

I: State Information

State Information

I. State Agency for the Block Grant

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III. Expenditure Period

State Expenditure Period

From 10/1/2013

To 9/30/2014

Block Grant Expenditure Period

From 10/1/2011

To 9/30/2013

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footnote:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Underage Drinking
Priority Type: SAP
Population(s): Other (Children/Youth at Risk for BH Disorder)

Goal of the priority area:

To prevent the onset and reduction of underage drinking in high risk youth populations.

Strategies to attain the goal:

1. Maintain underage drinking as a priority for prevention services.
2. Utilize the Prevention Activity Sheet and the state's Management Information System to track prevention activities targeting underage drinking.
3. Disseminate underage drinking information.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The number of ADMH providers identifying underage drinking as a priority for prevention strategies.
Baseline Measurement: In SFY 12, zero (0) providers identified underage drinking as a priority for prevention strategies.
First-year target/outcome measurement: By the end of SFY 14, 10% of providers will identify underage drinking as a priority for prevention strategies.
Second-year target/outcome measurement: By the end of SFY 15, 20% of providers will identify underage drinking as a priority for prevention strategies.

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

Data Source:

Selection of priority on the prevention plan. Back -up data reported from the state's information system (ASAIS).

New Data Source (*if needed*):

Description of Data:

The priority selection section on the prevention plan will indicate when underage drinking has been selected as the focus of a prevention priority and related prevention strategies. The Prevention Activity Sheet (which is keyed into ASAIS), provides for the selection of underage drinking as a priority for the focus of prevention activities delivered.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

96% (n=27) of providers (n=28) identified Underage Drinking (UD) as a priority for prevention strategies in FY14. Prevention providers were allowed to choose from six areas of focus for strategy implementation with UD being one of the choices. UD was represented across all six strategies in the following percentiles from greatest to least representation: 96% (n=27) Environmental, 76% (n=22) Education and Information Dissemination, 64% (n=18) Alternatives, 50% (n=14) Community Based Processes, and 11% (n=3) Problem Identification and Referral. Information was extracted from provider prevention plans as populated in the Prevention Provider Strategy Matrix.

Priority #: 2
Priority Area: Intravenous Drug Use
Priority Type: SAT
Population(s): IVDUs

Goal of the priority area:

Enhance access to services and service deliveries for intravenous drug users in the State of Alabama.

Strategies to attain the goal:

- 1) Enhance program monitoring follow-up procedures to insure insure IVDUs continue to receive preference for admission to treatment facilities, along with targeted outreach.
 - 2) Monitor the provision interim services when immediate treatment services are unavailable.
 - 3) Develop and implement a plan to establish medication assisted therapy further as a basic component of the current continuum of treatment services available.
 - 4) Promote the use of the Substance Abuse Program Directory located on the ADMH website in order to facilitate IVDUs' ability to identify, choose, and hire their providers.
 - 5) Modify provider contract language to facilitate use of recovery support services to engage IVDUs in treatment and to support treatment retention.
 - 6) Explore the use of technology to support engagement for, referral to, and retention of IVDUs in treatment.
- urage, support and provide training in the area of technology in the provision of substance abuse treatment.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase the number of IVDUs accessing treatment
Baseline Measurement: As of 6/30/13, 19 agencies had received a monitoring visit which including monitoring outreach compliance. 5 agencies were in full compliance, 13 were in partial compliance and one was non-compliant. The final baseline number will be established on 9/30/13, upon completing of all monitoring visits.
First-year target/outcome measurement: An increase of 3% of the baseline measure.
Second-year target/outcome measurement: An increase of 5% of the baseline measure.
New Second-year target/outcome measurement(*if needed*):
Data Source:
ADMH's Substance Abuse Services Management Information System, ASAIS.
New Data Source(*if needed*):
Description of Data:
Client admission data entered by providers into ADMH's Substance Abuse Services management information system, ASAIS.
New Description of Data: (*if needed*)
Data issues/caveats that affect outcome measures:
Further reductions in funding may also reduce access to treatment.
New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

While there was an increase in the number of IVDUs accessing treatment (1.3%), it did not reach the targeted outcome. There is a limited amount of state funded detoxification services in the state. However, as of the beginning of this fiscal year, additional beds have been added. The number of agencies who were compliant with providing interim services for IVDUs was also lower than the target goal. This could mean that clients are lost during the waiting time to access services. More emphasis and training will be provided in this area to agencies. ADMH has provided 6 ROSC trainings throughout the previous year. The coordinator of recovery support services has established a plan for offering more trainings on ROSC so that agencies can better understand how to implement the ROSC philosophy. Training in the area of outreach (specifically to IVDUs) will be emphasized and provided to all agencies.

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

Indicator #: 2

Indicator: Increase in number of ADMH certified facilities in full compliance with outreach requirements for IVDUs.

Baseline Measurement: As of 6/30/13, 19 agencies had received a monitoring visit which including monitoring outreach compliance. 5 agencies were in full compliance, 13 were in partial compliance and one was non-compliant. The final baseline number will be established on 9/30/13, upon completing of all monitoring visits.

First-year target/outcome measurement: 100% of certified contract agencies will be in full or partial compliance with the outreach requirements.

Second-year target/outcome measurement: 100% of certified contract agencies will be in full compliance with the outreach requirements.

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

Data Source:

SABG monitoring visits and certification site visits.

New Data Source (*if needed*):

Description of Data:

Compliance or the lack thereof is documented on SABG monitoring form.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

No issues foreseen that will affect the outcomes.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The target measure was that 100% of certified contract agencies would be in full or partial compliance with the intended outreach efforts. 91% of monitored agencies were in full or partial compliance. The reason for the target goal not being reached was that new agencies were added to the list of monitoring visits. These agencies had not had a previous visit in which the outreach compliance goal was monitored. The non-compliant agencies have received a follow up visit regarding their deficiencies. The target will remain the same (100%) for the second year.

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

Indicator #: 3

Indicator: Increase in number of ADMH certified facilities offering interim services to IVDUs.

Baseline Measurement: a) Baseline measurement (Initial data collected prior to and during SFY 2014): As of 6/30/13, 19 certified contract agencies had received a monitoring visit which including monitoring interim services for IVDUs. 7 agencies were in full compliance, 9 were in partial compliance and 3 were non-compliant. The final baseline number will be established on 9/30/13, upon completing of all monitoring visits.

First-year target/outcome measurement: b) First-year target/outcome measurement (Progress to end of SFY 2014): The FY14 target will be 100% of all certified contract agencies are in full or partial compliance with the interim services requirements for IVDUs.

Second-year target/outcome measurement: c) Second-year target/outcome measurement (Final to end of SFY 2015): The FY15 target will be 100% of all certified contract agencies are in full compliance with the interim service requirements for IVDUs.

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

Data Source:

Reports from SABG monitoring visits and ADMH certification site visits.

New Data Source (if needed):

Description of Data:

Reports of Information collected during monitoring and certification visits.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

No issues are foreseen that will affect this outcome.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

In FY13, 34 agencies received a compliance monitoring visit in which interim services were monitored. In FY14, 56 agencies received a compliance monitoring visit which was an increase of 22 agencies and as a result, 79% of monitored agencies were in full or partial compliance with the interim services requirements. Those 22 agencies had never received a monitoring visit and as a result, some of those agencies have had to develop policies and procedures around interim services. Those agencies have received a follow up visit. Therefore, the target goal for the second year will remain the same.

How first year target was achieved (optional):

Indicator #: 4

Indicator: Increase in number of ADMH certified contract facilities using technology (texting, skyping, apps, etc.) in the provision of substance abuse services for IVDUs.

Baseline Measurement: Baseline measurement for this number will be 0 as this information has not previously been collected.

First-year target/outcome measurement: 5% of all certified contract agencies use some form of technology in the provision of substance abuse services.

Second-year target/outcome measurement: 10% of all certified contract agencies use some form of technology in the provision of substance abuse services.

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

Data Source:

SABG monitoring visit reports, certification site visit reports, and provider self report.

New Data Source (if needed):

Description of Data:

Evidence of the use of technology

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Cost of devices for use of technology.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #:

5

Indicator:

Increase in the number of IVDU's who receive opiate maintenance therapy in combination with other treatment modalities.

Baseline Measurement:

The baseline measurement is 0 as this information has not previously been collected.

First-year target/outcome measurement:

1% of all IVDUs who are enrolled in opiate maintenance therapy will be concurrently enrolled in a separate treatment modality.

Second-year target/outcome measurement:

2% of all IVDUs who are enrolled in opiate maintenance therapy will be concurrently enrolled in a separate treatment modality.

