - consumer input. II. Nebraska will develop a strong infrastructure to support co-occurring disorder services-consumer experiences no wrong door. The infrastructure will include regulations/service definitions - data and technology - financial - service delivery - workforce development - prevention and early intervention - screening, assessment and treatment planning. III. Nebraska will develop strong partnerships across all systems to ensure an expanded continuum of care. These systems include: Criminal Justice Settings - primary health care - educational settings - homeless settings - human service settings
		Trauma informed care cuts across all identified behavioral health, adult and child treatment service populations. Trauma impacts children and family outcomes. The DBH Strategic Plan requires effectiveness and specifies a continuous QI process for services funded by the DBH, focusing on a number of factors

8	Trauma Informed Care	including trauma. Work to improve access to a Trauma Informed Care service delivery system includes: - Increased the number of behavioral health providers who have completed a Trauma Informed Service self-assessment or Peer Assessment Tool. - Regional Behavioral Health Authorities establish region wide initiatives to advance trauma informed care. - The DBH Central Office prioritizing opportunities for improvement.
9	Permanent Supportive Housing services	Recovery is challenged when individuals are not in stable housing. Recovery oriented systems of care address the basic needs of the individuals served. A focus on improving the quality and quantity of permanent housing individuals includes enhancing the implementation of the Permanent Supportive Housing Evidence-Based Practice in Nebraska and developing sustainable methods to complete Permanent Supportive Housing Evidence-Based Practice fidelity monitoring.
10	Supported Employment	Recovery is challenged when individuals that desire work have limited employment options. Recovery oriented systems of care attempt to meet vocational and school needs of individuals served. The DBH Strategic Plan specifies implementation of processes to ensure fidelity to empirically supported approaches which includes supported employment. DBH has been partnering with State Vocational Rehabilitation (VR) for many years to provide Supported Employment (SE). DBH will work to develop the capacity to monitor fidelity consistent with the SAMHSA SE Toolkit.
11	Intravenous Drug Abusers	The Intravenous Drug Abusers are Substance Abuse Priority Populations in Nebraska. Specifically they are (1) Pregnant Injecting Drug Users and (2) Injecting Drug Users. The Division of Behavioral Health (DBH) contracts with each of the six Regional Behavioral Health Authorities (RBHA) to ensure priority access to intravenous drug abusers.
12	Tuberculosis (TB)	As required through the contracts with the Regional Behavioral Health Authorities, tuberculosis screening is provided to all persons entering a substance abuse treatment service. Additional services and/or referrals for services are made available to those individuals whose screening indicates "high risk" for TB. The Tuberculosis Program in the NE Division of Public Health provides the overall coordination for the State of Nebraska in this area. The Nebraska Tuberculosis Program reports to the Centers for Disease Control and Prevention (CDC).

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II: Annual Report

Table 3 - Objectives, Strategies and Performance Indicators

Priority:	Substance Abuse Prevention
Goal of the priority area:	To complete a Strategic Plan for Prevention.
Strategies to attain the goal:	DBH will engage in Strategic Planning for Prevention work.
Annual Performance Indicators to measure goal success	
Indicator:	Contingent upon when Technical Assistance is received, the Strategic Plan for Prevention will be completed by the target date of 9-30-12.
Description of Collecting and Measuring Changes in Performance Indicator:	Completion is at the time the Director of DBH approves a Strategic Plan for Prevention.
Achieved:	Yes
Proposed Changes:	

Reason Not Achieved:

Priority: Substance Abuse Prevention

Goal of the priority area:

To reduce the sale of tobacco to youth.

Strategies to attain the goal:

DBH will maintain the current Retail Violation Rate.

Annual Performance Indicators to measure goal success

Indicator: The total number of sales to minors (Retailer Violation Rate – RVR). Nebraska’s RVR was 10.6% in FY11 and will maintain this percentage in FY12 and FY13.

Description of Collecting and Measuring Changes in Performance Indicator:

DBH will record the number of compliance checks completed that resulted in a successful sale to minors to determine the Retail Violation Rate in the annual Synar report.

Achieved: No

Proposed Changes:

Maintain an RVR rate below 20%.

Reason Not Achieved:

It should be noted that the FY12 and FY13 rates are still below the required 20% level.

Unfortunately, Nebraska's RVR rate did not continue its historical decrease and we were unable to maintain the FY11 level of 10.6%. In FY12, the RVR rate rose to 14% and in FY13, it increased again to 16.4%. The increases were most notably observed in two areas of the state in FY13. The Division of Behavioral Health will be working closely with the State Epidemiological Workgroup and tobacco free coalitions to identify methods to increase merchant education across the state with special emphasis in the two areas accounting for the largest portion of the increases. There is not a dedicated amount of dollars for merchant education each year.

Another factor that may have impacted the rate is a change in sample size being drawn. This in part has been due to the continuing struggles to acquire and confirm locations for tobacco sales as there is no centralized database or source of information for tobacco retail licenses in Nebraska.

Priority: Substance Abuse Prevention

Goal of the priority area:

To reduce underage drinking and excessive drinking by adults through the use of environmental strategies.

Strategies to attain the goal:

Community Coalitions will increase the number of environmental activities conducted toward the reduction of underage drinking and excessive drinking by adults.

Annual Performance Indicators to measure goal success

Indicator: A total of 28 of environmental activities related to the reduction of underage and excessive drinking by adults were performed and funded by DBH in FY11. In the FY12, the number will be increased to 40 and 55 in FY13.

Description of Collecting and Measuring Changes in Performance Indicator:

Recorded entries to the Nebraska Prevention Information Reporting System will be used to identify the total number of environmental activities related to underage drinking and excessive drinking by adults performed annually. The environmental activities to be counted will only include entries funded by the Division (state general funds and block grant only).

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Consumer Workforce

Goal of the priority area:

To increase the peer support workforce.

Strategies to attain the goal:

Evaluate, improve and implement the Peer Support and Wellness Specialist Certification.

Annual Performance Indicators to measure goal success

Indicator: Total Number of trained Peer Support and Wellness Specialists. Baseline as of June 30, 2011 for the total number of trained Peer Support and Wellness Specialists was 17. This will increase to 75 by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Data collected by the DBH Office of Consumer Affairs.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Peer Recovery Supports

Goal of the priority area:

To increase the number of peer recovery supports.

Strategies to attain the goal:

Partner with the Regional Consumer Specialists and the consumer run non-profit organizations to develop and implement more peer run recovery support services.