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

Data Source:

ASAIS

New Data Source (if needed):

Description of Data:

Client service utilization data entered by providers into ASAIS.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Provider resistance. Negative bias against opiate replacement therapy with other treatment providers

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The first year target of 1% of all IVDUs who are enrolled in opiate maintenance therapy to be concurrently enrolled in a separate treatment modality was achieved. This was achieved by providing providers with additional training on OMT, additional training on assessing client's needs and the inclusion and enforcement of the state's administrative code that client's cannot be denied treatment due to being on medication maintenance.

Priority #: 3
Priority Area: Tuberculosis Services for Individuals Enrolled in Substance Abuse Treatment Programs
Priority Type: SAT
Population(s): TB

Goal of the priority area:

Ensure resource availability and maintain formal agreements for the provision of TB services as outlined in 45 CFR 96.127 for all substance abuse treatment programs funded by ADMH.

Strategies to attain the goal:

1. Monitor the provision of TB services through the SAPT Block Grant monitoring process.
2. Adopt and deploy in ASAIS at least one CPT code to track the provision of TB services.
3. Modify SA contracts and the Contract billing manual to require reporting of client-level TB service data.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: ADMH Contract Providers will be in full compliance with SABG Tuberculosis requirements (45 CFR 96.127)
Baseline Measurement: 95% of ADMH contract providers are in compliance with SABG Tuberculosis requirements
First-year target/outcome measurement: 100% compliance with 45 CFR 96.127
Second-year target/outcome measurement: 100% compliance with 45 CFR 96.127
New Second-year target/outcome measurement (if needed):

Data Source:

SABG monitoring visits, certification site visits, and data collected from ASAIS.

New Data Source (if needed):

Description of Data:

Information collected from the completed Block Grant Monitoring reports; Information collected from the completed Certification site-visit reports; Information collected from the TB checklist found in Dimension II of the standardized placement assessment.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

There are no identified issues that would effect outcome measures.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The goal was initially achieved during the year but then declined to under 100% because, (1) Agencies that had an appropriate MOU for TB services lost their MOU agreement with Public Health Departments due to the fact that Alabama Public Health Departments stop offering general TB services; and (2) Agencies had a misunderstanding that the MOU for TB services could only be established with an

Alabama Public Health Department. Agencies now know they can obtain an MOU for TB services with any qualified medical facility. ADMH staff will work with agencies to assist them in obtaining an MOU for TB services and make sure appropriate policies are in place.

How first year target was achieved (optional):

Priority #: 4
Priority Area: Pregnant and Parenting Women
Priority Type: SAT
Population(s): PWWDC

Goal of the priority area:

Improve the overall quality of substance abuse services for pregnant and parenting women that address their specific treatment and recovery needs.

Strategies to attain the goal:

1. Conduct quarterly women's provider meetings to discuss issues related to enhancing best practices that are gender-specific, trauma informed, and that will sustain recovery through support services.
2. Identify and plan for workforce trainings around women's development, trauma and parenting.
3. Collaborate with community advocacy groups to increase gender specific recovery support services statewide in efforts to integrate women into their communities after treatment.
4. Issue an RFP for a Special Women's program in each of the four regions of the State.
5. Conduct walkthroughs as a new client scheduled to receive a placement assessment.
6. Review Treatment Episode Data Set (TEDS) to determine the length of time it takes special women to access care and to determine the number of special women who fail to complete treatment

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Consumer satisfaction with the quality of care offered to pregnant women and parenting women receiving substance abuse treatment.
Baseline Measurement: The baseline will be established from the 2013 consumer satisfaction survey.
First-year target/outcome measurement: Improve the quality of services as perceived by pregnant and parenting women who will receive Special Women services in 2014 by 10% above the baseline measure.
Second-year target/outcome measurement: Improve the quality of services as perceived by pregnant and parenting women who will receive Special Women treatment services in 2015 by 25% above the FY 2014 measure.
New Second-year target/outcome measurement (if needed): Improve the quality of services as perceived by pregnant and parenting women who will receive Special Women treatment services in 2015 by 10% above the FY 2014 measure.

Data Source:

Consumer satisfaction survey.

New Data Source (if needed):

Description of Data:

Each woman enrolled in a Special Women's Program funded by the SABG will be asked to complete a survey of her perception of the various aspects of care provided. Surveys will be collected and analyzed by ADMH.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

None identified.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The 2013 baseline was established at 84.5%. The 2014 consumer satisfaction surveys yields 83.5% for overall domains reflecting quality of care, which did not meet the 10% increase stated in the first year targeted goal. The reason this goal was not achieved can be attributed to the change in how the ADMH funds residential programs for women and their children (special women's). ADMH issued a RFP for Special Women's program which targeted the four regions of the state, however only two regions' proposals were granted. This means that the southern portion of the state does not have access to residential services for women and their children. The distance for a women and her children to travel to northern Alabama can be a barrier for accessing treatment. ADMH will continue to collaborate with community groups and all other providers to increase awareness of the 2 current facilities for women and their children. ADMH through contract monitoring will continue to emphasize interim services being available for those women who are awaiting admissions to programs. Also ADMH will continue to conduct meetings with special women providers to discuss issues related to enhancing best practices that are gender-specific.

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

Indicator #: 2

Indicator: The establishment of quality metrics for programs serving pregnant women and women with dependent children.

Baseline Measurement: No quality metrics currently exist.

First-year target/outcome measurement: At least three quality measures for women's services will be identified.

Second-year target/outcome measurement: At least five quality measures for womens services will be identified and implemented.

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

Data Source:

Contracts with providers.
Program monitoring reviews.

New Data Source *(if needed)*:

Description of Data:

language in the contracts will establish the existence of the quality measures.
Program monitoring reports will document implementation.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None identified.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 5

Priority Area: Parents of Underage Children

Priority Type: SAT

Population(s): Other (Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Increase access to parenting training for men and women admitted to all ADMH funded substance abuse treatment programs who have underage children.

Strategies to attain the goal:

1. Consult with the family Guidance Center's Fatherhood Initiative Director to identify effective strategies for providing parenting training for men.
2. Modify ADMH administrative rules to incorporate parenting training as a service basic requirement in all levels of care for both males and females.
3. Modify ASAIS intake procedure to collect data regarding the number of underage children of parents in treatment and the current custody status of these children.
4. Establish a list of culturally appropriate, effective parenting training curriculums and disseminate to providers.
5. Establish access to technical assistance and training relevant to implementation of parenting training.
6. Monitor program compliance and provider satisfaction with the delivery of parenting education.

Establish policies requiring all programs funded by ADMH to provide culturally relevant parenting and domestic violence education.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of men admitted to substance abuse treatment and participate in parenting training.

Baseline Measurement: As there is currently no parenting training provided for males in treatment, the baseline is 0.

First-year target/outcome measurement: 1/3 of the males who have underage children and are admitted to an ADMH funded treatment program will receive parenting training.

Second-year target/outcome measurement: 2/3 of the males who have underage children and are admitted to an ADMH funded treatment program will receive parenting training.

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

Data Source:

ASAIS.

New Data Source (if needed):

Description of Data:

Admission data reported to ADMH will incorporate the individual's parenting status. Service claims will document service delivery..

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

The time and cost for modification of ASAIS may delay access to needed data.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

ASAIS modifications were not made during the year to provide for access to needed data. Funding has been made available to accommodate the required changes, however. Progress made to date supports attainment of the Year 2 goal.

How first year target was achieved (optional):

Indicator: The number of parents admitted to substance abuse treatment programs who have underage children and receive parenting education during a treatment episode.

Baseline Measurement: The baseline measure is 0.

First-year target/outcome measurement: 1/3 of parents of underage childrenw will participate in parenting training as part of the routine treatent protocol.

Second-year target/outcome measurement: 2/3 of parents of underage childrenw will participate in parenting training as part of the routine treatent protocol.

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

Data Source:

ASAIS.

New Data Source (if needed):

Description of Data:

Admission data and service utilization data reported to ASAIS.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Cost and time related to ASAIS modifications may delay the data collection process.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

ASAIS modifications were not made during the year to provide for access to needed data. Funding has been made available to accommodate the required changes, however. Progress made to date supports attainment of the Year 2 goal.

How first year target was achieved (optional):

Priority #: 6

Priority Area: Military Families

Priority Type: SAT

Population(s): Other (Military Families)

Goal of the priority area:

To ensure that veterans and their families are receiving appropriate and consistent services delivery.

Strategies to attain the goal:

- 1) ADMH will work with agencies to determine what specific services are offered for veterans and their families, including any recovery support services.
- 2) Once an inventory of veteran specific services has been established, it will be disseminated to all providers and included on the ADMH SA provider directory.
- 2) ADMH will increase communication and collaboration between certified facilities and Veteran Service Organizations in order to improve access to services.
- 3) ADMH will continue to be a part of the Alabama Returning Veterans Policy Academy Team as a way of establishing and maintaining relationships with various Veteran Service Organizations in the state.

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator: Increase in number of veterans and their families accessing treatment services.

Baseline Measurement: The number of veterans who have accessed treatment as of 6/30/13 was 925. The final baseline will be established on 9/30/13.

First-year target/outcome measurement: The number of veterans who have accessed treatment will increase 3% from the baseline measurement.

Second-year target/outcome measurement: The number of veterans who have accessed treatment will increase 5% from the baseline measurement.

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

Data Source:

ASAIS and quarterly surveys.

New Data Source *(if needed)*:

Description of Data:

Admission data collected from ASAIS will indicate how many Veterans have accessed treatment. Surveys will report how many family members of veterans have been involved in treatment services.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

.Reductions in funding may result in less access to services.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

There was actually a decrease in the number of veterans served. This can be attributed to a number of things. The Department of Veteran's Affairs has aggressively pursued the issue of housing first for veterans. They have also pushed for the VA's to reduce the number of opiate prescriptions that are being issued by VA doctors. This may have contributed to the decline in numbers. However, ADMH is committed to continuing to offer services to veterans and their families. The target will remain unchanged. The promotion of veteran specific services and veteran specific trainings will continue to be promoted.

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

Indicator #: 2

Indicator: Increase in number of ADMH certified contract facilities that offer veterans and veterans' family specific services, including trauma specific services.

Baseline Measurement: The baseline for this measurement will be 0 as it has never been collected in the past.

First-year target/outcome measurement: 2% of all certified contract agencies will offer veterans and veterans' family specific services.

Second-year target/outcome measurement: 4% of all certified contract agencies will offer veterans and veterans' family specific services.

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

Data Source:

ASAIS and quarterly surveys to providers.

New Data Source *(if needed)*:

Description of Data:

ASAS will provide admission and service utilization data reported by providers. Surveys will be a self report by agency providers.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Reductions in funding may cause some agencies to struggle with implementing veteran specific services

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 7

Priority Area: Vulnerable/Underserved Populations

Priority Type: SAT

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

Goal of the priority area:

Establish a substance abuse prevention, treatment, and recovery support service system that is responsive to the needs of a culturally and linguistically diverse client population.

Strategies to attain the goal:

1. Create a cultural competence advisory group of ADMH staff, provider organizations, and members of diverse cultural groups and institutions.
2. Conduct a data comparison study that will identify and map current substance abuse service locations and levels of care in relation to Alabama county health indicators, and population demographics.
3. Assess the staff and service capacity of the public substance abuse system to serve the identified groups.
4. Assess the policies and procedures provider organizations to address the needs of cultural groups.
5. Develop practice strategies and standards to support improved service outcomes of diverse cultural groups.
6. Conduct trainings to improve competence skill sets for the public workforce.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The establishment of a fully functioning Cultural Competency Advisory Workgroup

Baseline Measurement: None existence of an ADMH Cultural Competency Advisory Workgroup.

First-year target/outcome measurement: The ADMH Cultural Competency Advisory Workgroup will be organized.

Second-year target/outcome measurement: The Cultural Competency Advisory Workgroup will be organized and fully functional.

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

Data Source:

- 1) Meeting Minutes;
- 2) Policies and procedures guiding the organizational structure and mission of the workgroup

New Data Source *(if needed)*:

Description of Data:

- 1) ADMH MH/SA Executive staff meeting minutes will establish a record of the establishment and activities of the workgroup.
- 2) After its establishment, minutes of the workgroup.
- 3) Written policies and procedures will exist.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None identified.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

footnote:

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$13,983,911		\$6,272,609	\$1,422,484	\$11,470,046	\$0	\$481,923
a. Pregnant Women and Women with Dependent Children*	\$1,983,854		\$0	\$0	\$0	\$0	\$0
b. All Other	\$12,000,057		\$6,272,609	\$1,422,484	\$11,470,046	\$0	\$481,923
2. Primary Prevention	\$3,880,845	\$0	\$0	\$0	\$0	\$0	\$0
3. Tuberculosis Services	\$0		\$0	\$0	\$0	\$0	\$0
4. HIV Early Intervention Services	\$0		\$0	\$0	\$0	\$0	\$0
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Administration (Excluding Program and Provider Level)	\$817,083	\$0	\$0	\$212,388	\$891,048	\$0	\$0
9. Subtotal (Row 1, 2, 3, 4 and 8)	\$18,681,839	\$0	\$6,272,609	\$1,634,872	\$12,361,094	\$0	\$481,923
10. Subtotal (Row 5, 6, 7 and 8)	\$817,083	\$0	\$0	\$212,388	\$891,048	\$0	\$0
11. Total	\$18,681,839	\$0	\$6,272,609	\$1,634,872	\$12,361,094	\$0	\$481,923

* Prevention other than primary prevention

Please indicate the expenditures are actual or estimated.

Actual Estimated

footnote:

SFY14 dates were used: Expenditure Start Date: 10-01-13 Expenditure End Date: 09-30-14

III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

Expenditure Period Start Date: 7/1/2013 Expenditure Period End Date: 6/30/2014

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$126,558
Specialized Outpatient Medical Services	0	0.00	\$0
Acute Primary Care	0	0.00	\$0
General Health Screens, Tests and Immunizations	171	900.00	\$20,000
Comprehensive Care Management	0	0.00	\$0
Care coordination and Health Promotion	2675	5494.00	\$106,558
Comprehensive Transitional Care	0	0.00	\$0
Individual and Family Support	0	0.00	\$0
Referral to Community Services Dissemination	0	0.00	\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment	0	0.00	\$0
Brief Motivational Interviews	0	0.00	\$0
Screening and Brief Intervention for Tobacco Cessation	0	0.00	\$0
Parent Training	0	0.00	\$0
Facilitated Referrals	0	0.00	\$0
Relapse Prevention/Wellness Recovery Support	0	0.00	\$0
Warm Line	0	0.00	\$0
Substance Abuse (Primary Prevention)			\$3,836,802
Classroom and/or small group sessions (Education)	0	48192.00	\$673,638
Media campaigns (Information Dissemination)	0	12712.00	\$146,662
Systematic Planning/Coalition and Community Team Building(Community Based Process)	0	22391.00	\$300,657
Parenting and family management (Education)	0	0.00	\$0

Education programs for youth groups (Education)	0	0.00	\$0
Community Service Activities (Alternatives)	0	35002.00	\$676,909
Student Assistance Programs (Problem Identification and Referral)	0	409.00	\$6,240
Employee Assistance programs (Problem Identification and Referral)	0	0.00	\$0
Community Team Building (Community Based Process)	0	0.00	\$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)	0	103685.00	\$2,032,696
Engagement Services			\$1,127,108
Assessment	9152	10167.00	\$1,117,934
Specialized Evaluations (Psychological and Neurological)	18	59.00	\$8,400
Service Planning (including crisis planning)	0	0.00	\$0
Consumer/Family Education	0	0.00	\$0
Outreach	3	90.00	\$774
Outpatient Services			\$1,615,969
Evidenced-based Therapies	5592	11590.00	\$623,708
Group Therapy	2098	42171.00	\$868,105
Family Therapy	265	1392.00	\$59,170
Multi-family Therapy	437	2160.00	\$64,986
Consultation to Caregivers	0	0.00	\$0
Medication Services			\$462,182
Medication Management	437	5014.00	\$84,096
Pharmacotherapy (including MAT)	553	43482.00	\$378,086
Laboratory services	0	0.00	\$0
Community Support (Rehabilitative)			\$1,496,975
Parent/Caregiver Support	0	0.00	\$0
Skill Building (social, daily living, cognitive)	2549	144277.00	\$765,242
Case Management	1040	14936.00	\$61,602

Behavior Management	0	0.00	\$0
Supported Employment	0	0.00	\$0
Permanent Supported Housing	0	0.00	\$0
Recovery Housing	259	14680.00	\$670,131
Therapeutic Mentoring	0	0.00	\$0
Traditional Healing Services	0	0.00	\$0
Recovery Supports			\$127,777
Peer Support	1061	41162.00	\$127,777
Recovery Support Coaching	0	0.00	\$0
Recovery Support Center Services	0	0.00	\$0
Supports for Self-directed Care	0	0.00	\$0
Other Supports (Habilitative)			\$0
Personal Care	0	0.00	\$0
Homemaker	0	0.00	\$0
Respite	0	0.00	\$0
Supported Education	0	0.00	\$0
Transportation	0	0.00	\$0
Assisted Living Services	0	0.00	\$0
Recreational Services	0	0.00	\$0
Trained Behavioral Health Interpreters	0	0.00	\$0
Interactive Communication Technology Devices	0	0.00	\$0
Intensive Support Services			\$4,730,369
Substance Abuse Intensive Outpatient (IOP)	5893	251846.00	\$4,715,558
Partial Hospital	20	1181.00	\$14,701
Assertive Community Treatment	0	0.00	\$0
Intensive Home-based Services	2	9.00	\$110
Multi-systemic Therapy	0	0.00	\$0