Annual Performance Indicators to measure goal success

Indicator: Total number of behavioral health services with a peer recovery support component. Define peer recovery supports & establish the baseline number of BH services with a peer recovery support component by June 30, 2012. Increase this number by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Data collected by the Division of Behavioral Health.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: SA Treatment – Women’s Set Aside Services (including Pregnant Women And Women With Dependent Children)

Goal of the priority area:

To ensure services for Pregnant Women and Women with Dependent Children are trauma informed and trauma specific.

Strategies to attain the goal:

- * Work with RBHA and WSA providers to complete TIC tool.
- * Provide TA for providers in analyzing assessment results and developing plan for becoming trauma informed and trauma specific.

Annual Performance Indicators to measure goal success

Indicator: Percent of WSA providers who have completed TIC tool. Baseline percent of WSA providers who have completed TIC tool is 56% as of January 1, 2012. This will increase to 100% by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Collect data via the annual Trauma Informed Care and Trauma Specific services survey completed by TIN.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Transition Age Youth and Young Adult

Goal of the priority area:

To increase access to services for young adults/youth transitioning to adulthood.

Strategies to attain the goal:

- * Partner with stakeholders to develop statewide plan for services.
- * Provide or seek out TA for development of services/supports.
- * Identify services and supports to meet the needs of young adults/youth in transition to adulthood.

Annual Performance Indicators to measure goal success

Indicator: Total number of persons age 16-24 served. Baseline for total number of persons age 16-24 served on June 30, 2011 was 6,110. This will increase to 6,500 by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

DBH Community Services information system captures persons served report data.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Professional Partners Program

Goal of the priority area:

To implement Wrap Around in the Professional Partners Program with integrity.

Strategies to attain the goal:

1. Create reliable data infrastructure.
2. Measure the Effectiveness of the Professional Partners Program.
3. Partner and provide TA on data, QI and fidelity.
4. Implement plans to improve Fidelity to the Wraparound Model.

Annual Performance Indicators to measure goal success

Indicator: WFI measures as compared to WFI national benchmarks. Establish the baseline across 11 WFI measures by September 30, 2012. Increase the number of measures at which we are meeting or exceeding the national benchmarks.

Description of Collecting and Measuring Changes in Performance Indicator:

The evaluation of the program will be two-fold:

* using the data, the Division of Behavioral Health (DBH) will make a determination on how well the Professional Partners Program is implementing the wraparound approach.

* DBH will also determine if significant positive outcomes are being achieved for children enrolled in the Program. Upon determination of Wraparound Fidelity Indicator (WFI) scores, strategies for training and technical assistance to improve scores on indicators found lacking will be developed.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Co-Occurring Disorder Services

Goal of the priority area:

To increase the capacity of the public behavioral health workforce to be able to deliver effective prevention and treatment in recovery-oriented systems of care for people with co-occurring disorders.

Strategies to attain the goal:

- * Nebraska will develop a co-occurring disorder system of care which is consumer driven and consumer centered.
- * Nebraska will develop strong partnerships across all systems to ensure an expanded continuum of care.
- * DBH will utilize the Co-Occurring Disorders Quality Initiative roadmap developed by Statewide Quality Improvement Team to implement the strategic plan.

Annual Performance Indicators to measure goal success

Indicator: Total number of behavioral health providers that are dual capable and dual enhanced. Baseline is zero as of January 1, 2012. One hundred percent (100%) of the providers under contract with the six RBHAs will complete the COMPASS-EZ by January 1, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Behavioral Health will collect through use of the COMPASS-EZ (Version 1.0) with BH Providers to assess (1) dual capable or (2) dual enhanced.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Trauma Informed Care

Goal of the priority area:

To develop a service system that understands the effects of trauma and avoids re-traumatizing those who seek services (trauma-informed).

Strategies to attain the goal:

- * Increase trauma awareness by using the "expectation, not the exception" guidelines in daily behavioral health service practices.
- * Improve access to trauma informed care by requiring providers to complete a trauma informed services self or peer assessment tool and then develop plans for improvement.

Annual Performance Indicators to measure goal success

Indicator: Total number of providers assessed using the TIC tool. Baseline as of January 2012 is 63%. By June 30, 2013 this will increase to 100%.

Description of Collecting and Measuring Changes in Performance Indicator:

* TIN annual survey count of providers assessed using the TIC tool and providing trauma specific services.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Permanent Supportive Housing services

Goal of the priority area:

To improve the Permanent Supportive Housing services.

Strategies to attain the goal:

- * Review and refine what Permanent Supportive Housing means in Nebraska.
- * Enhance the implementation of the Permanent Supportive Housing Evidence-Based Practice in Nebraska.
- * Develop sustainable methods to complete Permanent Supportive Housing Evidence-Based Practice fidelity monitoring.

Annual Performance Indicators to measure goal success

Indicator: Define what Permanent Supportive Housing services means in Nebraska by January 2013. Create process for fidelity monitoring by June 30, 2013. Total number persons served in Permanent Supportive Housing baseline as of June 30, 2011 was 817. This will incre

Description of Collecting and Measuring Changes in Performance Indicator:

Improve use of DBH database to count consumers living in permanent Supportive Housing. DBH has an approved definition of Permanent Supportive Housing services. DBH has an approved process for fidelity monitoring.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Supported Employment

Goal of the priority area:

To improve the quality of Supported Employment services.

Strategies to attain the goal:

- * Partner with Voc Rehab to improve the quality for the Supported Employment services.
- * Develop sustainable strategies for monitoring fidelity to the Supported Employment Evidence- Based Practice.

Annual Performance Indicators to measure goal success

Indicator: Create process for fidelity monitoring by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

- * Maintain the number of Supported Employment providers (baseline of 7 Supported Employment providers as of June 30, 2011).
- * DBH will use a fidelity tool to improve the quality of Supported Employment services.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Intravenous Drug Abusers

Goal of the priority area:

To Serve Intravenous Drug Abusers

Strategies to attain the goal:

The Intravenous Drug Abusers are Substance Abuse Priority Populations in Nebraska. Specifically they are (1) Pregnant Injecting Drug Users and (2) Injecting Drug Users.

Annual Performance Indicators to measure goal success

Indicator: Count of persons served who are Intravenous Drug Abusers. In FY2011, the unduplicated count persons served who were Pregnant Injecting Drug Users was 34 and the Injecting Drug Users was 1,559. DBH will maintain this service level through June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Behavioral Health will use the Magellan Behavioral Health data to report the unduplicated count. The Division of Behavioral Health (DBH) contracts with each of the six Regional Behavioral Health Authorities (RBHA) to ensure priority access to intravenous drug abusers.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Tuberculosis (TB)

Goal of the priority area:

To Screen for TB

Strategies to attain the goal:

Tuberculosis screening is provided to all persons entering a substance abuse treatment service.