Intensive Case Management	0	0.00	\$0
Out-of-Home Residential Services			\$5,400,671
Children's Mental Health Residential Services	0	0.00	\$0
Crisis Residential/Stabilization	0	0.00	\$0
Clinically Managed 24 Hour Care (SA)	1580	28850.00	\$2,970,961
Clinically Managed Medium Intensity Care (SA)	637	33674.00	\$2,429,710
Adult Mental Health Residential	0	0.00	\$0
Youth Substance Abuse Residential Services	0	0.00	\$0
Therapeutic Foster Care	0	0.00	\$0
Acute Intensive Services			\$699,812
Mobile Crisis	67	277.00	\$4,862
Peer-based Crisis Services	0	0.00	\$0
Urgent Care	0	0.00	\$0
23-hour Observation Bed	0	0.00	\$0
Medically Monitored Intensive Inpatient (SA)	546	4026.00	\$694,950
24/7 Crisis Hotline Services	0	0.00	\$0
Other (please list)			\$0

footnote:

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2011 Expenditure Period End Date: 9/30/2013

Category	FY 2012 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$18,175,608
2. Primary Prevention	\$4,792,261
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$701,235
6. Total	\$23,669,104

*Prevention other than Primary Prevention

**HIV Designated States

footnote:

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Universal	\$ <input type="text" value="191,690"/>	\$ <input type="text"/>	\$ <input type="text" value="7,517"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Total	\$191,690	\$	\$7,517	\$	\$
Education	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Universal	\$ <input type="text" value="1,102,220"/>	\$ <input type="text"/>	\$ <input type="text" value="43,222"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Total	\$1,102,220	\$	\$43,222	\$	\$
Alternatives	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Universal	\$ <input type="text" value="766,762"/>	\$ <input type="text"/>	\$ <input type="text" value="30,068"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Total	\$766,762	\$	\$30,068	\$	\$
Problem Identification and Referral	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Universal	\$ <input type="text" value="47,923"/>	\$ <input type="text"/>	\$ <input type="text" value="1,879"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Total	\$47,923	\$	\$1,879	\$	\$
Community-Based Process	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Community-Based Process	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Universal	\$ <input type="text" value="287,536"/>	\$ <input type="text"/>	\$ <input type="text" value="11,275"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Total	\$287,536	\$	\$11,275	\$	\$
Environmental	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Universal	\$ <input type="text" value="2,396,130"/>	\$ <input type="text"/>	\$ <input type="text" value="93,961"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Total	\$2,396,130	\$	\$93,961	\$	\$
Section 1926 Tobacco	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="34,557"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Total	\$	\$	\$34,557	\$	\$
Other	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Total	\$	\$	\$	\$	\$
	Grand Total	\$4,792,261	\$	\$222,479	\$	\$

Footnotes:

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date:

Expenditure Period End Date:

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$4,792,261		\$222,479		
Universal Indirect					
Selective					
Indicated					
Column Total	\$4,792,261.00	\$0.00	\$222,479.00	\$0.00	\$0.00

footnote:

III: Expenditure Reports

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

Expenditure Period Start Date: Expenditure Period End Date:

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

footnote:

Completion of this report is not required.

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2011 Expenditure Period End Date: 9/30/2013

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						\$0.00
2. Quality Assurance						\$0.00
3. Training (Post-Employment)						\$0.00
4. Program Development						\$0.00
5. Research and Evaluation						\$0.00
6. Information Systems						\$0.00
7. Education (Pre-Employment)						\$0.00
8. Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

footnote:

According to the Substance Abuse Office of Budgets, Contracts, and Billing, \$15,838.00 identified on the Division's financial spreadsheets as resource development expenditures (system improvement expenditures) was done so in error. These funds were actually spent on substance abuse treatment services provided by Serenity Care. There were no resource development expenditures for the specified reporting period. Serenity Care and the related treatment expenditures will be added to Table 7.

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

Expenditure Period Start Date: 10/1/2011 Expenditure Period End Date: 9/30/2013

Entity Number	I-BHS ID		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Mailing Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds (B + D + E)	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV
	AL900547	AL900547	 Region 2	Agency for Substance Abuse Prev	1128 Edmar Street, Suite A	Oxford	AL	36203	\$316,126	\$0	\$0	\$316,126	\$0
103	AL750405		Region 2	Alcohol and Drug Abuse	2701 Jefferson Avenue SW	Birmingham	AL	35211	\$2,830,865	\$2,690,214	\$1,043,716	\$140,651	\$0
204	AL300037		Region 2	Aletheia House	201 Finley Avenue West P.O. Box 1514	Birmingham	AL	35204	\$1,650,950	\$1,482,729	\$0	\$168,221	\$0
5	AL901206		Region 4	AltaPointe Health Systems Inc	4211 Government Boulevard	Mobile	AL	36693	\$653,168	\$653,168	\$140,137	\$0	\$0
42	AL750561		Region 4	Baldwin County Mental Health Center	372 South Greeno Road	Fairhope	AL	36532	\$355,770	\$202,233	\$0	\$153,538	\$0
0007	AL900091		Region 2	Bibb-Pickens-Tuscaloosa Mental Health Center	2209 9th Street	Tuscaloosa	AL	35401	\$927,152	\$717,383	\$124,162	\$209,769	\$0
206	AL302330		Region 1	Bridge Inc	3232 Lay Springs Road	Gadsden	AL	35904	\$752,534	\$752,534	\$0	\$0	\$0
0008	AL302108		Region 3	Cahaba Center for	912 Jeff Davis Avenue	Selma	AL	36701	\$494,972	\$430,795	\$161,466	\$64,177	\$0
23	AL900109		Region 2	Calhoun Cleburne Mental Health Center	1640 Coleman Road	Anniston	AL	36203	\$298,361	\$298,361	\$0	\$0	\$0
21	AL900620		Region 2	Cheaha Regional Mental Health/Caradale	351 West 3rd Street	Sylacauga	AL	35150	\$824,503	\$689,822	\$0	\$134,680	\$0
113	AL900604		Region 3	Chemical Addictions Program Inc (CAP)	1153 Air Base Boulevard	Montgomery	AL	36108	\$1,735,089	\$1,735,089	\$0	\$0	\$0
35	AL900570		Region 1	Cherokee/Etowah/DeKalb MH Center	425 5th Avenue NW	Attalla	AL	35954	\$308,658	\$98,294	\$0	\$210,364	\$0
0016	AL750090		Region 2	Chilton-Shelby Mental Health Center	151 Hamilton Lane	Calera	AL	35040	\$385,653	\$163,065	\$0	\$222,588	\$0
AL750272	AL750272		Region 1	Council on Substance Abuse/NCADD	100 Commerce Street Suite 800	Montgomery	AL	36104	\$284,048	\$0	\$0	\$284,048	\$0
AL101354	AL101354		Region 1	Cullman Mental Health Authority	1909 Commerce Avenue NW	Cullman	AL	35055	\$199,974	\$120,279	\$0	\$79,695	\$0
116	AL901362		Region 4	Dauphin Way Lodge	1009 Dauphin Street	Mobile	AL	36604	\$712,328	\$712,328	\$0	\$0	\$0
0018	AL100551		Region 4	Drug Education Council	3000 Television Avenue	Mobile	AL	36606	\$503,094	\$0	\$0	\$503,094	\$0
0019	AL900612		Region 3	East Alabama Mental Health Center	2506 Lambert Drive	Opelika	AL	36801	\$734,276	\$484,838	\$146,594	\$249,439	\$0
24	AL302371		Region 3	East Central Mental Health Inc	200 Cherry Street	Troy	AL	36081	\$132,290	\$74,010	\$0	\$58,280	\$0
0021	AL100106		Region 2	Family and Child Services	1401 20th Street South	Birmingham	AL	35205	\$124,094	\$0	\$0	\$124,094	\$0
AL100502	AL100502		Region 4	Franklin Primary Health Center	P.O. Box 2048	Mobile	AL	36604-2048	\$61,083	\$0	\$0	\$61,083	\$0

	409	AL100193	✘	Region 3	Hope for Families	P. O. Box 226	Notasulga	AL	36866	\$1,260	\$1,260	\$0	\$0	\$0
	0059	AL100284	✘	Region 2	Hope House	1000 Lincoln Avenue	Oneonta	AL	35121	\$43,949	\$43,949	\$0	\$0	\$0
	9	AL900737	✘	Region 1	Huntsville Madison County MH Center	4040 Memorial Parkway SW Suite C	Huntsville	AL	35802	\$726,564	\$456,149	\$0	\$270,414	\$0
	117	AL750074	✔	Region 2	Jefferson Cnty Committee for Econ Opp	228 2nd Avenue North	Birmingham	AL	35204	\$298,542	\$186,728	\$0	\$111,813	\$0
	202	AL301407	✔	Region 3	Lighthouse Counseling Center Inc	111 Coliseum Boulevard	Montgomery	AL	36109-2707	\$712,217	\$651,585	\$144,276	\$60,632	\$0
	0028	AL900786	✘	Region 1	Marshall Jackson Mental Health Center	22165 U.S. Highway 431	Guntersville	AL	35976	\$914,065	\$771,949	\$0	\$142,116	\$0
	17	AL900117	✔	Region 1	Mental Health Ctr of North Central AL	4110 U.S. Highway 31 South	Decatur	AL	35603-1644	\$670,002	\$466,134	\$230,298	\$203,868	\$0
	B25616951	AL100383	✘	Region 1	New Life for Women	P.O. Box 553	Gadsden	AL	35904	\$42,266	\$42,266	\$0	\$0	\$0
	30	AL750199	✔	Region 1	Northwest Alabama Mental Health Center	1100 7th Avenue	Jasper	AL	35501	\$529,221	\$361,931	\$0	\$167,290	\$0
	119	AL100429	✔	Region 2	Oakmont Center	P.O. Box 8328	Birmingham	AL	35218	\$221,569	\$102,431	\$0	\$119,138	\$0
	AL101353	AL101353	✔	Region 1	Recovery Services	301 Godfrey Avenue SE	Fort Payne	AL	35967	\$26,608	\$26,608	\$0	\$0	\$0
	2	AL900778	✔	Region 1	Riverbend Center for Mental Health	P.O. Box 941	Florence	AL	35631	\$667,399	\$493,366	\$0	\$174,033	\$0
	0067	X	✘	Region 3	SAYNO, Inc.	492 South Court Street, Suite 1	Montgomery	AL	36104	\$26,787	\$0	\$0	\$26,787	\$0
	721518821	AL100496	✘	Region 4	Serenity Care	1951 Dawes Road	Mobile	AL	36695	\$15,838	\$15,838	\$0	\$0	\$0
	AL100577	AL100577	✔	Region 4	Shoulder	P.O. Box 7130	Spanish Fort	AL	36527	\$1,381	\$1,381	\$0	\$0	\$0
	0037	AL750140	✘	Region 4	South Central Mental Health Center	150 Hospital Drive	Luverne	AL	36049	\$508,960	\$508,960	\$0	\$0	\$0
	0038	AL900513	✘	Region 4	Southwest Alabama Mental Health Center	328 West Claiborne Street	Monroeville	AL	36461	\$415,266	\$304,920	\$101,921	\$110,346	\$0
	16	AL750124	✔	Region 4	SpectraCare	831 John D Odom Road	Dothan	AL	36303	\$1,430,768	\$1,208,744	\$0	\$222,024	\$0
	AL100668	AL100668	✘	Region 1	Substance Abuse Council of North West	P.O. Box 1020	Rogersville	AL	35652	\$320,968	\$320,968	\$299,911	\$0	\$0
	10	AL100049	✔	Region 2	University of Alabama at Birmingham	401 Beacon Parkway West Suite 150	Birmingham	AL	35209	\$984,695	\$854,116	\$141,007	\$130,579	\$0
	33	AL900687	✔	Region 3	West Alabama Mental Health Center	1215 South Walnut Avenue	Demopolis	AL	36732	\$124,556	\$51,182	\$0	\$73,374	\$0
	Total									\$22,967,869	\$18,175,608	\$2,533,488	\$4,792,261	\$0

* Indicates the imported record has an error.

footnote:

III: Expenditure Reports

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

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

Yes No

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

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

Yes No

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2012) + B2(2013)</u> 2 (C)
SFY 2012 (1)	\$16,120,891	
SFY 2013 (2)	\$16,378,421	\$16,249,656
SFY 2014 (3)	\$16,163,336	

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

SFY 2012 Yes No
 SFY 2013 Yes No
 SFY 2014 Yes No

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: 6/1/2015

footnote:
 The Alabama Department of Mental Health (ADMH) reported the following State expenditures relative to MOE requirements in its FY 2012 and FY 2013 Substance Abuse Block Grant (SABG) Applications:
 FY 2012: \$16,120,891.00
 FY 2013: \$16,378,421.00

An internal fiscal review of expenditures for the stated periods has revealed that the above figures were estimated and not actual as indicated in the respective reports. Corrected figures that represent the State's actual expenditures for FY 2012 and FY 2013 are as follows:
 FY 2012: \$16,207,390.24
 FY 2013: \$16,099,357.40
 Thus, the State's correct MOE requirement for FY 2014 is \$16,153,373.82.

Because WebBGAS automatically calculated Alabama's MOE requirements for FY 2014 based upon prior year submissions, the State was unable to manually correct the FY 2015 SABG Report to reflect its actual expenditures or consequently its MOE requirements. We, therefore, respectfully request that \$16,153,373.82 be utilized as the Column C figure in Table 8a of the 2015 SABG Report based upon review and analysis of ADMH'S audited expenditure reports for FY 2012 and FY 2013.

Alabama's MOE for the Substance Abuse Block Grant is established on the basis of ADMH state funded expenditures for administration (at the State level) of Alabama's public substance abuse service delivery system, for the provision of substance abuse prevention and treatment services at the community level, and for use as state match for the receipt of Federal Medicaid payments. The sources of State funds for Alabama's SABG MOE are:
 1. Alabama's Children's Trust Fund;

2. The Alabama Department of Youth Services;
4. The State Indigent Offender Fund; and
5. Appropriations made by the Alabama State Legislature.

PLEASE SEE ATTACHMENT FOR TABLE 8a: MOE Modification Request



DR. ROBERT BENTLEY
GOVERNOR

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 N. UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410



JIM REDDOCH, J.D.
COMMISSIONER

March 3, 2015

Anna de Jong, M.A., LCPC, LCADC
Public Health Advisor
US Department of Health & Human Services
Substance Abuse & Mental Health Services Administration
Center for Substance Abuse Treatment
Division of State and Community Assistance
1 Choke Cherry Rd. Rm 5-1098
Rockville, MD 20857

Dear Ms. De Jong,

I am writing to request your consideration and assistance in amending the expenditure amounts previously reported for the State of Alabama Single State Agency (SSA) for Substance Abuse Prevention and Treatment. The Alabama Department of Mental Health (ADMH) reported the following State expenditures relative to MOE requirements in its FY2012 and FY 2013 Substance Abuse Block Grant (SABG) Applications:

FY 2012: \$16,120,891.00

FY 2013: \$16,378,421.00

In preparation of the 2015 SABG Report, the total SSA Expenditures for SAPT for SFY 2014 were obtained from the Office of Finance. Upon review of Table 8a, it was noted that data was pre-populated from SFY 2012 and SFY 2013. In comparing the pre-populated information and the total SSA Expenditures for SAPT provided by the Office of Finance, a discrepancy was apparent. Efforts were undertaken to determine the source of the discrepancy. The application was thoroughly reviewed and an internal fiscal review of expenditures for the stated periods revealed that the above figures were estimates and not actual as indicated in the respective reports. The corrected figures that represent the State's actual expenditures for FY 2012 and FY 2013 are as follows:

FY 2012: \$16,207,390.24

FY 2013: \$16,099,357.40

Because WebBGAS automatically calculated Alabama's MOE requirements for FY 2014 based upon prior year's submissions, the State was unable to manually correct the FY 2015 SABG Report to reflect the actual expenditures or consequently its correct MOE requirements. We therefore respectfully request that

\$16,153,373.82 be utilized as the Column C figure in Table 8a of the 2015 SABG Report based upon review and analysis of ADMH's audited expenditure reports for FY 2012 and FY 2013. The agency's CFO and fiscal staff are in agreement with this change and it is supported by documentation of the review that occurred on 11-21-2014.

The methodology for the calculation of the Substance Abuse Block Grant (SABG) Maintenance of Effort (MOE) is as follows:

In accordance with 45 CFR 96.134 the Department of Mental Health monitors and tracks maintenance of effort for the SABG. Each year's required MOE is calculated based on the average of the expenditures from the prior two year period. Each year's estimated MOE is calculated based on the budgeted amounts for the current year for the accounting codes identified by MHSa. An Excel spreadsheet is used to calculate these figures.