Annual Performance Indicators to measure goal success

Indicator: Maintain the contractual requirements of the six Regional Behavioral Health Authorities to conduct the TB screenings.

Description of Collecting and Measuring Changes in Performance Indicator:

DBH will maintain the contractual requirements of the six RBHAs.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Footnotes:

III: Expenditure Reports

Table 4a - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment	\$ 5,499,996	\$	\$ 3,386,747	\$	\$ 23,198,454	\$	\$
2. Primary Prevention	\$ 1,664,315	\$	\$	\$	\$ 335,000	\$	\$
3. Tuberculosis Services	\$	\$	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$	\$	\$	\$	\$	\$	\$
5. State Hospital	\$	\$	\$	\$	\$	\$	\$
6. Other 24 Hour Care	\$	\$	\$	\$	\$	\$	\$
7. Ambulatory/Community Non-24 Hour Care	\$	\$	\$	\$	\$	\$	\$
8. Administration (Excluding Program and Provider Level)	\$ 453,113	\$	\$	\$	\$	\$	\$
9. Subtotal (Rows 1, 2, 3, 4, and 8)	\$7,617,424	\$	\$3,386,747	\$	\$23,533,454	\$	\$
10. Subtotal (Rows 5, 6, 7, and 8)	\$453,113	\$	\$	\$	\$	\$	\$
11. Total	\$7,617,424	\$	\$3,386,747	\$	\$23,533,454	\$	\$

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

Table 4b - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2010 Expenditure Period End Date: 9/30/2012

Category	FY 2011 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$5,747,034
2. Primary Prevention	\$1,710,732
3. Tuberculosis Services	\$
4. HIV Early Intervention Services**	\$
5. Administration (excluding program/provider level)	\$392,178
6. Total	\$7,849,944

*Prevention other than Primary Prevention

**HIV Designated States

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Table 5 - SAPT Block Grant Expenditure By Service

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$
General and 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)			\$1,668,486
Screening, Brief Intervention and Referral to Treatment			\$1,668,486
Brief Motivational Interviews			\$
Screening and Brief Intervention for Tobacco Cessation			\$
Parent Training			\$
Facilitated Referrals			\$
Relapse Prevention/Wellness Recovery Support			\$
Warm Line			\$
Engagement Services			\$671,289
Assessment			\$104,446
Specialized Evaluations (Psychological and Neurological)			\$
Service Planning (including crisis planning)			\$
Consumer/Family Education			\$

Outreach			\$566,843
Outpatient Services			\$1,167,458
Individual evidenced based therapies			\$1,167,458
Group therapy			\$
Family therapy			\$
Multi-family therapy			\$
Consultation to Caregivers			\$
Community Support (Rehabilitative)			\$239,390
Parent/Caregiver Support			\$
Skill building (social, daily living, cognitive)			\$
Case management		1034.80	\$239,390
Behavior management			\$
Supported employment			\$
Permanent supported housing			\$
Recovery housing			\$
Therapeutic mentoring			\$
Traditional healing services			\$
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			\$216,644
Substance abuse intensive outpatient (IOP)		7959.00	\$216,644
Partial hospital			\$
Assertive Community Treatment			\$
Intensive home based services			\$
Multi-systemic therapy			\$
Intensive Case Management			\$
Out-of-Home Residential Services			\$1,823,884
Crisis residential/stabilization			\$
Clinically Managed 24 Hour Care (SA)			\$
Clinically Managed Medium Intensity Care (SA)			\$
Adult Substance Abuse Residential			\$1,823,884
Adult Mental Health Residential			\$
Youth Substance Abuse Residential Services			\$
Children's Residential Mental Health Services			\$
Therapeutic foster care			\$
Acute Intensive Services			\$401,827
Mobile crisis			\$
Peer based crisis services			\$
Urgent care			\$
23 hr. observation bed			\$401,827
Medically Monitored Intensive Inpatient			\$
24/7 crisis hotline services			\$
Recovery Supports			\$
Peer Support			\$
Recovery Support Coaching			\$

Recovery Support Center Services			\$
Supports for Self Directed Care			\$
Medication Services			\$965,334
Medication management			\$
Pharmacotherapy (including MAT)			\$965,334
Laboratory services			\$
Other (please list)			\$10,000
Peer Review			\$10,000

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III: Expenditure Reports

Table 6a - 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	\$21,793	\$	\$7,396	\$	\$
Information Dissemination	Indicated	\$15,025	\$	\$6,917	\$	\$
Information Dissemination	Universal	\$76,272	\$	\$29,613	\$	\$
Information Dissemination	Unspecified	\$	\$	\$	\$	\$
Information Dissemination	Total	\$113,090	\$	\$43,926	\$	\$
Education	Selective	\$60,124	\$	\$436	\$	\$
Education	Indicated	\$44,948	\$	\$408	\$	\$
Education	Universal	\$98,895	\$	\$1,747	\$	\$
Education	Unspecified	\$	\$	\$	\$	\$
Education	Total	\$203,967	\$	\$2,591	\$	\$
Alternatives	Selective	\$13,346	\$	\$3,866	\$	\$
Alternatives	Indicated	\$17,896	\$	\$3,615	\$	\$
Alternatives	Universal	\$31,410	\$	\$15,478	\$	\$
Alternatives	Unspecified	\$	\$	\$	\$	\$
Alternatives	Total	\$62,652	\$	\$22,959	\$	\$
Problem Identification and Referral	Selective	\$15,324	\$	\$4,894	\$	\$
Problem Identification and Referral	Indicated	\$142,095	\$	\$4,577	\$	\$
Problem Identification and Referral	Universal	\$8,540	\$	\$19,597	\$	\$
Problem Identification and Referral	Unspecified	\$	\$	\$	\$	\$
Problem Identification and Referral	Total	\$165,959	\$	\$29,068	\$	\$
Community-Based Process	Selective	\$103,765	\$	\$23,349	\$	\$