The MOE spreadsheet contains a list of the activity codes that are used by the MHSa Division to track state funded expenditures that qualify for MOE. At the beginning of the year the budgeted amounts are posted to the spreadsheet to verify that SA is on target to meet the MOE requirement. If the budgeted amounts fall short of the required amount the MHSa Associate Commissioner and Fiscal Manager are notified in order to allow them to adjust the budget as needed to ensure that the required MOE will be met.

The following activity codes are currently being used to track state expenditures that qualify under the definition of maintenance of effort.

404-8060-0000	Administration
404-9004-8710	Medicaid Admin State Match
217-8061-0000	SA Services
217-8061-5405	DYS Adolescent Treatment
217-8061-5640	Indigent Offender
501-4022-5940	Multi Needs Shared Services-Children
217-9000-8110	Medicaid State Match
217-9000-8010	Medicaid State Match Transportation

New activity codes can be added at any time therefore the MHSa Fiscal Manager verifies which codes to include each year. The MOE spreadsheet is located in an Excel folder under: /Workgroups/ADMH/SAPT/MOE.

Quarterly or as requested the spreadsheet is updated with actual expenditures and encumbrances from the accounting system or the Fund Activity Report. It is then distributed to the MHSa Associate Commissioner, Fiscal Manager and the Contracts & Grants Supervisor.

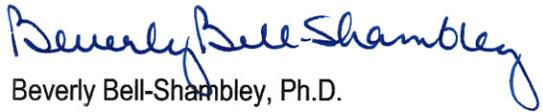
As expenditures are processed the amounts on the MOE spreadsheet are updated. Purchase orders and professional service contracts create encumbrances that can be carried into the next fiscal year. Expenditures continue to be updated until all encumbrances are liquidated.

Once a year the formula for computing the maintenance of effort is updated to include the appropriate two year period.

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	$\frac{B1(2012) + B2(2013)}{2}$ (C)
SFY 2012 (1)	16,207,390 (Actual)	
SFY 2013 (2)	16,099,357 (Actual)	16,153,374
SFY 2014 (3)	16,163,336 (Estimate)	

The procedure above will be consistently applied, with all entries for expenditures to be noted as estimates until the end of the following fiscal year end or the completion of the Board of Examiners audit for DMH. The actual expenditures will be submitted as footnotes. Attached are the internal reports from our Finance Department to substantiate the actual figures for SFY 2012 and SFY 2013.

Sincerely,



Beverly Bell-Shambley, Ph.D.
 Associate Commissioner
 Alabama Department of Mental Health
 Mental Health & Substance Abuse Services Division
 RSA Union Building, Suite 420
 100 North Union Street
 P.O. Box 301410
 Montgomery, AL 36130-1410
 Phone: 334-242-3642
 Fax: 334-242-3025

ALABAMA DEPARTMENT OF MENTAL HEALTH
 SUBSTANCE ABUSE DIVISION STATE FUNDED EXPENDITURES
 404-8060-0000

FISCAL YEAR	ADMIN EXPENDITURES	SERVICE EXPENDITURES	TOTAL EXPENDITURES	REQUIRED MOE	DIFFERENCE
FY 2012	860,568.81	15,346,821.43	16,207,390.24	15,879,421.08	327,969.16
FY 2013	1,137,246.71	14,962,110.69	16,099,357.40	8,103,695.12	7,995,662.28
FY 2014	1,114,727.47	15,048,608.74	16,163,336.21	16,153,373.82	9,962.39

SUBSTANCE ABUSE DIVISION MAINTENANCE OF EFFORT
 FY 2012 STATE FUNDED EXPENDITURES

ACCOUNT CODE	BUDGET	ENCUMBRANCES	EXPENDITURES	TOTAL ENCUMB & EXPENDITURES	
404-8060-0000	866,918.00	0.00	860,568.81	860,568.81	ADMINISTRATION
217-8061-0000	12,740,341.00	0.00	12,660,890.10	12,660,890.10	SERVICES
217-8061-5625				0.00	SUBSTANCE ABUSE COMM CORRECT
217-8061-5635				0.00	SUBSTANCE ABUSE CHILD OUTPATIENT EARMARK
217-8061-5640	200,000.00	0.00	200,000.00	200,000.00	INDIGENT OFFENDER
501-4022-5940	536,458.00	0.00	534,978.00	534,978.00	SHARED SERVICES - CHILDREN
217-9000-8110	1,917,000.00	0.00	1,916,885.33	1,916,885.33	MEDICAID PROGRAM / COMMUNITY SA / STATE MATCH
217-9000-8010	34,230.00	0.00	34,068.00	34,068.00	MEDICAID TRANSPORTATION STATE MATCH
TOTAL	16,294,947.00	0.00	16,207,390.24	16,207,390.24	
				15,879,421.08	REQUIRED MOE For SAPT 2012
				327,969.16	DIFFERENCE

**SUBSTANCE ABUSE DIVISION MAINTENANCE OF EFFORT
FY 2013 STATE FUNDED EXPENDITURES**

ACCOUNT CODE	BUDGET	ENCUMBRANCES	EXPENDITURES	TOTAL ENCUMB & EXPENDITURES	
404-8060-0000	1,134,587.00	0.00	1,137,246.71	1,137,246.71	ADMINISTRATION
217-8061-0000	12,210,845.00	0.00	11,841,736.92	11,841,736.92	SERVICES
217-8061-5001	255,000.00	0.00	66,570.12	66,570.12	JBS Youth Treatment
217-8061-5405	583,060.00	0.00	256,546.00	256,546.00	Dept. of Youth Serv. Adolescent Treatment
217-8061-5640	200,000.00	0.00	120,846.31	120,846.31	INDIGENT OFFENDER
501-4022-5940	536,458.00	0.00	533,830.50	533,830.50	SHARED SERVICES - CHILDREN
217-9000-8110	2,076,000.00	0.00	2,058,524.34	2,058,524.34	MEDICAID PROGRAM / COMMUNITY SA / STATE MATCH
217-9000-8010	89,000.00	0.00	84,056.50	84,056.50	MEDICAID TRANSPORTATION STATE MATCH
TOTAL	17,084,950.00	0.00	16,099,357.40	16,099,357.40	
				15,678,947.79	REQUIRED MOE For SAPT 2013
				420,409.61	DIFFERENCE

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**SUBSTANCE ABUSE DIVISION MAINTENANCE OF EFFORT
FY 2014 STATE FUNDED EXPENDITURES**

ACCOUNT CODE	BUDGET	ENCUMBRANCES	EXPENDITURES	TOTAL ENCUMB & EXPENDITURES	
404-8060-0000	1,197,558.00	0.00	1,114,727.47	1,114,727.47	ADMINISTRATION
404-9004-8710	66,000.00	0.00	65,770.47	65,770.47	MEDICAID-ADMIN STATE MATCH
217-8061-0000	12,102,497.00	14,166.30	12,153,122.49	12,167,288.79	SERVICES
217-8061-5001	0.00	0.00	0.00	0.00	JBS Youth Treatment
217-8061-5405	256,546.00	0.00	256,546.00	256,546.00	Dept. of Youth Serv. Adolescent Treatment
217-8061-5640	80,000.00	0.00	80,000.00	80,000.00	INDIGENT OFFENDER
501-4022-5940	536,458.00	0.00	536,457.94	536,457.94	SHARED SERVICES - CHILDREN
217-9000-8110	2,000,000.00	0.00	1,902,961.04	1,902,961.04	MEDICAID PROGRAM / COMMUNITY SA / STATE MATCH
217-9000-8010	85,000.00	0.00	39,584.50	39,584.50	MEDICAID TRANSPORTATION STATE MATCH
TOTAL	16,324,059.00	14,166.30	16,149,169.91	16,163,336.21	
				16,153,373.82	REQUIRED MOE For SAPT 2014
				9,962.39	DIFFERENCE

III: Expenditure Reports

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

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment BASE				
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) (C)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE) (D)
SFY 1991 (1)	\$2,470,000	6.00%	\$148,200	
SFY 1992 (2)	\$2,470,000	6.00%	\$148,200	\$148,200

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment MAINTENANCE			
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) (C)
SFY 2014 (3)	\$1,243,244	24.03%	\$298,751

footnote:

In September 2013 the Alabama Department of Mental Health (ADMH) received technical assistance from JBS International to assist in its development of a new Memorandum of Understanding with the Alabama Department of Health (ADPH). The MOU would clearly define the financial and program data needed by ADMH to calculate the state's annual SABG TB MOE. This technical assistance, provided by Woodrow Odom, JD. was based upon a draft preliminary report of ADMH's Core Technical Review (CTR) conducted by SAMHSA October 28 through November 2, 2012. ADMH is still awaiting SAMHSA's final CTR report and has not yet developed the new MOU or taken any action to modify its historically utilized SAMHSA authorized process for calculation of Alabama's TB MOE. Any changes desired in this regard will be planned in consultation with the state's SABG project officer.

The current TB MOE calculation methodology, as follows, was approved by SAMHSA on February 15, 2002. The Alabama Department of Public Health estimates six percent (6%) of the state funds it expends for tuberculosis services are attributable to individuals who have substance use disorders. This rate was utilized to establish the baseline for Alabama's TB MOE, \$148,000, in 1992. Thus, each year ADMH takes the figure provided by ADPH of its annual state expenditures for TB services and calculates the 6% rate. To that figure ADMH adds the total amount of state funds it spends annually to pay for adolescent screening/assessments that include screening for TB. The total of both figures equals the state's annual TB MOE.

III: Expenditure Reports

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

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

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

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment MAINTENANCE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	
(3) SFY 2014		\$0

footnote:

III: Expenditure Reports

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

Expenditures for Services to Pregnant Women and Women with Dependent Children		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$1,366,290	
SFY 2012		\$2,533,488
SFY 2013		\$1,813,306
SFY 2014		\$1,476,700
Enter the amount the State plans to expend in 2015 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>1997290.00</u>		

footnote:

The base for services to pregnant women and women with dependent children was established in 1992 at \$92,200. Aletheia House, Inc., NFR ID # AL300037, had expensed \$92,200.00.

As per Section 1922 of the Block Grant five percent of the FFY 1993 grant was identified for services to pregnant women and women with dependent children. The FFY 1993 grant amount was \$12,398,438 X .05 = \$619,921.90. Adding \$92,200 plus \$619,921.90=\$712,121.90 set-aside for FFY 1993.

The FFY 1994 grant amount was \$13,083,374.00 X .05 = \$654,168.70. Adding \$712,121.90 from FFY 1993 and \$654,168.70 from FFY 1994 yielded a Maintenance of Effort of \$1,366,290.60 for FFY 1994 and subsequent fiscal years.

IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

Column A (Risks)	Column B (Strategies)	Column C (Providers)
At Risk Youth	1. Information Dissemination	
	1. Clearinghouse/information resources centers	8
	2. Resources directories	4
	3. Media campaigns	9
	4. Brochures	18
	5. Radio and TV public service announcements	9
	6. Speaking engagements	14
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	12
	8. Information lines/Hot lines	1
	9.	0
	2. Education	
	1. Parenting and family management	4
	2. Ongoing classroom and/or small group sessions	19
	3. Peer leader/helper programs	4
	4. Education programs for youth groups	13
	5. Mentors	0
	6. Preschool ATOD prevention programs	0
	7.	0
	3. Alternatives	
	1. Drug free dances and parties	9
	2. Youth/adult leadership activities	1
	3. Community drop-in centers	7
	4. Community service activities	10
	5. Outward Bound	0
	6. Recreation activities	20
	7.	0
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	0
	2. Student Assistance Programs	2

3. Driving while under the influence/driving while intoxicated education programs	0
4.	0
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	6
2. Systematic planning	7
3. Multi-agency coordination and collaboration/coalition	16
4. Community team-building	6
5. Accessing services and funding	4
6.	0
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	12
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	21
3. Modifying alcohol and tobacco advertising practices	4
4. Product pricing strategies	1
5. Changing norms, attitudes and public perception	7

footnote:

IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2014

Level of Care	Number of Admissions \geq Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	0	0	\$0	\$0	\$0
2. Free-Standing Residential	705	635	\$1,411	\$1,350	\$863
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	3120	2846	\$2,983	\$2,357	\$5,542
5. Long-term (over 30 days)	1355	1285	\$4,115	\$3,206	\$3,756
AMBULATORY (OUTPATIENT)					
6. Outpatient	5989	5467	\$642	\$360	\$758
7. Intensive Outpatient	7676	7063	\$1,120	\$599	\$1,428
8. Detoxification	100	90	\$1,476	\$715	\$1,579
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	1922	1762	\$2,475	\$2,475	\$1,442
10. ORT Outpatient	0	0	\$0	\$0	\$0

footnote:

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2014

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	2490	1095	512	482	229	1	1	2	0	9	4	23	10	99	23	1689	772	22	7
2. 18 - 24	2890	975	568	658	219	0	0	6	1	3	2	22	11	273	152	1910	947	27	6
3. 25 - 44	7382	2385	1879	1416	593	1	2	8	2	17	7	15	15	565	477	4378	2956	29	19
4. 45 - 64	3281	1121	514	968	240	1	0	1	2	10	5	7	2	230	180	2328	941	10	2
5. 65 and Over	139	53	18	42	4	0	0	0	0	0	0	0	0	14	8	109	29	0	1
6. Total	16182	5629	3491	3566	1285	3	3	17	5	39	18	67	38	1181	840	10414	5645	88	35
7. Pregnant Women	245		147		52		0		1		1		2		42		245		1
Number of persons served who were admitted in a period prior to the 12 month reporting period		2610																	
Number of persons served outside of the levels of care described on Table 10		0																	

footnote:

IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2014

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: <u> 0 </u>	Rural: <u> 0 </u>
2. Total number of individuals tested through SAPT HIV EIS funded programs	0	
3. Total number of HIV tests conducted with SAPT HIV EIS funds	0	
4. Total number of tests that were positive for HIV	0	
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection	0	
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period	0	
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		
footnote:		

IV: Populations and Services Reports

Table 13 - Charitable Choice

Expenditure Period Start Date: 10/1/2013 Expenditure Period End Date: 9/30/2014

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

Most recent year for which data are available

From:
1/1/2013

To:
12/31/2013

Aggregates

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]	4576	5345
Total number of clients with non-missing values on employment/student status [denominator]	13249	13249
Percent of clients employed or student (full-time and part-time)	34.5 %	40.3 %

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

The data is collected at admission and discharge through standard reporting forms in the Alabama Substance Abuse Information System (ASAIS), these forms are required for all clients at admission and discharge from a program.

Data Source

What is the source of data for table 14? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

Episode of Care

How is the admission / discharge basis defined for table 14? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

Discharge Data Collection

How was discharge data collected for table 14? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission

Follow-up data months post

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

Discharge data is collected for a sample of all clients who were admitted to treatment.

Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 14? (Select all that apply)

Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

Information is not collected at admission.

Information is not collected at discharge.

Information is not collected by the categories requested.

State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing employment/education status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

footnote:

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From:
1/1/2013

To:
12/31/2013

Aggregates

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]	10291	11632
Total number of clients with non-missing values on living arrangements [denominator]	13880	13880
Percent of clients in stable living situation	74.1 %	83.8 %

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

The data is collected at admission and discharge through standard reporting forms in the Alabama Substance Abuse Information System (ASAIS), these forms are required for all clients at admission and discharge from a program.

Data Source

What is the source of data for table 15? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

Episode of Care

How is the admission / discharge basis defined for table 15? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

Discharge Data Collection

How was discharge data collected for table 15? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission

Follow-up data months post

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

Discharge data is collected for a sample of all clients who were admitted to treatment.

Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 15? (Select all that apply)

Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

Information is not collected at admission.

Information is not collected at discharge.

Information is not collected by the categories requested.

State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing stability of housing data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

footnote:

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From:
1/1/2013

To:
12/31/2013

Aggregates

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	10988	12711
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	13210	13210
Percent of clients without arrests	83.2 %	96.2 %

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

The data is collected at admission and discharge through standard reporting forms in the Alabama Substance Abuse Information System (ASAIS), these forms are required for all clients at admission and discharge from a program.

Data Source

What is the source of data for table 16? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

Episode of Care

How is the admission / discharge basis defined for table 16? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

Discharge Data Collection

How was discharge data collected for table 16? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission

Follow-up data months post

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

Discharge data is collected for a sample of all clients who were admitted to treatment.

Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 16? (Select all that apply)

Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

Information is not collected at admission.

Information is not collected at discharge.

Information is not collected by the categories requested.

State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing criminal justice involvement data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

footnote:

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

Most recent year for which data are available

From:
1/1/2013

To:
12/31/2013

Aggregates

Alcohol Abstinence – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	8103	10003
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	12322	12322
Percent of clients abstinent from alcohol	65.8 %	81.2 %

(1) If State does not have a "used any alcohol" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Alcohol (e.g., TEDS Code 02)

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

The data is collected at admission and discharge through standard reporting forms in the Alabama Substance Abuse Information System (ASAIS), these forms are required for all clients at admission and discharge from a program.