Community-Based Process	Indicated	\$31,897	\$	\$21,838	\$	\$
Community-Based Process	Universal	\$549,774	\$	\$161,648	\$	\$
Community-Based Process	Unspecified	\$	\$	\$	\$	\$
Community-Based Process	Total	\$685,436	\$	\$206,835	\$	\$
Environmental	Selective	\$73,682	\$	\$15,964	\$	\$
Environmental	Indicated	\$17,529	\$	\$14,930	\$	\$
Environmental	Universal	\$307,350	\$	\$63,919	\$	\$
Environmental	Unspecified	\$	\$	\$	\$	\$
Environmental	Total	\$398,561	\$	\$94,813	\$	\$
Section 1926 Tobacco	Selective	\$	\$	\$	\$	\$
Section 1926 Tobacco	Indicated	\$	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$81,066	\$	\$	\$	\$
Section 1926 Tobacco	Unspecified	\$	\$	\$	\$	\$
Section 1926 Tobacco	Total	\$81,066	\$	\$	\$	\$
Other	Selective	\$	\$	\$	\$	\$
Other	Indicated	\$	\$	\$	\$	\$
Other	Universal	\$	\$	\$	\$	\$
Other	Unspecified	\$	\$	\$	\$	\$
Other	Total	\$	\$	\$	\$	\$

Footnotes:

Table 7 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2010 Expenditure Period End Date: 9/30/2012

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		\$52,449.00				\$52,449.00
2. Quality Assurance		\$52,449.00		\$52,449.00		\$104,898.00
3. Training (Post-Employment)				\$93,899.00		\$93,899.00
4. Program Development		\$104,898.00		\$52,449.00		\$157,347.00
5. Research and Evaluation						\$0.00
6. Information Systems		\$56,649.00				\$56,649.00
7. Education (Pre-Employment)				\$62,599.00		\$62,599.00
8. Total	\$0.00	\$266,445.00	\$0.00	\$261,396.00	\$0.00	\$527,841.00

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Table 6b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2010

Expenditure Period End Date: 9/30/2012

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$ 778,023	\$	\$ 223,846	\$	\$
Universal Indirect	\$ 375,283	\$	\$ 68,157	\$	\$
Selective	\$ 288,035	\$	\$ 55,905	\$	\$
Indicated	\$ 269,391	\$	\$ 52,286	\$	\$
Column Total	\$1,710,732.00	\$0.00	\$400,194.00	\$0.00	\$0.00

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Table 8 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2010 Expenditure Period End Date: 9/30/2012

Entity Number	I-BHS ID (for SABG)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds	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	CMHS Block Grant - F. Adults serious mental illness	CMHS Block Grant - G. Children with a serious emotional disturbance
Total															

footnote:
 1 = Panhandle
 2 = Southwest
 3 = South Central
 4 = Northeast
 5 = Southeast
 6 = Omaha Metro
 99 = Statewide

Table 9a - Maintenance of Effort for State Expenditures for SAPT

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

Yes No

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

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

Yes No

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2011) + B2(2012)</u> 2 (C)
SFY 2011 (1)	\$24,870,295	
SFY 2012 (2)	\$24,562,390	\$24,716,343
SFY 2013 (3)	\$25,026,522	

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

SFY 2011 Yes No
 SFY 2012 Yes No
 SFY 2013 Yes No

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

footnote:

Table 9b - 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)	\$26,611	1.21%	\$322	
SFY 1992 (2)	\$28,910	1.21%	\$350	\$336

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)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE) (D)
SFY 2013 (3)	\$50,398	40.91%	\$20,618	

footnote:

Table 9c - Base and Maintenance of Effort for Expenditures for HIV Early Intervention Services

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

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

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment MAINTENANCE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	
(3) SFY 2013		\$0

footnote:

Table 9d - 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	\$753,713	
SFY 2011		\$2,240,879
SFY 2012		\$2,357,202
SFY 2013		\$2,146,627
Enter the amount the State plans to expend in 2014 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>2053000.00</u>		

footnote:

IV: Populations and Services Reports

Table 10 - Prevention Strategy Report

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of substance abusers	1. Information Dissemination	
	5. Radio and TV public service announcements	1
	2. Education	
	3. Peer leader/helper programs	2
	5. Mentors	1
	3. Alternatives	
	1. Drug free dances and parties	2
	2. Youth/adult leadership activities	6
	4. Community service activities	1
	6. Recreation activities	2
	7. Brief Screen/Intervention	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	1
	Pregnant women/teens	2. Education
1. Parenting and family management		1
Drop-outs	3. Alternatives	
	2. Youth/adult leadership activities	1
Violent and delinquent behavior	4. Problem Identification and Referral	
	2. Student Assistance Programs	6
Economically disadvantaged	3. Alternatives	
	4. Community service activities	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
Already using substances	1. Information Dissemination	
	6. Speaking engagements	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	3
	4. Education programs for youth groups	2
	3. Alternatives	

	2. Youth/adult leadership activities	1
	4. Community service activities	1
	4. Problem Identification and Referral	
	3. Driving while under the influence/driving while intoxicated education programs	15
	6. Environmental	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1
Homeless and/or runaway youth	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
Parents and Families	1. Information Dissemination	
	2. Resources directories	2
	3. Media campaigns	39
	4. Brochures	14
	5. Radio and TV public service announcements	3
	6. Speaking engagements	4
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	25
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	76
	2. Ongoing classroom and/or small group sessions	6
	3. Peer leader/helper programs	3
	4. Education programs for youth groups	2
	3. Alternatives	
	1. Drug free dances and parties	4
	2. Youth/adult leadership activities	7
	4. Community service activities	1
	6. Recreation activities	3
	4. Problem Identification and Referral	
	2. Student Assistance Programs	14
	4. Brief Screen/Intervention	3
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	1
	2. Systematic planning	6
	4. Community team-building	9
	6. Coalition Meetings	25

	6. Environmental	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	2
Businesses and Industry	1. Information Dissemination	
	3. Media campaigns	1
	4. Brochures	2
	6. Speaking engagements	5
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	4
	2. Education	
	2. Ongoing classroom and/or small group sessions	7
	3. Alternatives	
	6. Recreation activities	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	5
	2. Systematic planning	4
	3. Multi-agency coordination and collaboration/coalition	7
	4. Community team-building	1
	5. Accessing services and funding	1
	6. Coalition Meetings	3
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	6
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	23
Civic Groups	1. Information Dissemination	
	1. Clearinghouse/information resources centers	1
	3. Media campaigns	2
	4. Brochures	6
	5. Radio and TV public service announcements	1
	6. Speaking engagements	6
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	15
	2. Education	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	4
	3. Peer leader/helper programs	1
	4. Education programs for youth groups	5