Data Source

What is the source of data for table 17? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

Episode of Care

How is the admission / discharge basis defined for table 17? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

Discharge Data Collection

How was discharge data collected for table 17? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission

Follow-up data months post 6

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

- Discharge data is collected for a sample of all clients who were admitted to treatment.
- Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.
- Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 17? (Select all that apply)

- Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

- No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.
- No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

- Information is not collected at admission.
- Information is not collected at discharge.
- Information is not collected by the categories requested.
- State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing change in abstinence-alcohol use data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

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

Most recent year for which data are available

From:
1/1/2013
To:
12/31/2013

Aggregates

Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) (use Any Drug Use in last 30 days field) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients abstinent from illegal drugs [numerator]	4651	7149
Total number of clients with non-missing values on "used any drug" variable [denominator]	12322	12322
Percent of clients abstinent from drugs	37.7 %	58.0 %

(2) If State does not have a "used any drug" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Drugs (e.g., TEDS Codes 03-20)

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

The data is collected at admission and discharge through standard reporting forms in the Alabama Substance Abuse Information System (ASAIS), these forms are required for all clients at admission and discharge from a program.

Data Source

What is the source of data for table 18? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

Episode of Care

How is the admission / discharge basis defined for table 18? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

Discharge Data Collection

How was discharge data collected for table 18? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission

Follow-up data months post 6

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

- Discharge data is collected for a sample of all clients who were admitted to treatment.
- Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.
- Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 18? (Select all that apply)

- Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

- No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.
- No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

- Information is not collected at admission.
- Information is not collected at discharge.
- Information is not collected by the categories requested.
- State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing change in abstinence-other drug use data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

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

Most recent year for which data are available

From:
1/1/2013

To:
12/31/2013

Aggregates

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]	804	2923
Total number of clients with non-missing values on self-help attendance [denominator]	4281	4281
Percent of clients attending self-help programs	18.8 %	68.3 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	49.5 %	

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

The data is collected at admission and discharge through standard reporting forms in the Alabama Substance Abuse Information System (ASAIS), these forms are required for all clients at admission and discharge from a program.

Data Source

What is the source of data for table 19? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

Episode of Care

How is the admission / discharge basis defined for table 19? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

Discharge Data Collection

How was discharge data collected for table 19? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission

Follow-up data months post 6

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

- Discharge data is collected for a sample of all clients who were admitted to treatment.
- Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.
- Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 19? (Select all that apply)

- Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

- No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.
- No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

- Information is not collected at admission.
- Information is not collected at discharge.
- Information is not collected by the categories requested.
- State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing change in social support data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

footnote:

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

Use Prepopulated Data

Most recent year for which data are available

From:
1/1/2013

To:
12/31/2013

Level of Care	Average	Median	Interquartile Range
DETOXIFICATION (24-HOUR CARE)			
1. Hospital Inpatient	0.0000	0.0000	0
2. Free-Standing Residential	7.0000	6.0000	4-7
REHABILITATION/RESIDENTIAL			
3. Hospital Inpatient	0.0000	0.0000	0
4. Short-term (up to 30 days)	23.0000	20.0000	13-22
5. Long-term (over 30 days)	62.0000	46.0000	15-46
AMBULATORY (OUTPATIENT)			
6. Outpatient	167.0000	116.0000	60-204
7. Intensive Outpatient	193.0000	134.0000	69-256
8. Detoxification	0.0000	0.0000	0
OPIOID REPLACEMENT THERAPY			
9. Opioid Replacement Therapy	516.0000	320.0000	114-663
10. ORT Outpatient	0.0000	0.0000	0

footnote:

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2011 - 2012	11.7	<input type="text"/>
	Age 18+ - CY 2011 - 2012	48.0	<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 2011 - 2012	8.1	<input type="text"/>
	Age 18+ - CY 2011 - 2012	26.2	<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 2011 - 2012	5.7	<input type="text"/>
	Age 18+ - CY 2011 - 2012	13.0	<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 2011 - 2012	5.7	<input type="text"/>
	Age 18+ - CY 2011 - 2012	5.0	<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 2011 - 2012	5.1	<input type="text"/>
	Age 18+ - CY 2011 - 2012	4.0	<input type="text"/>

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

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2011 - 2012	80.3	<input type="text"/>
	Age 18+ - CY 2011 - 2012	80.0	<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 2011 - 2012	90.7	<input type="text"/>
	Age 18+ - CY 2011 - 2012	92.2	<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 2011 - 2012	76.0	<input type="text"/>
	Age 18+ - CY 2011 - 2012	74.4	<input type="text"/>

footnote:

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.risk.		
	Age 12 - 17 - CY 2011 - 2012	13.3	<input type="text"/>
	Age 18+ - CY 2011 - 2012	18.0	<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 2011 - 2012	12.7	<input type="text"/>
	Age 18+ - CY 2011 - 2012	16.1	<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 2011 - 2012	12.8	<input type="text"/>
	Age 18+ - CY 2011 - 2012	18.9	<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 2011 - 2012	14.0	<input type="text"/>
	Age 18+ - CY 2011 - 2012	18.2	<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 2011 - 2012	12.8	<input type="text"/>
	Age 18+ - CY 2011 - 2012	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.

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2011 - 2012	88.9	<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 2011 - 2012	86.2	<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 2011 - 2012	84.0	<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 2011 - 2012	83.9	<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 2011 - 2012	87.6	<input type="text"/>

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 18+ - CY 2011 - 2012	46.3	<input type="text"/>
	Age 12 - 17 - CY 2011 - 2012		<input type="text"/>

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp . Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2012	93.9	<input type="text"/>

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2011 - 2012	33.9	<input type="text"/>

footnote:

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug- Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2012	31.3	<input type="text"/>

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2011 - 2012	54.1	<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 2011 - 2012	82.8	<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.

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ? Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2011 - 2012	87.4	<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:

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

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

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2012	12/31/2012
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2012	12/31/2012
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2012	12/31/2012
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2012	12/31/2012
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	7/1/2013	6/30/2014

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

We use our Alabama Substance Abuse Information System (ASAIS), built by Harmony Information Systems. Data collection screens were created to capture the various elements needed to be able to report the items in the BGAS tables for each prevention program.

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.

All participants are added only to the "More than One Race" category.

footnote:

V: Performance Indicators and Accomplishments

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

Category	Total
Age	
0-4	348
5-11	34422
12-14	1401
15-17	13087
18-20	5919
21-24	1688
25-44	1706
45-64	167
65 and over	0
Age Not Known	31236
Gender	
Male	40768
Female	44926
Gender Unknown	4280
Race	
White	26584
Black or African American	50966
Native Hawaiian/Other Pacific Islander	13
Asian	0
American Indian/Alaska Native	49
More Than One Race (not OMB required)	1817

Race Not Known or Other (not OMB required)	10545
Ethnicity	
Hispanic or Latino	7509
Not Hispanic or Latino	82465

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

The Alabama Substance Abuse Information System (ASAIS) allows for submission of data from each provider on forms that mirror the submission requirements for the Block Grant.

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.

Those participants were added to the More Than One Race subcategory only.

footnote:

V: Performance Indicators and Accomplishments

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

Category	Total
Age	
0-4	25439
5-11	36642
12-14	16426
15-17	19917
18-20	22130
21-24	25307
25-44	108634
45-64	98924
65 and over	77493
Age Not Known	277579
Gender	
Male	330663
Female	362695
Gender Unknown	15133
Race	
White	467252
Black or African American	205343
Native Hawaiian/Other Pacific Islander	62
Asian	6539
American Indian/Alaska Native	3868
More Than One Race (not OMB required)	5723

Race Not Known or Other (not OMB required)	19704
Ethnicity	
Hispanic or Latino	14194
Not Hispanic or Latino	694297

footnote:

V: Performance Indicators and Accomplishments

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

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

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

footnote:

V: Performance Indicators and Accomplishments

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

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

The guidelines have been implemented and the state uses these guidelines for the definition of evidence-based.

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

The data is collected in the Alabama Substance Abuse Information System, based on provider reports that mirror the reports for the Block Grant.

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

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	38	32	70	9	3	82
2. Total number of Programs and Strategies Funded	38	33	71	9	3	83
3. Percent of Evidence-Based Programs and Strategies	100.00 %	96.97 %	98.59 %	100.00 %	100.00 %	98.80 %

footnote:

V: Performance Indicators and Accomplishments

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

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 38	\$ 673638.00
Universal Indirect	Total # 33	\$ 3156924.00
Selective	Total # 9	\$ 676909.00
Indicated	Total # 3	\$ 6240.00
	Total EBPs: 83	Total Dollars Spent: \$4513711.00

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