	3. Alternatives	
	1. Drug free dances and parties	6
	4. Community service activities	5
	6. Recreation activities	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	10
	2. Systematic planning	69
	3. Multi-agency coordination and collaboration/coalition	64
	4. Community team-building	21
	5. Accessing services and funding	37
	6. Coalition Meetings	292
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	15
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	59
	3. Modifying alcohol and tobacco advertising practices	1
College Students	1. Information Dissemination	
	5. Radio and TV public service announcements	1
	6. Speaking engagements	4
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	3
	2. Education	
	2. Ongoing classroom and/or small group sessions	5
	4. Education programs for youth groups	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	2
	2. Systematic planning	1
	3. Multi-agency coordination and collaboration/coalition	2
6. Coalition Meetings	2	
Older Adults	1. Information Dissemination	
	3. Media campaigns	2
	4. Brochures	1
	6. Speaking engagements	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	4
	3. Peer leader/helper programs	1

	4. Education programs for youth groups	2
	5. Mentors	1
	3. Alternatives	
	2. Youth/adult leadership activities	4
	4. Community service activities	1
	6. Recreation activities	1
	4. Problem Identification and Referral	
	4. Brief Screen/Intervention	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	2
	3. Multi-agency coordination and collaboration/coalition	2
	4. Community team-building	2
	5. Accessing services and funding	1
	6. Coalition Meetings	3
Government Elected Officials	1. Information Dissemination	
	1. Clearinghouse/information resources centers	1
	4. Brochures	1
	6. Speaking engagements	4
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	3
	2. Education	
	3. Peer leader/helper programs	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
	6. Coalition Meetings	3
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
	Elementary School Students	1. Information Dissemination
3. Media campaigns		15
4. Brochures		4
6. Speaking engagements		4
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars		2
2. Education		
1. Parenting and family management		1
2. Ongoing classroom and/or small group sessions		558
4. Education programs for youth groups		17

	3. Alternatives	
	1. Drug free dances and parties	1
	2. Youth/adult leadership activities	14
	3. Community drop-in centers	1
	4. Community service activities	5
	6. Recreation activities	6
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	1
	2. Systematic planning	4
	3. Multi-agency coordination and collaboration/coalition	1
	4. Community team-building	38
	5. Accessing services and funding	3
	6. Coalition Meetings	21
General Population	1. Information Dissemination	
	3. Media campaigns	145
	4. Brochures	9
	5. Radio and TV public service announcements	52
	6. Speaking engagements	7
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	57
	2. Education	
	1. Parenting and family management	2
	2. Ongoing classroom and/or small group sessions	20
	3. Peer leader/helper programs	2
	4. Education programs for youth groups	1
	3. Alternatives	
	1. Drug free dances and parties	1
	2. Youth/adult leadership activities	8
	4. Community service activities	8
	6. Recreation activities	3
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	7
	2. Systematic planning	7
	3. Multi-agency coordination and collaboration/coalition	43
	4. Community team-building	78
	5. Accessing services and funding	1

	6. Coalition Meetings	129
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	5
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	23
	3. Modifying alcohol and tobacco advertising practices	3
Health Professionals	1. Information Dissemination	
	4. Brochures	1
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	5
	2. Education	
	2. Ongoing classroom and/or small group sessions	3
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	3
	2. Systematic planning	3
	3. Multi-agency coordination and collaboration/coalition	8
	4. Community team-building	3
	6. Coalition Meetings	9
High School Students	1. Information Dissemination	
	3. Media campaigns	37
	4. Brochures	12
	5. Radio and TV public service announcements	2
	6. Speaking engagements	9
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	15
	2. Education	
	1. Parenting and family management	4
	2. Ongoing classroom and/or small group sessions	57
	3. Peer leader/helper programs	4
	4. Education programs for youth groups	25
	5. Mentors	26
	3. Alternatives	
	1. Drug free dances and parties	11
	2. Youth/adult leadership activities	15

	4. Community service activities	4
	6. Recreation activities	7
	4. Problem Identification and Referral	
	2. Student Assistance Programs	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	3
	2. Systematic planning	7
	3. Multi-agency coordination and collaboration/coalition	4
	4. Community team-building	3
	5. Accessing services and funding	1
	6. Coalition Meetings	53
	6. Environmental	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1
Middle Jr High Students	1. Information Dissemination	
	3. Media campaigns	34
	4. Brochures	6
	5. Radio and TV public service announcements	1
	6. Speaking engagements	7
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	8
	2. Education	
	1. Parenting and family management	4
	2. Ongoing classroom and/or small group sessions	206
	3. Peer leader/helper programs	4
	4. Education programs for youth groups	138
	5. Mentors	29
	3. Alternatives	
	1. Drug free dances and parties	8
	2. Youth/adult leadership activities	41
	4. Community service activities	8
	6. Recreation activities	16
	7. Brief Screen/Intervention	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	7
	2. Systematic planning	4

	3. Multi-agency coordination and collaboration/coalition	2
	4. Community team-building	84
	5. Accessing services and funding	2
	6. Coalition Meetings	48
Prevention & Treatment Professionals	1. Information Dissemination	
	4. Brochures	3
	5. Radio and TV public service announcements	1
	6. Speaking engagements	3
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	14
	2. Education	
	2. Ongoing classroom and/or small group sessions	5
	3. Peer leader/helper programs	1
	4. Education programs for youth groups	2
	3. Alternatives	
	4. Community service activities	2
	6. Recreation activities	1
	4. Problem Identification and Referral	
	2. Student Assistance Programs	1
	4. Brief Screen/Intervention	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	28
	3. Multi-agency coordination and collaboration/coalition	26
	4. Community team-building	10
	5. Accessing services and funding	2
	6. Coalition Meetings	53
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	4
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	6
	Religious Groups	1. Information Dissemination
6. Speaking engagements		2
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars		1
2. Education		
4. Education programs for youth groups		2

	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	1
	2. Systematic planning	1
	3. Multi-agency coordination and collaboration/coalition	8
	4. Community team-building	2
	6. Coalition Meetings	2
Teachers/Adms	1. Information Dissemination	
	2. Resources directories	1
	3. Media campaigns	5
	4. Brochures	1
	5. Radio and TV public service announcements	1
	6. Speaking engagements	7
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	17
	2. Education	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	2
	3. Peer leader/helper programs	3
	4. Education programs for youth groups	3
	3. Alternatives	
	1. Drug free dances and parties	1
	2. Youth/adult leadership activities	1
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	364
	4. Brief Screen/Intervention	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	3
	2. Systematic planning	3
	3. Multi-agency coordination and collaboration/coalition	7
	4. Community team-building	4
	5. Accessing services and funding	3
	6. Coalition Meetings	45
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
	2. Guidance and technical assistance on monitoring	

	enforcement governing availability and distribution of alcohol, tobacco, and other drugs	2	
Youth and Minors	1. Information Dissemination		
	3. Media campaigns	4	
	5. Radio and TV public service announcements	2	
	6. Speaking engagements	2	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1	
	2. Education		
	2. Ongoing classroom and/or small group sessions	11	
	3. Peer leader/helper programs	2	
	4. Education programs for youth groups	27	
	5. Mentors	1	
	3. Alternatives		
	1. Drug free dances and parties	3	
	2. Youth/adult leadership activities	7	
	6. Recreation activities	4	
	4. Problem Identification and Referral		
	2. Student Assistance Programs	1	
	4. Brief Screen/Intervention	1	
	5. Community-Based Process		
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	3	
	3. Multi-agency coordination and collaboration/coalition	2	
	4. Community team-building	10	
	6. Coalition Meetings	1	
	6. Environmental		
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	2	
	Law Enforcement	1. Information Dissemination	
		3. Media campaigns	1
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars		3	
2. Education			
2. Ongoing classroom and/or small group sessions		3	
5. Community-Based Process			
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training		1	
2. Systematic planning		1	
3. Multi-agency coordination and collaboration/coalition		4	

	4. Community team-building	1
	6. Coalition Meetings	4
Gays/Lesbian	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
All Other	1. Information Dissemination	
	4. Brochures	2
	2. Education	
	2. Ongoing classroom and/or small group sessions	60
	3. Peer leader/helper programs	1
	4. Education programs for youth groups	1
	4. Problem Identification and Referral	
	4. Brief Screen/Intervention	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	1
	2. Systematic planning	1
	3. Multi-agency coordination and collaboration/coalition	6
	4. Community team-building	13
	6. Coalition Meetings	1
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	4

footnote:

IV: Populations and Services Reports

Table 11 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

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	\$	\$	\$
2. Free-Standing Residential	0	0	\$	\$	\$
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$	\$	\$
4. Short-term (up to 30 days)	1818	1333	\$4,785	\$	\$
5. Long-term (over 30 days)	1193	661	\$12,692	\$	\$
AMBULATORY (OUTPATIENT)					
6. Outpatient	11400	6553	\$829	\$	\$
7. Intensive Outpatient	1521	854	\$1,371	\$	\$
8. Detoxification	8969	7176	\$300	\$	\$
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	1146	274	\$3,829	\$	\$
10. ORT Outpatient	0	0	\$	\$	\$

footnote:

Information on Median Cost and Standard Deviation is not available at this time.

Table 12 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

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	232	112	74	6	9	0	0	3	2	7	4	5	10	0	0	110	81	23	18
2. 18 - 24	3248	1853	924	118	62	32	9	22	10	113	72	13	16	0	4	1888	980	263	117
3. 25 - 44	7403	3711	2357	448	222	64	31	47	8	257	170	24	28	12	24	4069	2604	494	236
4. 45 - 64	3209	1602	906	348	97	42	6	9	2	102	68	8	10	6	3	1968	1037	149	55
5. 65 and Over	95	50	27	10	1	1	1	0	0	3	1	0	0	0	1	62	28	2	3
6. Total	14187	7328	4288	930	391	139	47	81	22	482	315	50	64	18	32	8097	4730	931	429
7. Pregnant Women	253		196		28		4		1		14		8		2		220		33
Number of persons served who were admitted in a period prior to the 12 month reporting period		2867																	
Number of persons served outside of the levels of care described on Table 11		0																	

footnote:

Table 14 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

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:		
footnote:		

Table 15 - Charitable Choice

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

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.

footnote:

V: Performance Indicators and Accomplishments

Table 16 - 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]	187	176
Total number of clients with non-missing values on employment/student status [denominator]	1,285	1,285
Percent of clients employed or student (full-time and part-time)	14.6 %	13.7 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		1,371
Number of CY 2012 discharges submitted:		1,326
Number of CY 2012 discharges linked to an admission:		1,322
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,286
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		1,285

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

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]	94	279
Total number of clients with non-missing values on employment/student status [denominator]	652	652
Percent of clients employed or student (full-time and part-time)	14.4 %	42.8 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		773
Number of CY 2012 discharges submitted:		729
Number of CY 2012 discharges linked to an admission:		687

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	652
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	652

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

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]	1,728	1,985
Total number of clients with non-missing values on employment/student status [denominator]	3,849	3,849
Percent of clients employed or student (full-time and part-time)	44.9 %	51.6 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		5,762
Number of CY 2012 discharges submitted:		4,738
Number of CY 2012 discharges linked to an admission:		4,020
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,852
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		3,849

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

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]	249	286
Total number of clients with non-missing values on employment/student status [denominator]	667	667
Percent of clients employed or student (full-time and part-time)	37.3 %	42.9 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		842
Number of CY 2012 discharges submitted:		716
Number of CY 2012 discharges linked to an admission:		696

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	667
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	667

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

footnote:

V: Performance Indicators and Accomplishments

Table 17 - 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]	801	886
Total number of clients with non-missing values on living arrangements [denominator]	1,011	1,011
Percent of clients in stable living situation	79.2 %	87.6 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		1,371
Number of CY 2012 discharges submitted:		1,326
Number of CY 2012 discharges linked to an admission:		1,322
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,286
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		1,011

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

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]	395	372
Total number of clients with non-missing values on living arrangements [denominator]	488	488
Percent of clients in stable living situation	80.9 %	76.2 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		773
Number of CY 2012 discharges submitted:		729
Number of CY 2012 discharges linked to an admission:		687

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	652
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	488

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

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]	3,098	3,157
Total number of clients with non-missing values on living arrangements [denominator]	3,316	3,316
Percent of clients in stable living situation	93.4 %	95.2 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		5,762
Number of CY 2012 discharges submitted:		4,738
Number of CY 2012 discharges linked to an admission:		4,020
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,852
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		3,316

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

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]	610	607
Total number of clients with non-missing values on living arrangements [denominator]	622	622
Percent of clients in stable living situation	98.1 %	97.6 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		842
Number of CY 2012 discharges submitted:		716
Number of CY 2012 discharges linked to an admission:		696

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	667
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	622

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

footnote:

V: Performance Indicators and Accomplishments

Table 18 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,157	1,247
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,292	1,292
Percent of clients without arrests	89.6 %	96.5 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		1,371
Number of CY 2012 discharges submitted:		1,326
Number of CY 2012 discharges linked to an admission:		1,322
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,292
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		1,292

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

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]	621	645
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	670	670
Percent of clients without arrests	92.7 %	96.3 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		773
Number of CY 2012 discharges submitted:		729
Number of CY 2012 discharges linked to an admission:		687

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	671
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	670

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

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]	3,657	3,760
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,924	3,924
Percent of clients without arrests	93.2 %	95.8 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		5,762
Number of CY 2012 discharges submitted:		4,738
Number of CY 2012 discharges linked to an admission:		4,020
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,951
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		3,924

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

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]	658	667
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	690	690
Percent of clients without arrests	95.4 %	96.7 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		842
Number of CY 2012 discharges submitted:		716
Number of CY 2012 discharges linked to an admission:		696

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	691
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	690

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

footnote:

V: Performance Indicators and Accomplishments

Table 19 - 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]	412	1,007
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,244	1,244
Percent of clients abstinent from alcohol	33.1 %	80.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		603
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	832	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		72.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		404
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	412	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.1 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:		1,371
Number of CY 2012 discharges submitted:		1,326
Number of CY 2012 discharges linked to an admission:		1,322
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,292
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		1,244

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file

[Records received through 5/1/2013]

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]	376	500
All clients with non-missing values on at least one substance/frequency of use [denominator]	635	635
Percent of clients abstinent from alcohol	59.2 %	78.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		133
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	259	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		51.4 %

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]		367
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	376	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.6 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	773
Number of CY 2012 discharges submitted:	729
Number of CY 2012 discharges linked to an admission:	687
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	671
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	635

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file [Records received through 5/1/2013]

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]	1,964	2,343
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,068	3,068
Percent of clients abstinent from alcohol	64.0 %	76.4 %

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]		494
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,104	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		44.7 %

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]		1,849
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,964	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.1 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	5,762
Number of CY 2012 discharges submitted:	4,738
Number of CY 2012 discharges linked to an admission:	4,020
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,951
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	3,068

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

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]	333	482

All clients with non-missing values on at least one substance/frequency of use [denominator]	589	589
Percent of clients abstinent from alcohol	56.5 %	81.8 %

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]		169
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	256	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		66.0 %

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]		313
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	333	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.0 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	842
Number of CY 2012 discharges submitted:	716
Number of CY 2012 discharges linked to an admission:	696
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	691
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	589

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

footnote:

V: Performance Indicators and Accomplishments

Table 20 - 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]	517	1,011
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,244	1,244
Percent of clients abstinent from drugs	41.6 %	81.3 %

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]		503
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	727	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		69.2 %

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]		508
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	517	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		98.3 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:		1,371
Number of CY 2012 discharges submitted:		1,326
Number of CY 2012 discharges linked to an admission:		1,322
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,292
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		1,244

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file

[Records received through 5/1/2013]

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]	369	516
All clients with non-missing values on at least one substance/frequency of use [denominator]	635	635
Percent of clients abstinent from drugs	58.1 %	81.3 %

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]		154
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	266	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		57.9 %

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]		362
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	369	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		98.1 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	773
Number of CY 2012 discharges submitted:	729
Number of CY 2012 discharges linked to an admission:	687
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	671
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	635

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file [Records received through 5/1/2013]

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]	2,338	2,532
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,068	3,068
Percent of clients abstinent from drugs	76.2 %	82.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		286
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	730	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		39.2 %

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]		2,246
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,338	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		96.1 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	5,762
Number of CY 2012 discharges submitted:	4,738
Number of CY 2012 discharges linked to an admission:	4,020
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,951
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	3,068

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

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]	392	497

All clients with non-missing values on at least one substance/frequency of use [denominator]	589	589
Percent of clients abstinent from drugs	66.6 %	84.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		127
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	197	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		64.5 %

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]		370
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	392	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		94.4 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	842
Number of CY 2012 discharges submitted:	716
Number of CY 2012 discharges linked to an admission:	696
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	691
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	589

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

footnote:

V: Performance Indicators and Accomplishments

Table 21 - 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]	589	1,169
Total number of clients with non-missing values on self-help attendance [denominator]	1,271	1,271
Percent of clients attending self-help programs	46.3 %	92.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	45.6 %	
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		1,371
Number of CY 2012 discharges submitted:		1,326
Number of CY 2012 discharges linked to an admission:		1,322
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,292
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		1,271

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

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]	485	621
Total number of clients with non-missing values on self-help attendance [denominator]	647	647
Percent of clients attending self-help programs	75.0 %	96.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	21.0 %	
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		773
Number of CY 2012 discharges submitted:		729

Number of CY 2012 discharges linked to an admission:	687
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	671
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	647

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	2,316	1,446
Total number of clients with non-missing values on self-help attendance [denominator]	3,863	3,863
Percent of clients attending self-help programs	60.0 %	37.4 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-22.5 %	

Notes (for this level of care):

Number of CY 2012 admissions submitted:	5,762
Number of CY 2012 discharges submitted:	4,738
Number of CY 2012 discharges linked to an admission:	4,020
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,951
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	3,863

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

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]	389	528
Total number of clients with non-missing values on self-help attendance [denominator]	680	680
Percent of clients attending self-help programs	57.2 %	77.6 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	20.4 %	

Notes (for this level of care):

Number of CY 2012 admissions submitted:	842
Number of CY 2012 discharges submitted:	716
Number of CY 2012 discharges linked to an admission:	696
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	691
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	680

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file
[Records received through 5/1/2013]

footnote:

V: Performance Indicators and Accomplishments

Table 22 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Manually Enter Data				
Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	3	1	1	2
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	30	22	29	38
5. Long-term (over 30 days)	98	28	81	140
AMBULATORY (OUTPATIENT)				
6. Outpatient	118	27	78	138
7. Intensive Outpatient	64	30	51	72
8. Detoxification	0	0	0	0
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	94	5	39	164
10. ORT Outpatient	90	13	63	105

Level of Care	2012 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	8439	5362
REHABILITATION/RESIDENTIAL		

3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	1326	1322
5. Long-term (over 30 days)	729	687
AMBULATORY (OUTPATIENT)		
6. Outpatient	4738	3964
7. Intensive Outpatient	716	696
8. Detoxification	93	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	124
10. ORT Outpatient	0	56

Source: SAMHSA/CBHSQ TEDS CY 2012 linked discharge file
[Records received through 5/1/2013]

footnote:

V: Performance Indicators and Accomplishments

Table 23 - 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 2010 - 2011	11.6	<input type="text"/>
	Age 18+ - CY 2010 - 2011	58.1	<input type="text"/>
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2010 - 2011	8.0	<input type="text"/>
	Age 18+ - CY 2010 - 2011	24.4	<input type="text"/>
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] ^[1] ?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2010 - 2011	5.6	<input type="text"/>
	Age 18+ - CY 2010 - 2011	10.0	<input type="text"/>
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2010 - 2011	6.4	<input type="text"/>
	Age 18+ - CY 2010 - 2011	5.3	<input type="text"/>
5. 30-day Use of Illegal Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] ^[2] ? Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors' orders).		
	Age 12 - 17 - CY 2010 - 2011	2.8	<input type="text"/>
	Age 18+ - CY 2010 - 2011	2.4	<input type="text"/>

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

footnote:

V: Performance Indicators and Accomplishments

Table 24 - 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 2010 - 2011	79.3	<input type="text"/>
	Age 18+ - CY 2010 - 2011	76.3	<input type="text"/>
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2010 - 2011	91.7	<input type="text"/>
	Age 18+ - CY 2010 - 2011	94.0	<input type="text"/>
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2010 - 2011	79.6	<input type="text"/>
	Age 18+ - CY 2010 - 2011	74.3	<input type="text"/>

footnote:

V: Performance Indicators and Accomplishments

Table 25 - 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 2010 - 2011	13.2	<input type="text"/>
	Age 18+ - CY 2010 - 2011	16.6	<input type="text"/>
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2010 - 2011	13.0	<input type="text"/>
	Age 18+ - CY 2010 - 2011	15.8	<input type="text"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[1] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2010 - 2011	13.7	<input type="text"/>
	Age 18+ - CY 2010 - 2011	18.5	<input type="text"/>
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2010 - 2011	13.9	<input type="text"/>
	Age 18+ - CY 2010 - 2011	18.0	<input type="text"/>
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] ^[2] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2010 - 2011	12.7	<input type="text"/>
	Age 18+ - CY 2010 - 2011	20.4	<input type="text"/>

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

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

footnote:

V: Performance Indicators and Accomplishments

Table 26 - 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 2010 - 2011	89.9	<input type="text"/>
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2010 - 2011	88.0	<input type="text"/>
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2010 - 2011	83.9	<input type="text"/>
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2010 - 2011	84.8	<input type="text"/>
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2010 - 2011	89.0	<input type="text"/>

footnote:

V: Performance Indicators and Accomplishments

Table 27 - 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 2010 - 2011	37.3	<input type="text"/>
	Age 12 - 17 - CY 2010 - 2011		<input type="text"/>

footnote:

V: Performance Indicators and Accomplishments

Table 28 - 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.		
	CY 2010		<input type="text"/>

footnote:

V: Performance Indicators and Accomplishments

Table 29 - 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 2011		<input type="text"/>

footnote:

V: Performance Indicators and Accomplishments

Table 30 - 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 2011		<input type="text"/>

footnote:

V: Performance Indicators and Accomplishments

Table 31 - 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 2010 - 2011	62.1	<input type="text"/>
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?^[1][Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2010 - 2011		<input type="text"/>

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

footnote:

V: Performance Indicators and Accomplishments

Table 32 - 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 2010 - 2011	91.3	<input type="text"/>

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

footnote:

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

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 33 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2010	6/30/2011
2. Table 34 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2010	6/30/2011
3. Table 35 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	7/1/2010	6/30/2011
4. Table 36 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	7/1/2010	6/30/2011
5. Table 37 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	7/1/2010	6/30/2011

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

The Division of Behavioral Health utilizes an on-line web database called the Nebraska Prevention Information Reporting System (NPIRS). All activities funded through the Division of Behavioral Health (as SSA) must be entered into this reporting system.

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

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

NPIRS maintains the race of individuals by single race categories. More than one race can be selected and is reported as "More than one race". These counts are not duplicated among the specific racial categories.

footnote:

In July 2011, NPIRS went through a substantial computer programming upgrade. This required prior data to be archived. As such, complete calendar reporting is not available due to incompatible code between the first six months and last six months of the calendar year. As such, SFY11 data was used to complete Table 33, 34, 35, 36 and 37. It is anticipated that calendar year 2012 will be available for reporting in 2014.

Table 33 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	11516
5-11	38065
12-14	30351
15-17	37171
18-20	54864
21-24	44019
25-44	115419
45-64	93019
65 and over	72829
Age Not Known	0
Gender	
Male	243439
Female	253222
Gender Unknown	592
Race	
White	339673
Black or African American	19202
Native Hawaiian/Other Pacific Islander	1486
Asian	4545
American indian/Alaska Native	3431
More Than One Race (not OMB required)	6792
Race Not Known or Other (not OMB required)	122124

Ethnicity	
Hispanic or Latino	22456
Not Hispanic or Latino	474797

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

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.

footnote:

Table 34 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	1586
5-11	4385
12-14	7002
15-17	6867
18-20	20091
21-24	17345
25-44	54446
45-64	20342
65 and over	5572
Age Not Known	0
Gender	
Male	64760
Female	72373
Gender Unknown	503
Race	
White	63050
Black or African American	1345
Native Hawaiian/Other Pacific Islander	16
Asian	489
American indian/Alaska Native	867
More Than One Race (not OMB required)	1218
Race Not Known or Other (not OMB required)	70651

Ethnicity	
Hispanic or Latino	6927
Not Hispanic or Latino	130709

footnote:

Table 35 - 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	482118	N/A
2. Universal Indirect	N/A	137636
3. Selective	13859	N/A
4. Indicated	1276	N/A
5. Total	497253	137636

footnote:

Table 36 - 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.

Programs must be listed in a federal list or registry of evidence-based interventions in order to be counted as EBP in Nebraska Prevention Information Reporting System.

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

The Division of Behavioral Health utilizes an on-line web application referred to as the Nebraska Prevention Information Reporting System (NPIRS).

Table 36 - 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	9	4	13	5	4	22
2. Total number of Programs and Strategies Funded	48	28	76	31	16	123
3. Percent of Evidence-Based Programs and Strategies	18.75 %	14.29 %	17.11 %	16.13 %	25.00 %	17.89 %

footnote:

Table 37 - 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 # <input type="text" value="9"/>	\$ <input type="text"/>
Universal Indirect	Total # <input type="text" value="4"/>	\$ <input type="text"/>
Selective	Total # <input type="text" value="5"/>	\$ <input type="text"/>
Indicated	Total # <input type="text" value="4"/>	\$ <input type="text"/>
	Total EBPs: 22	Total Dollars Spent: \$0

footnote:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2013 Prevention Attachment Category A:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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FFY 2013 Prevention Attachment Category B:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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FFY 2013 Prevention Attachment Category C:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
--	----------------------	--	---------------------------------------

FFY 2013 Prevention Attachment Category D:	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Upload"/>
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footnote:
