I: State Information

State Information

I. State Agency for the Block Grant

Agency Name	Alabama Department of Mental Health
Organizational Unit	Mental Health and Substance Abuse Services Division
Mailing Address	100 North Union Street, Suite 402
City	Montgomery
Zip Code	36130-1410

II. Contact Person for the Block Grant

First Name	Beverly
Last Name	Bell-Shambley, Ph.D.
Agency Name	Alabama Department of Mental Health
Mailing Address	100 North Union Street, Suite 402
City	Montgomery
Zip Code	36130-1410
Telephone	334-242-3642
Fax	334-242-3025
Email Address	Beverly.Bell-Shambley@mh.alabama.gov

III. Expenditure Period

State Expenditure Period

From	10/1/2012
To	9/30/2013

Block Grant Expenditure Period

From	10/1/2010
To	9/30/2012

IV. Date Submitted

Submission Date	12/2/2013 10:00:52 PM
Revision Date	2/11/2014 7:48:59 PM

V. Contact Person Responsible for Report Submission

First Name	Sarah
Last Name	Harkless
Telephone	334-242-3953
Fax	334-242-0759
Email Address	sarah.harkless@mh.alabama.gov

VI. Contact Person Responsible for Substance Abuse Data

First Name	Kristopher
Last Name	Vilamaa

Telephone	334-242-3305
Email Address	Kristopher.Vilamaa@mh.alabama.gov

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Table 2 - State Priorities

Number	Title	Description
1	Injection Drug Users (IDUs) (Content Changed)	Enhance access to services and service delivery for intravenous drug users as according to 45CFR 96 126.
2	Pregnant and Parenting Women (Content Changed)	Ensure priority access to substance abuse treatment for pregnant women and women with dependent children that incorporates (a) evidence-based practices; (b) prenatal care; (c) HIV/AIDS prevention education, counseling, and referral for related services; (d) services for dependent children; and (e) other gender responsive services needed to minimize barriers to treatment, support recovery, and strengthen the family.
3	Tuberculosis Services for Substance Abuse Treatment Program Participants (Content Changed)	Ensure resource availability and the establishment of formal agreements for the provision of TB services as outlined in 45 CFR 96.127 for all substance abuse treatment programs funded by ADMH.
4	Rural Populations (Content Changed)	Increase access to culturally competent substance abuse prevention and treatment services in rural Alabama communities.
5	Veterans (Content Changed)	Improve access to trauma informed care and increase service delivery for veterans and their families at programs funded by ADMH.
6	LGBTQ Individuals (Content Changed)	Alabama will increase outreach and training opportunities to serve LGBTQ individuals.
7	Health Care Reform (Content Changed)	Enhance Alabama’s public substance abuse services delivery system readiness for changes in health care delivery.
8	Underage Drinking (Content Changed)	Facilitate implementation of a strength-based approach to addressing underage drinking in Alabama.
9	Linguistic and Culturally Competent Services (Content Changed)	Improve the state’s substance abuse prevention, treatment, and recovery support service system so that it is more responsive to the needs of a culturally and linguistically diverse client population.
10	Suicide Prevention (Content Changed)	Actively participate in efforts to combat the state’s increase of deaths by suicide and promote suicide prevention in Alabama.
11	(New Priority) Community Populations for Environmental Prevention Activities	Enhance efforts throughout the state to address the health and social well-being of the community at large through implementation of environmental change processes. (Priority added to reflect June 14, 2012 revision request made by SPO and Alabama's approved response to this request)
12	(New Priority) Workforce Development	Recruit and retain a qualified workforce to meet the growing needs of individuals seeking substance abuse services within the state. (Priority added to reflect June 14, 2012 revision request made by SPO and Alabama's approved response to this request).
13	(New Priority) Information Technology	Develop a comprehensive behavioral information system that allows Alabama to assess needs, improve quality, and fill gaps across the service delivery system. (Priority added to reflect June 14, 2012 revision request made by SPO and Alabama's approved response to this request)
14	(New Priority) Implementation of a Good and Modern Services System	Alabama will enhance the available substance abuse service array. Alabama will actively promote implementation of a Recovery Oriented System of Care. Alabama will integrate Mental Health Promotion and Wellness (MHPW) into community prevention services. Alabama will increase access to Trauma Informed Services. (Priority added to reflect June 14, 2012 revision request made SPO and Alabama's approved response to this request)

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Table 3 - Objectives, Strategies and Performance Indicators

Priority: Injection Drug Users (IDUs)

Goal of the priority area:

Enhance access to services and service delivery for injection drug users in Alabama as according to 45 CFR 96.126

Strategies to attain the goal:

1. Work in conjunction with community partners to review evidence based outreach models and identify at least three models for use in conjunction with or by treatment programs.
2. Incorporate the requirements of 45 CFR 96.126 into ADMH protocols.
3. Monitor implementation of outreach activities as according to 45 CFR 96.126.

Annual Performance Indicators to measure goal success

Indicator: IDU admissions to ADMH funded treatment programs will increase by 10% from 1,813 admissions in FY 2011 to 1,995 by September 30, 2013. (Please see footnote)

Description of Collecting and Measuring Changes in Performance Indicator:

Staff assigned to manage this Priority will:
1. Establish the baseline number of programs in compliance with the outreach and service requirements of 45 CFR 96.126 by September 30, 2012.
2. Obtain quarterly reports of IDU admissions from ASAIS, the ADMH management information system.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Pregnant and Parenting Women

Goal of the priority area:

Ensure priority access to substance abuse treatment for pregnant women and women with dependent children that incorporates (a) evidence-based practices; (b) prenatal care; etc. (Please see footnote).

Strategies to attain the goal:

1. Identify and implement strategies to more effectively publicize the availability of treatment for pregnant women and women with dependent children.
2. Develop and implement strategies to promote the use of Screening Brief Intervention and Referral to Treatment in the Alabama Medicaid Maternity Care Network.
3. Conduct structured activities to identify barriers which inhibit or prevent access to substance abuse treatment and recovery support services by individuals with custody of underage children.
4. Develop and implement strategies in response to barrier assessment.
5. Survey programs serving pregnant women and women with dependent children to establish baseline data on utilization of evidence-based practices; access to prenatal care; HIV/AIDS prevention education, counseling, and referral for related services; services for dependent children; and other gender responsive services. On the basis of the survey's results, develop and implement strategies to increase use.
6. Modify the ADMH substance abuse services contract billing manual and contract language to comply with 45CFR 96.121, 96.126, and 96.131. 5.
7. Provide provider training and make available technical assistance to support compliance with contract requirements.
8. Monitor provider compliance with contract requirements.

Annual Performance Indicators to measure goal success

Indicator: By September 30, 2013, admission to ADMH funded treatment programs by pregnant women and by women with dependent children will increase, respectively, by 20% from the baseline level established on September 30, 2012 (Please see footnote).

Description of Collecting and Measuring Changes in Performance Indicator:

Treatment Services staff assigned to manage this Priority will:
1. Obtain quarterly reports of the number of admissions of pregnant women and women with dependent children to ADMH funded treatment programs and provide a report of such to the Executive Staff and the Division's Associate Commissioner.
2. Modify program monitoring reports to capture information on the use of evidence-base practices, access to prenatal care, the provision of

HIV/AIDS prevention education, counseling, and referral services, services provided for children, gender responsive services, and the development of program policies to enhance access to care for pregnant women and women with dependent children.
3. Develop quarterly reports of progress toward attainment of the stated objectives and report findings to the Executive Staff and Associate Commissioner.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Tuberculosis Services for Substance Abuse Treatment Program Participants

Goal of the priority area:

Ensure resource availability and the establishment of 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. The Substance Abuse Office of Treatment Services will identify how recent ADPH TST changes are affecting providers.
2. The Substance Abuse Office of Treatment Services will develop a sample template as an example for providers to use for the provision of TB services.
3. The Substance Abuse Office of Treatment Services will monitor the provision of TB services through its SAPT Block Grant monitoring process.

Annual Performance Indicators to measure goal success

Indicator: By September 30, 2012, at least 25% of the 50 contractual SA treatment providers will report to the SA Office of Treatment Services on the existence of gaps in the provision of TB services as the result of ADPH TST changes (Please

see footnote).

Description of Collecting and Measuring Changes in Performance Indicator:

Treatment Services staff assigned to manage this Priority will:
1. A document listing the providers affected by the ADPH TST changes along with the proposed plan to ensure TST resources are available will be developed by the Substance Abuse Office of Treatment Services.
2. The Substance Abuse Office of Treatment Services will conduct SAPTBG monitoring compliance visits on a scheduled rotation, that will yield evidence of compliance specific to 45 CFR 96.127, as tracked on the SAPTBG Program Compliance Monitoring Survey. This survey will yield evidence of compliance, no evidence of compliance, or partial evidence of compliance.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Rural Populations

Goal of the priority area:

Increase access to culturally competent substance abuse prevention and treatment services in rural Alabama communities.

Strategies to attain the goal:

1. Identify opportunities for medical providers in rural communities to participate in SBIRT.
2. Establish a process wherein existing community providers, especially FQHCs, and current/prospective SA service providers collaborate for the delivery of integrated substance abuse treatment and primary care services.
3. Explore grant opportunities through the Office of Rural Health.

4. Expand opportunities for telehealth.

Annual Performance Indicators to measure goal success

Indicator: By September 30, 2012, establish a baseline to determine the number integrated service activities implemented that engage medical providers, existing rural community providers, and current/prospective SA providers.

Description of Collecting and Measuring Changes in Performance Indicator:

Staff assigned to manage this goal will collect the following data, develop quarterly reports of this information, and submit these reports, along with recommendations for goal and/or strategy modifications to the Executive Staff and Associate Commissioner:
1. Documentation of activities that engaged medical providers, existing rural community providers, and current/prospective SA providers.
2. The number of new SBIRT enrollee's.
3. Utilization rates of SBIRT billing code.
4. The number of grants and/or RFP's applied for/published.
5. The number of new service providers and/or levels of care within rural communities.

Achieved: No

Proposed Changes:

ADMH will continue its work to meet this goal as part of Priority #7, Vulnerable/Underserved Populations, specified in Alabama's 2014 SABG Behavioral Health Plan.

Reason Not Achieved:

Tremendous progress was made in increasing access to substance abuse prevention services in rural Alabama. Making use of ADMH's epidemiological data has aided in targeting areas of greatest need for prevention services. However, the need continues for more treatment services for rural Alabama populations. Although the State has provided training and highly promoted service integration with rural primary health care providers, substance abuse treatment providers have been slow to expand beyond existing service locations. In addition, SABG funding cuts created by sequestration eliminated any potential for program growth or expansion.

Priority: Veterans

Goal of the priority area:

Improve access to trauma informed care and increase service delivery for veterans and their families at programs funded by ADMH.

Strategies to attain the goal:

1. Identify, initiate contact, and establish collaborative relationships with veteran serving organizations throughout the state.
2. Research, develop, and implement effective outreach and engagement strategies for veterans and their families.
3. Develop opportunities for community providers to obtain trauma training for all staff, including administrative and support personnel.
4. Collaborate with federal, state, and community partners

Annual Performance Indicators to measure goal success

Indicator: The number veterans receiving services from ADMH funded substance abuse treatment programs will increase by 10% from 1044 individuals in FY 2011 to 1148 individuals in FY 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Description of Collecting and Measuring Changes in Performance Indicator:
Staff assigned to manage this Priority will collect the following data, develop quarterly reports of this information, and submit these reports, along with recommendations for goal and/or strategy modifications to the SA Executive Staff and Associate Commissioner:
1. The number of trauma specific training events in which staff from ADMH contract agencies participated organizations in FY 2012.
2. The number of veterans receiving services in ADMH funded substance abuse treatment programs.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: LGBTQ Individuals

Goal of the priority area:

Alabama will increase outreach and training opportunities to serve LGBTQ individuals.

Strategies to attain the goal:

Identify speakers to provide LGBTQ content sessions at the Alabama School of Alcohol and Other Drug Studies and at the Council of Community Health Center Annual Conference.

Annual Performance Indicators to measure goal success

Indicator: ADMH will partner with the Alabama School of Alcohol and Other Drug Studies to provide a course titled Gay, Lesbian, Bisexual, Transgender (GLBT) and Behavioral Health Issues at the conference in March 2012 (Please see footnote).

Description of Collecting and Measuring Changes in Performance Indicator:

Staff will be assigned responsibility to lead efforts for implementation of this strategy, document efforts to engage LGBTG individuals and organizations in ADMH planning efforts, and to make quarterly reports of such to the Associate Commissioner and to the MISA Executive Staff Committee.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Health Care Reform

Goal of the priority area:

Enhance Alabama's public substance abuse services delivery system readiness for changes in health care delivery.

Strategies to attain the goal:

1. Provide opportunities for providers' self assessment of readiness to adapt to changes in the country's health care delivery system.
2. Establish and implement a process for routine dissemination of information on health care reform related funding opportunities.
3. Collaborate with state agency partners in development of the behavioral health benefit options to be provided through the Alabama Health Insurance Exchange.
4. Collaborate with state agency partners to maximize opportunities for individuals with substance use disorders to benefit from Alabama's Health Insurance Exchange.
5. Provide technical assistance and education activities for ADMH staff and for providers to support implementation and compliance with the Affordable Care Act and related changes in the health care delivery system.

Annual Performance Indicators to measure goal success

Indicator: By September 30, 2013, self-assessments will be completed by at least 50% of ADMH's sixty (60) substance contract treatment providers (Please see footnote).

Description of Collecting and Measuring Changes in Performance Indicator:

Staff will be assigned responsibility to lead efforts for implementation of this strategy, document efforts taken to implement strategies, and to make written quarterly reports of such, along with recommendations relative to progress toward attainment of benchmarks, to the Associate Commissioner and to the MISA Executive Staff Committee.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Underage Drinking

Goal of the priority area:

Facilitate implementation of a strength-based approach to addressing underage drinking in Alabama.

Strategies to attain the goal:

1. Identify underage drinking as a priority for prevention efforts across the CSAP strategies.
2. Apply principles of didactic learning, adult learning skills to facilitate effective underage drinking awareness and education to promote community buy in and community collaboration.
3. Demonstrate sound application of data to inform where and how to provide applicable services to those who experience underage drinking.
4. Initiate consistent statewide underage drinking public education efforts.
5. Collaborate with community partners to identify and develop key practical solutions that demonstrate sound Prevention practice that would build on existing strengths of communities and individuals.

Annual Performance Indicators to measure goal success

Indicator: By Sept. 30, 2012 the prevention plan template for FY 2013 will reflect underage drinking as a priority (Please see footnote).

Description of Collecting and Measuring Changes in Performance Indicator:

1. Documentation of underage drinking as a priority in prevention plan template for FY 2013.
2. Documentation of efforts to raise awareness of underage drinking.
3. Documentation of data will identify areas of incidences of underage drinking.
4. Documentation of media outlets addressing underage drinking for FY 2013.
5. Documentation of resources and collaborative efforts being utilized throughout the state.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Linguistic and Culturally Competent Services

Goal of the priority area:

Improve the state's substance abuse prevention, treatment, and recovery support service system so that it is more responsive to the needs of a culturally and linguistically diverse client population.

Strategies to attain the goal:

1. Gather community-based information on needs and concerns of cultural groups regarding substance abuse services.
2. Assess the staff and service capacity of the public substance abuse system to serve the identified groups.
3. Assess the policies and procedures of provider organizations to address the needs of cultural groups.
4. Develop reporting processes which will allow the Division to determine with precision the numbers of people who are limited English proficient (including people are who are deaf and use American Sign Language) and what language assistance is provided to them per Executive Order 13166, which includes: (a) Revision of data fields in the ADMH management information system, ASAIS, to capture language of preference and hearing status in reportable form; and (b) Revision of service reporting procedures for providers to capture expenditures for language assistance.
5. Conduct trainings to improve competence skill sets for the public workforce to address a culturally and linguistically diverse client population.

Annual Performance Indicators to measure goal success

Indicator: By September 30, 2013, participation of cultural and linguistic minorities within Alabama's public substance abuse service delivery system will increase by 10% over baseline figures established September, 30 2012 (Please see footnote).

Description of Collecting and Measuring Changes in Performance Indicator:

Assigned staff will monitor implementation of tasks assigned for implementation of the stated strategies and submit an end of the year report listing the findings as they relate to the stated indicators to the Associate Commissioner and to the MISA Executive Staff Committee.
1. Report number and language preference of any consumer who is LEP.
2. Report number of hours of free language assistance provided.
3. Office of Deaf Services will offer at least two training events on identifying people with hearing loss and at least two training events on cross-linguistic service delivery.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Suicide Prevention

Goal of the priority area:

Actively participate in efforts to combat the state's increase of deaths by suicide and promote suicide prevention in Alabama.

Strategies to attain the goal:

1. Actively collaborate with federal, state, and local agencies in the development and implementation of a statewide plan to prevent suicide.
2. Develop strategies to implement the DMH-components of the statewide suicide prevention plan, but clarifies ADMH's role in relation to other agencies addressing this problem and identifies specific internal strategies, policies and procedures to be implemented on a continuous basis.
3. Examine the feasibility of implementation and promotion of Mental Health First Aid in Alabama as an adjunct to ADMH's suicide prevention plan.

Annual Performance Indicators to measure goal success

Indicator: By September 30, 2013 ADMH will document active participation in at least four (4) sustainable activities that support suicide prevention for individuals who have substance use and co-occurring substance use and mental disorders (Please see footnote).

Description of Collecting and Measuring Changes in Performance Indicator:

Staff will be assigned responsibility to lead efforts for implementation of this strategy, document efforts taken to implement strategies, and to make written quarterly reports of such, along with recommendations relative to progress toward attainment of benchmarks, to the Associate Commissioner and to the MISA Executive Staff Committee.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Community Populations for Environmental Prevention Activities

Goal of the priority area:

Enhance efforts throughout the state to address the health and social well-being of the community at large through implementation of Environmental change processes.

Strategies to attain the goal:

1. Identify Environmental as a CSAP strategy priority for prevention efforts.
2. Demonstrate the use of Environmental as a CSAP strategy priority for prevention efforts.
3. Align funding to support Environmental as a CSAP strategy priority for prevention effort.
4. Individualize what “capacity building” means to communities before an attempt is made to ensure prevention activities and outcomes are finalized based solely on funding.
5. Establish Campus-Community Collaborative Partnerships to strengthen community mobilization efforts.
6. Assist with development of a community approach to sustaining training, support, and supervision.

Annual Performance Indicators to measure goal success

Indicator: By Sept. 30, 2012, the prevention plan template for FY 2013 will reflect Environmental as a priority (Please see footnote).

Description of Collecting and Measuring Changes in Performance Indicator:

1. Documentation of Environmental as a CSAP strategy priority in prevention plan template for FY 2013.
2. Documentation of Environmental as a CSAP strategy priority in proposed prevention plans for FY 2013.
3. Documentation of Environmental as a CSAP strategy priority in proposed prevention rates for FY 2013.
4. Documentation of community providers and services offered will be indicated in prevention plans by September 30, 2013.
5. Documentation of Campus-Community Partnership collaborative efforts by September 30, 2013.
6. Documentation of sustainability in Alabama communities

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Workforce Development

Goal of the priority area:

Recruit and retain a qualified workforce to meet the growing needs of individuals seeking substance abuse services within the state.

Strategies to attain the goal:

1. Increase cooperative relationships with universities whereby students complete the internship/practicum portion of their degrees within mental health disciplines.
2. Advocate for changes in the licensing law for psychiatrists to observe reciprocity with other state licensing bodies.
3. Expand use of telemedicine.

Annual Performance Indicators to measure goal success

Indicator: By September 30, 2012, the SA Office of Treatment Services will disseminate the SA Provider directory to 100% of the educational institutions within the state, etc. (Please see footnote).

Description of Collecting and Measuring Changes in Performance Indicator:

Description of Collecting and Measuring Changes in Performance Indicator:
1. The Substance Abuse Office of Treatment Services will query providers about the # of internship/practicum students hired and/or retained post degree attainment on an annual basis through use of a survey administered by FY2013.
2. The ADMH's documentation of communication with ABME.
3. Increase the number of opportunities pursued by the ADMH to expand use of telemedicine.

Achieved: No

Proposed Changes:

Alabama will continue to work toward attainment of this goal, building upon accomplishments made to date, especially the relationships established with Alabama universities. In addition, the state will utilize SABG funds in 2014 to develop resources for expanded use of telemedicine.

Reason Not Achieved:

Goal attainment will require time that extends beyond the initial time allocated. Although all strategies were implemented and completed, other than completion of strategies for expanded use of telemedicine, the need for more individuals to enter the field remains.

Priority: Information Technology

Goal of the priority area:

Develop a comprehensive behavioral information system that allows Alabama to assess needs, improve quality, and fill gaps across the service delivery system.

Strategies to attain the goal:

Analyze ADMH's current information system infrastructure to identify gaps and determine ways to be more efficient in collection and access to data from the service delivery system.

Annual Performance Indicators to measure goal success

Indicator: Analysis of current information system infrastructure completed by September 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

1. The Department will complete a comprehensive analysis of current information system infrastructure and identify goals and strategies that will need to be implemented to create a cohesive structure for all data the department maintains.
2. Development of an ongoing process involving user groups in identifying new technologies and engaging the service delivery system in their use. We will establish and help to facilitate at least five groups on various types of technology where there is identified interest. These groups will each have team leaders and be assisted by staff from the division, but be composed of providers who have an interest in that particular technology. All meetings will be available to all, whether by teleconference or in-person and the groups will report out to relevant bodies as appropriate.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Implementation of a Good and Modern Services System

Goal of the priority area:

1. Actively promote implementation of a Recovery Oriented System of Care
2. Enhance the available substance abuse service array.
3. Please see footnote.
4. Please see footnote.

Strategies to attain the goal:

Goal 1
1. Collaborate and enhance program planning to promote a recovery oriented system of care via expanding and increasing access to Prevention awareness and information technology to promote cross discipline information exchange-treatment mental illness prevention;
2. Maximize choice and control for consumers and families to self-direct care and treatment with a focus on recovery and support.
3. Promote evidence-based practices and co-occurring training at the state level.

Goal 2
1. Incorporate CPT Service codes previously identified and defined for use in ADMH funded programs into the agency's contract billing manual and management information system.
2. Develop guidelines and related training to assist providers in moving to an environment of billing for services rather than levels of care.
3. Provide technical assistance as needed to address issues of over and/or under service utilization.
4. Develop process for evaluation of utility and provider satisfaction with expanded service array.

Goal 3
1. Develop opportunities for community providers to obtain trauma training for all staff, including administrative and support personnel.
2. Establish a process for provider self-assessment to determine if internal policies and procedures are supportive of the needs of trauma survivors.
3. Collaborate with state and community partners to develop resources to support access to trauma specific services.
4. ADMH will partner with the SCATTC and the Alabama School of Alcohol and Drug Studies to bring a national speaker to conduct a course titled "What the Heck is Trauma-Informed Care, Why do We Need It, and How Do We Do It?" at the March 2012 annual provider conference.

Goal 4
1. Explore how MHPW can be embedded into the prevention discipline.
2. Embed MHPW into the prevention goals.
3. Work toward the intersection of Prevention with Mental Health promotion messages that are consistent and clear to improve how individuals respond to information dissemination to problem solve with difficult situations.
4. Explore mental health impact of vulnerable populations.
5. Target mental health promotional activities that target vulnerable groups/populations.

Annual Performance Indicators to measure goal success

Indicator: Goal 1
By September 30, 2012, a baseline level for the number of ADMH contract providers employing Peer Support Specialists will be established (Please see footnote).

Description of Collecting and Measuring Changes in Performance Indicator:

Goal 1
1. The number of consumers and families who report that they were present and involved in their individual service plan.

2. Number of service plans reviewed that reflect that services and support are consistent with individual need and preference.
3. Review of recovery support services and early intervention services submitted for payment.

Goal 2
Assigned staff will monitor implementation of tasks assigned for the stated strategies and report quarterly findings as they relate to each identified indicator.

Goal 3
Assigned staff will monitor implementation of tasks assigned for the stated strategies and report quarterly findings as they relate to the stated indicator to the Associate Commissioner and to the MISA Executive Staff Committee.

Goal 4
1. Documentation of educational efforts specific to MHWP.
2. Documentation that MHPW is a part of the prevention goals.
3. Documentation of MHPW information will be disseminated statewide.
4. Epidemiological documentation of data relative to potential mental health effects in relation to a specific population and/or geographical area.
5. Documentation of activities specific to mental health promotion.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Footnotes:

As a result of a limit in the number of typed characters BGAS will allow for insertion of information in the "Goal Name" and "Performance Indicator" sections of Table 3, Alabama has attached to Table 3 its complete goals, priorities, and performance indicators for this reporting period.

II: Annual Report - ALABAMA

Table 3 – Objectives, Strategies and Performance Indicators

Priority 1: Injection Drug Users (IDUs)
Goal of the Priority Area: Enhance access to services and service delivery for injection drug users in Alabama as according to 45 CFR 96.126
Strategies to Attain the Goal: 1. Work in conjunction with community partners to review evidence based outreach models and identify at least three models for use in conjunction with or by treatment programs. 2. Incorporate the requirements of 45 CFR 96.126 into ADMH protocols. 3. Monitor implementation of outreach activities as according to 45 CFR 96.126.
Annual Performance Indicators to Measure Goal Success: 1. IDU admissions to ADMH funded treatment programs will increase by 10% from 1,813 admissions in FY 2011 to 1,995 by September 30, 2013. 2. By 2013 there will be a 50% increase in program compliance with 45 CFR 96.126 over the established 2012 baseline
Description of Collecting and Measuring Changes in Performance Indicator: Staff assigned to manage this Priority will: 1. Establish the baseline number of programs in compliance with the outreach and service requirements of 45 CFR 96.126 by September 30, 2012. 2. Obtain quarterly reports of IDU admissions from ASAIS, the ADMH management information system.
Achieved: Yes
Proposed Changes: N/A
Reason Not Achieved: N/A

Priority 2: Pregnant and Parenting Women

Goal of the Priority Area:

Ensure priority access to substance abuse treatment for pregnant women and women with dependent children that incorporates (a) evidence-based practices; (b) prenatal care; (c) HIV/AIDS prevention education, counseling, and referral for related services; (d) Services for dependent children; and (e) other gender responsive services needed to minimize barriers to treatment, support recovery, and strengthen the family.

Strategies to Attain the Goal:

1. Identify and implement strategies to more effectively publicize the availability of treatment for pregnant women and women with dependent children.
2. Develop and implement strategies to promote the use of Screening Brief Intervention and Referral to Treatment in the Alabama Medicaid Maternity Care Network.
3. Conduct structured activities to identify barriers which inhibit or prevent access to substance abuse treatment and recovery support services by individuals with custody of underage children.
4. Develop and implement strategies in response to barrier assessment.
5. Survey programs serving pregnant women and women with dependent children to establish baseline data on utilization of evidence-based practices; access to prenatal care; HIV/AIDS prevention education, counseling, and referral for related services; services for dependent children; and other gender responsive services. On the basis of the survey's results, develop and implement strategies to increase use.
6. Modify the ADMH substance abuse services contract billing manual and contract language to comply with 45CFR 96.121, 96.126, and 96.131. 5.
7. Provide provider training and make available technical assistance to support compliance with contract requirements.
8. Monitor provider compliance with contract requirements.

Annual Performance Indicators to Measure Goal Success

1. From October 1, 2011 thru September 30, 2012, data collection and analysis will establish a baseline level of performance by ADMH contract substance abuse treatment providers that establishes a distinct, unduplicated count of the number of:
   (a) Admissions of pregnant women.
   (b) Admission of women with dependent children.
2. By September 30, 2013, admission to ADMH funded treatment programs by pregnant women and by women with dependent children will increase, respectively, by 20% from the baseline level established on September 30, 2012.
3. By September 30, 2013, the number of ADMH contract programs that provide substance abuse treatment for pregnant women and women with dependent children that incorporates:
   (a) Evidence-based practices as part of the treatment process will increase by 20% over the baseline established in September 2012.

(b) Access to prenatal care children will increase by 20% over the baseline established in September 2012.
(d) Services for dependent children will increase by 20% over the baseline established in September 2012.
(e) Gender responsive services to minimize barriers to treatment, support recovery, and strengthen the family will increase by 20% over the baseline established in September 2012.

4. By September 30, 2013, policies to reduce barriers to treatment and recovery support for parenting individuals will be implemented in 50% of the programs funded by ADMH, an increase of twenty eight (28) organizations more than in FY 11, during which there were no formal program policies in place for this purpose.

Description of Collecting and Measuring Changes in Performance Indicator:

Treatment Services staff assigned to manage this Priority will:

1. Obtain quarterly reports of the number of admissions of pregnant women and women with dependent children to ADMH funded treatment programs and provide a report of such to the Executive Staff and the Division's Associate Commissioner.
2. Modify program monitoring reports to capture information on the use of evidence-base practices, access to prenatal care, the provision of HIV/AIDS prevention education, counseling, and referral services, services provided for children, gender responsive services, and the development of program policies to enhance access to care for pregnant women and women with dependent children.
3. Develop quarterly reports of progress toward attainment of the stated objectives and report findings to the Executive Staff and Associate Commissioner.

Achieved: Yes

Reason Not Achieved: N/A

Proposed Changes: N/A

Priority 3: Tuberculosis Services for Substance Abuse Treatment Program Participants
Goal of the Priority Area: Ensure resource availability and the establishment of 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. The Substance Abuse Office of Treatment Services will identify how recent ADPH TST changes are affecting providers. 2. The Substance Abuse Office of Treatment Services will develop a sample MOU/MOA template as an example for providers to use for the provision of TB services. 3. The Substance Abuse Office of Treatment Services will monitor the provision of TB services through its SAPT Block Grant monitoring process.
Annual Performance Indicators to Measure Goal Success: 1. By September 30, 2012, at least 25% of the 50 contractual SA treatment providers will report to the SA Office of Treatment Services on the existence of gaps in the provision of TB services as the result of ADPH TST changes. 2. By September 30, 2012 the Substance Abuse Office of Treatment Services will develop and disseminate to 100% of SA treatment providers a sample memorandum of understanding and/or letter of agreement as a guide for providers to use for the provision of TB services as outlined in 45 CFR 96.127. 3. By September 30, 2013, 100% of SA treatment providers will submit documentation detailing the provision of TB Services for their agencies in accordance with 45 CFR 96.127.
Description of Collecting and Measuring Changes in Performance Indicator: Treatment Services staff assigned to manage this Priority will: 1. A document listing the providers affected by the ADPH TST changes along with the proposed plan to ensure TST resources are available will be developed by the Substance Abuse Office of Treatment Services. 2. The Substance Abuse Office of Treatment Services will conduct SAPTBG monitoring compliance visits on a scheduled rotation, that will yield evidence of compliance specific to 45 CFR 96.127, as tracked on the SAPTBG Program Compliance Monitoring Survey. This survey will yield evidence of compliance, no evidence of compliance, or partial evidence of compliance.
Achieved: Yes
Reason Not Achieved: N/A
Proposed Changes: N/A

Priority 4: Rural Populations

Goal of the Priority Area: Increase access to culturally competent substance abuse prevention and treatment services in rural Alabama communities.

Strategies to Attain the Goal:

1. Identify opportunities for medical providers in rural communities to participate in SBIRT.
2. Establish a process wherein existing community providers, especially FQHCs, and current/prospective SA service providers collaborate for the delivery of integrated substance abuse treatment and primary care services.
3. Explore grant opportunities through the Office of Rural Health.
4. Expand opportunities for telehealth.

Annual Performance Indicators to Measure Goal Success

1. By September 30, 2012, establish a baseline to determine the number integrated service activities implemented that engage medical providers, existing rural community providers, and current/prospective SA providers.
2. By September 30, 2013, increase the number of targeted prevention and treatment activities that engage medical providers, existing rural community providers, and current/prospective SA providers by 20%.
3. By September 30, 2013, increase the current number of SBIRT providers (18) by 20%.
4. By September 30, 2013, increase the current use of the SBIRT billing code (currently billed $7,000) by 20%.
5. By September 30, 2013, seek out and apply for one (1) grant and/or request for proposal (RFP) specific to rural communities.

Description of Collecting and Measuring Changes in Performance Indicator:

Staff assigned to manage this goal will collect the following data, develop quarterly reports of this information, and submit these reports, along with recommendations for goal and/or strategy modifications to the Executive Staff and Associate Commissioner:

1. Documentation of activities that engaged medical providers, existing rural community providers, and current/prospective SA providers.
2. The number of new SBIRT enrollee's.
3. Utilization rates of SBIRT billing code.
4. The number of grants and/or RFP's applied for/published.
5. The number of new service providers and/or levels of care within rural communities.

Achieved: No

Reason Not Achieved: Tremendous progress was made in increasing access to substance abuse prevention services in rural Alabama. Making use of ADMH's epidemiological data has aided in targeting areas of greatest need for prevention services. However, the need continues for more

treatment services for rural Alabama populations. Although the State has provided training, and has highly promoted service integration with rural primary health care providers, substance abuse treatment providers have been slow to expand beyond existing service locations. In addition, SABG funding cuts created by sequestration eliminated ADMH's plan to support program growth and expansion.
Proposed Changes: ADMH will continue its work to meet this goal as part of Priority #7, Vulnerable/Underserved Populations, specified in Alabama's 2014 SABG Behavioral Health Plan.

Priority 5: Veterans

Goal of the Priority Area: Improve access to trauma informed care and increase service delivery for veterans and their families at programs funded by ADMH.

Strategies to Attain the Goal:

1. Identify, initiate contact, and establish collaborative relationships with veteran serving organizations throughout the state.
2. Research, develop, and implement effective outreach and engagement strategies for veterans and their families.
3. Develop opportunities for community providers to obtain trauma training for all staff, including administrative and support personnel.
4. Collaborate with federal, state, and community partners to develop resources to support access to trauma specific services.

Annual Performance Indicators to Measure Goal Success

1. The number veterans receiving services from ADMH funded substance abuse treatment programs will increase by 10% from 1044 individuals in FY 2011 to 1148 individuals in FY 2013.
2. From October 1, 2011 thru September 30, 2012, data collection and analysis will establish a baseline level of performance (number) of ADMH contract substance abuse treatment providers that integrate trauma informed care into their treatment protocol.
3. By September 30, 2013, the number of ADMH contract providers who have integrated trauma informed care into their treatment protocol will increase by 15% from the baseline performance level established on September 30, 2012.
4. ADMH will partner with the Alabama School of Alcohol and Drug Studies to bring a speaker to conduct the following trainings: ***After the War…Hidden Wounds; Those Left Behind: The Military Family Experience - There and Back Again; and Readjusting to Life After Deployment*** at the March 2012 annual provider conference.

Description of Collecting and Measuring Changes in Performance Indicator:

Staff assigned to manage this Priority will collect the following data, develop quarterly reports of this information, and submit these reports, along with recommendations for goal and/or strategy modifications to the SA Executive Staff and Associate Commissioner:

1. The number of trauma specific training events in which staff from ADMH contract agencies participated organizations in FY 2012.
2. The number of veterans receiving services in ADMH funded substance abuse treatment programs.

Achieved: Yes

Reason Not Achieved: N/A

Proposed Changes: N/A

Priority 6: LGBTQ Individuals
Goal of the Priority Area: Alabama will increase outreach and training opportunities to serve LGBTQ individuals.
Strategies to Attain the Goal: 1. Identify speakers to provide LGBTQ content sessions at the Alabama School of Alcohol and Other Drug Studies and at the Council of Community Health Center Annual Conference. 2. Initiate invitations for qualified organizations to formally serve on appropriate ADMH planning bodies.
Annual Performance Indicators to Measure Goal Success: 1. ADMH will partner with the Alabama School of Alcohol and Other Drug Studies to provide a course titled ***Gay, Lesbian, Bisexual, Transgender (GLBT) and Behavioral Health Issues*** at the annual provider conference in March 2012. 2. ADMH will work to offer a course at the Alabama Council of Community Mental Health Boards' annual conference in May 2012.
Description of Collecting and Measuring Changes in Performance Indicator: Staff will be assigned responsibility to lead efforts for implementation of this strategy, document efforts to engage LGBTG individuals and organizations in ADMH planning efforts, and to make quarterly reports of such to the Associate Commissioner and to the MISA Executive Staff Committee.
Achieved: Yes
Reason Not Achieved: N/A
Proposed Changes: N/A

Priority 7: Health Care Reform

Goal of the Priority Area:
Enhance Alabama's public substance abuse services delivery system readiness for changes in health care delivery.

Strategies to Attain the Goal:
1. Provide opportunities for providers' self assessment of readiness to adapt to changes in the country's health care delivery system.
2. Establish and implement a process for routine dissemination of information on health care reform related funding opportunities.
3. Collaborate with state agency partners in development of the behavioral health benefit options to be provided through Alabama Health Insurance Exchange.
4. Collaborate with state agency partners to maximize opportunities for individuals with substance use disorders to benefit from Alabama's Health Insurance Exchange.
5. Provide technical assistance and education activities for ADMH staff and for providers to support implementation and compliance with the Affordable Care Act and related changes in the health care delivery system.

Annual Performance Indicators to Measure Goal Success
1. By September 30, 2013, self-assessments will be completed by at least 50% of ADMH sixty (60) substance contract treatment providers.
2. By September 30, 2013, at least 50% of ADMH substance abuse treatment contract providers will be able to document formal staff participation in resource development and technical assistance activities to address needs identified through self-assessment; twenty eight (28) organizations more than in FY 2011 during which no contract providers had formally participated in such activities.
3. By September 30, 2013, ADMH will be able to document formal participation in at least four (4) collaborative activities with state and quasi-state agencies that will enhance the public treatment system's readiness for changes in health care delivery; this represent an increase of 150% over the FY 2011 participation rate during which there was formal participation in two (2) collaborative activities.
4. ADMH will partner with the SCATTC to offer at least two (2) Leadership Summits in 2012 for Executive Staff of all provider agencies to help them prepare for Heath Care Reform.

Description of Collecting and Measuring Changes in Performance Indicator:
Staff will be assigned responsibility to lead efforts for implementation of this strategy, document efforts taken to implement strategies, and to make written quarterly reports of such, along with recommendations relative to progress toward attainment of benchmarks, to the Associate Commissioner and to the MISA Executive Staff Committee.

Achieved: Yes

Proposed Changes: N/A

Reason Not Achieved: N/A

Priority 8: Underage Drinking
Goal of the Priority Area: Facilitate implementation of a strength-based approach to addressing underage drinking in Alabama.
Strategies to Attain the Goal: 1. Identify underage drinking as a priority for prevention efforts across the CSAP strategies. 2. Apply principles of didactic learning, adult learning skills to facilitate effective underage drinking awareness and education to promote community buy in and community collaboration. 3. Demonstrate sound application of data to inform where and how to provide applicable services to those who experience underage drinking. 4. Initiate consistent statewide underage drinking public education efforts. 5. Collaborate with community partners to identify and develop key practical solutions that demonstrate sound Prevention practice that would build on existing strengths of communities and individuals.
Annual Performance Indicators to Measure Goal Success 1. By Sept. 30, 2012, the prevention plan template for FY 2013 will reflect underage drinking as a priority. 2. By September 30, 2013, there will be at least one media effort raising awareness of underage drinking available for use statewide. 3. By September 30, 2012, prevention plans will demonstrate where and how underage drinking prevention services will be provided. 4. By September 30, 2012, a minimum of five community partners must be reflected in the prevention plan. 5. By September 30, 2013, a listing of underage drinking resources will be available through the ADMH Website. 6. By September 30, 2012, development of a factsheet pertaining to underage drinking will be in process.
Description of Collecting and Measuring Changes in Performance Indicator: 1. Documentation of underage drinking as a priority in prevention plan template for FY 2013. 2. Documentation of efforts to raise awareness of underage drinking. 3. Documentation of data will identify areas of incidences of underage drinking. 4. Documentation of media outlets addressing underage drinking for FY 2013. 5. Documentation of resources and collaborative efforts being utilized throughout the state.
Achieved: Yes
Proposed Changes: N/A
Reason Not Achieved: N/A

Priority 9: Linguistic and Culturally Competent Services

Goal of the Priority Area:
Improve the state's substance abuse prevention, treatment, and recovery support service system so that it is more responsive to the needs of a culturally and linguistically diverse client population.

Strategies to Attain the Goal:
1. Gather community-based information on needs and concerns of cultural groups regarding substance abuse services.
2. Assess the staff and service capacity of the public substance abuse system to serve the identified groups.
3. Assess the policies and procedures of provider organizations to address the needs of cultural groups.
4. Develop reporting processes which will allow the Division to determine with precision the numbers of people who are limited English proficient (including people are who are deaf and use American Sign Language) and what language assistance is provided to them per Executive Order 13166, which includes:
   (a) Revision of data fields in the ADMH management information system, ASAIS, to capture language of preference and hearing status in reportable form; and
   (b) Revision of service reporting procedures for providers to capture expenditures for language assistance.
5. Conduct trainings to improve competence skill sets for the public workforce to address a culturally and linguistically diverse client population.

Annual Performance Indicators to Measure Goal Success;
1. By September 30, 2013, participation of cultural and linguistic minorities within Alabama's public substance abuse service delivery system will increase by 10% over baseline figures established September, 30 2012.
2. By September 30, 2013, client records failing to indicate the client's language of preference will decrease from the FY 2011 of 100% to less than 10%.
3. By September 30, 2013, client records failing to show notification of free language assistance will decrease from the FY 2011 level of 100% to less than 25%.
4. By September 30, 2013, client records failing to indicate hearing status of clients will decrease from the FY 2011 level of 17% to less than 5%.

Description of Collecting and Measuring Changes in Performance Indicator:
Assigned staff will monitor implementation of tasks assigned for implementation of the stated strategies and submit an end of the year report listing the findings as they relate to the stated indicators to the Associate Commissioner and to the MISA Executive Staff Committee.
1. Report number and language preference of any consumer who is LEP.
2. Report number of hours of free language assistance provided.
3. Office of Deaf Services will offer at least two training events on identifying people with hearing loss and at least two training events on cross-linguistic service delivery.

Achieved: Yes
Proposed Changes: N/A
Reason Not Achieved: N/A

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Priority 10: Suicide Prevention
Goal of the Priority Area: Actively participate in efforts to combat the state's increase of deaths by suicide and promote suicide prevention in Alabama.
Strategies to Attain the Goal: 1. Actively collaborate with federal, state, and local agencies in the development and implementation of a statewide plan to prevent suicide. 2. Develop strategies to implement the DMH-components of the statewide suicide prevention plan: Clarify ADMH's role in relation to other agencies addressing this problem and identify specific internal strategies, policies and procedures to be implemented on a continuous basis. 3. Examine the feasibility of implementation and promotion of Mental Health First Aid in Alabama as an adjunct to ADMH's suicide prevention plan.
Annual Performance Indicators to Measure Goal Success: 1. By September 30, 2013 ADMH will document active participation in at least four (4) sustainable activities that support suicide prevention for individuals who have substance use and co-occurring substance use and mental disorders, a 300% increase from involvement in one (1) initiative in FY 2011. 2. By September 30, 2012 conduct at least two (2) trainings in conjunction with the statewide suicide prevention taskforce. 3. By September 30, 2013 develop and implement mental health promotional activities. These can be in conjunction with Mental Health month, occurring in May.
Description of Collecting and Measuring Changes in Performance Indicator: Staff will be assigned responsibility to lead efforts for implementation of this strategy, document efforts taken to implement strategies, and to make written quarterly reports of such, along with recommendations relative to progress toward attainment of benchmarks, to the Associate Commissioner and to the MISA Executive Staff Committee.
Achieved: Yes
Proposed Changes: N/A
Reason Not Achieved: N/A

Priority 11: Community Populations for Environmental Prevention Activities

Goal of the Priority Area:
Enhance efforts throughout the state to address the health and social well-being of the community at large through implementation of Environmental change processes.

Strategies to Attain the Goal:
1. Identify Environmental as a CSAP strategy priority for prevention efforts.
2. Demonstrate the use of Environmental as a CSAP strategy priority for prevention efforts.
3. Align funding to support Environmental as a CSAP strategy priority for prevention efforts.
4. Individualize what "capacity building" means to communities before an attempt is made to ensure prevention activities and outcomes are finalized based solely on funding.
5. Establish Campus-Community Collaborative Partnerships to strengthen community mobilization efforts.
6. Assist with development of a community approach to sustaining training, support, and supervision.

Annual Performance Indicators to Measure Goal Success:
1. By Sept. 30, 2012 the prevention plan template for FY 2013 will reflect Environmental as a priority.
2. By September 30, 2012, 50 % (15) of proposed prevention plans will demonstrate Environmental as a priority for the focus of their strategy delivery.
3. By October 1, 2012, a rate structure for CSAP's primary prevention strategies will be operationalized with a competitive rate for Environmental commensurate with Education and Alternatives rates.
4. By September 30, 2013, there will be trainings offered to address the significance of capacity building and community collaboration.
5. By September 30, 2013 prevention staff will keep providers and coalition members up-to-date with conferences, trainings, and webinars.

Description of Collecting and Measuring Changes in Performance Indicator:
1. Documentation of Environmental as a CSAP strategy priority in prevention plan template for FY 2013.
2. Documentation of Environmental as a CSAP strategy priority in proposed prevention plans for FY 2013.
3. Documentation of Environmental as a CSAP strategy priority in proposed prevention rates for FY 2013.
4. Documentation of community providers and services offered will be indicated in prevention plans by September 30, 2013.
5. Documentation of Campus-Community Partnership collaborative efforts by September 30, 2013.
6. Documentation of sustainability in Alabama communities.

Achieved: Yes

Proposed Changes: N/A
Reason Not Achieved: N/A

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Priority 12: Workforce Development

Goal of the Priority Area:
Recruit and retain a qualified workforce to meet the growing needs of individuals seeking substance abuse services within the state.

Strategies to Attain the Goal:
1. Increase cooperative relationships with universities whereby students complete the internship/practicum portion of their degrees within mental health disciplines.
2. Advocate for changes in the licensing law for psychiatrists to observe reciprocity with other state licensing bodies.
3. Expand use of telemedicine.

Annual Performance Indicators to Measure Goal Success:
1. By September 30, 2012, the SA Office of Treatment Services will disseminate the SA Provider directory to 100% of the educational institutions within the state that have master's level counseling programs to foster opportunities for students to complete internship/practicum placement within mental health facilities.
2. By September 30, 2013, the Mental Health and Substance Abuse Division will ensure the inclusion of the topic of addressing licensing laws and reciprocity with the Alabama Board of Medical Examiners on its Mental Health/Substance Abuse Coordinating Subcommittee agenda.
3. By September 30, 2012, the SA Office of Treatment Services will establish a baseline number of SA providers who utilize telemedicine.
4. By September 30, 2013, increase the number of SA treatment providers utilizing telemedicine by 20%.

Description of Collecting and Measuring Changes in Performance Indicator:
1. The Substance Abuse Office of Treatment Services will query providers about the # of internship/practicum students hired and/or retained post degree attainment on an annual basis through use of a survey administered by FY2013.
2. The ADMH's documentation of communication with ABME.
3. Increase the number of opportunities pursued by the ADMH to expand use of telemedicine.

Achieved: No

Proposed Changes: Alabama will continue to work toward attainment of this goal, building upon accomplishments made to date, especially the new relationships established with Alabama universities. In addition, the state will utilize SABG funds in 2014 to develop resources for expanded use of telemedicine.

Reason Not Achieved: Goal attainment will require time that extends beyond the initial time allocated. Although all strategies were implemented and completed, other than completion of strategies for expanded use of telemedicine, the need for more individuals to enter the field remains.

Priority 13: Behavioral Health Information Technology
Goal of the Priority Area: Develop a comprehensive behavioral information system that allows Alabama to assess needs, improve quality, and fill gaps across the service delivery system.
Strategies to Attain the Goal: Analyze ADMH's current information system infrastructure to identify gaps and determine ways to be more efficient in collection and access to data from the service delivery system.
Annual Performance Indicators to Measure Goal Success Analysis of current information system infrastructure completed by September 30, 2013.
Description of Collecting and Measuring Changes in Performance Indicator: 1. The Department will complete a comprehensive analysis of current information system infrastructure and identify goals and strategies that will need to be implemented to create a cohesive structure for all data the department maintains. 2. Development of an ongoing process involving user groups in identifying new technologies and engaging the service delivery system in their use. We will establish and help to facilitate at least five groups on various types of technology where there is identified interest. These groups will each have team leaders and be assisted by staff from the division, but be composed of providers who have an interest in that particular technology. All meetings will be available to all, whether by teleconference or in-person and the groups will report out to relevant bodies as appropriate.
Achieved: Yes
Proposed Changes: N/A
Reason Not Achieved: N/A

Priority: Implementation of a Good and Modern Services System

Goal of the Priority Area:

1. Alabama will actively promote implementation of a Recovery Oriented System of Care.
2. Alabama will enhance the available substance abuse service array.
3. Alabama will increase access to Trauma Informed Services.
4. Alabama will integrate Mental Health Promotion and Wellness (MHPW) into community prevention services.

Strategies to Attain the Goal:

Goal 1

1. Collaborate and enhance program planning to promote a recovery oriented system of care via expanding and increasing access to Prevention awareness and information technology to promote cross discipline information exchange-treatment mental illness prevention;
2. Maximize choice and control for consumers and families to self-direct care and treatment with a focus on recovery and support.
3. Promote evidence-based practices and co-occurring training at the state level.
4. ADMH will partner with the Alabama School of Alcohol and Drug Studies to offer a course titled ***Certified Peer Specialist Training*** and bring a national speaker to train a course titled ***The Client-Directed, Outcome Informed Movement*** at the March 2012 annual provider conference.

Goal 2

1. Incorporate CPT Service codes previously identified and defined for use in ADMH funded programs into the agency's contract billing manual and management information system.
2. Develop guidelines and related training to assist providers in moving to an environment of billing for services rather than levels of care.
3. Provide technical assistance as needed to address issues of over and/or under service utilization.
4. Develop process for evaluation of utility and provider satisfaction with expanded service array.

Goal 3

1. Develop opportunities for community providers to obtain trauma training for all staff, including administrative and support personnel.
2. Establish a process for provider self-assessment to determine if internal policies and procedures are supportive of the needs of trauma survivors.
3. Collaborate with state and community partners to develop resources to support access to trauma specific services.
4. ADMH will partner with the SCATTC and the Alabama School of Alcohol and Drug Studies to bring a national speaker to conduct a course titled ***What the Heck is Trauma-Informed Care, Why Do We Need It, and How Do We Do It?*** at the March 2012 annual provider conference.

Goal 4

1. Explore how MHPW can be embedded into the prevention discipline.
2. Embed MHPW into the prevention goals.
3. Work toward the intersection of Prevention with Mental Health promotion messages that are consistent and clear to improve how individuals respond to information dissemination to problem solve with difficult situations.
4. Explore mental health impact of vulnerable populations.
5. Target metal health promotional activities that target vulnerable groups/populations.

Annual Performance Indicators to Measure Goal Success

Goal 1

1. By September 30, 2012, data collection and analysis will establish a baseline level of performance by ADHM contract substance abuse treatment providers that specifies the number:
   (a) Employing trained and certified Peer Support Specialists.
   (b) Utilizing client self-directed care strategies.
   (c) Providing the level of care assessed as needed for each client admitted into the program.
   (d) Providing co-occurring enhanced services.
2. By September 30, 2013, at least five (5) contract substance treatment providers more than the baseline number established on September 30, 2012 will hire at least one (1) certified and trained Peer Support Specialist to provide peer-run services.
3. By September 30, 2013, use of client-self directed care strategies by contract substance abuse treatment providers will increase from the base-line level established on September 30, 2012 by at least 15 %.
4. By September 30, 2012, clients admitted to treatment at the level of care needed based upon their ASAM placement assessment will increase by at least 10% from the baseline established on September 30, 2012.
5. By September 30, 2013, at least five (5) contract substance abuse treatment providers more than the baseline number established on September 30, 2012 will be providing ADMH certified co-occurring enhanced treatment programs which will allow consumers to access services through any door and obtain services where they live.

Goal 2

By September 30, 2013, there will be at least sixty (60) authorized billable service options available for providers to use in providing treatment services for individuals who have substance use disorders, a 93% increase from the thirty one (31) billable service options available in 2011.

Goal 3

1. From October 1, 2011 thru September 30, 2012, data collection and analysis will establish a baseline level of performance (number) of ADHM contract substance abuse treatment providers that integrate trauma informed care into their treatment protocol.

2. By September 30, 2013, the number of ADMH contract providers who have integrated trauma informed care into their treatment protocols will increase by 25% from the baseline performance level established on September 30, 2012.

Goal 4

1. By Sept. 30, 2013, prevention staff will attend at least one (1) educational effort (conference, webinar, conference call, etc.) specific to MHWP.
2. By September 30, 2012, MHPW will be a goal in the FY 2013 – FY 2018 Prevention Strategic Plan.
3. By September 30, 2013, at least one (1) mental health promotional activity will be developed and implemented by the Prevention Services staff.

Description of Collecting and Measuring Changes in Performance Indicator:

Goal 1

1. The number of consumers and families who report that they were present and involved in their individual service plan.
2. Number of service plans reviewed that reflect that services and support are consistent with individual need and preference.
3. Review of recovery support services and early intervention services submitted for payment.

Goal 2

Assigned staff will monitor implementation of tasks assigned for the stated strategies and report quarterly findings as they relate to each identified indicator.

Goal 3

Assigned staff will monitor implementation of tasks assigned for the stated strategies and report quarterly findings as they relate to the stated indicator to the Associate Commissioner and to the MISA Executive Staff Committee.

Goal 4

1. Documentation of educational efforts specific to MHWP.
2. Documentation that MHPW is a part of the prevention goals.
3. Documentation of MHPW information will be disseminated statewide.
4. Epidemiological documentation of data relative to potential mental health effects in relation to a specific population and/or geographical area.
5. Documentation of activities conducted specific to mental health promotion.

Achieved: Yes

Proposed Changes: N/A

Reason Not Achieved: N/A

III: Expenditure Reports

Table 4a - State Agency Expenditure Report

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

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment	$ 15,694,679	$	$ 6,711,380	$	$ 12,469,129	$	$ 66,570
2. Primary Prevention	$ 4,373,482	$	$	$ 47,000	$	$	$
3. Tuberculosis Services	$	$	$	$	$ 238,144	$	$
4. HIV Early Intervention Services	$	$	$	$	$	$	$
5. State Hospital	$	$	$	$	$	$	$
6. Other 24 Hour Care	$	$	$	$	$	$	$
7. Ambulatory/Community Non-24 Hour Care	$	$	$	$	$	$	$
8. Administration (Excluding Program and Provider Level)	$ 558,482	$	$ 95,718	$ 244,605	$ 1,137,148	$	$
9. Subtotal (Rows 1, 2, 3, 4, and 8)	$20,626,643	$	$6,807,098	$291,605	$13,844,421	$	$66,570
10. Subtotal (Rows 5, 6, 7, and 8)	$558,482	$	$95,718	$244,605	$1,137,148	$	$
11. Total	$20,626,643	$	$6,807,098	$291,605	$13,844,421	$	$66,570

Please indicate the expenditures are actual or estimated.

(•) Actual ( ) Estimated

Footnotes:

STATE FUNDED TUBERCULOSIS SERVICES:
Alabama Department of Public Health: $64,155.30
Alabama Department of Mental Health $173,988.42
TOTAL: $238,143.72

III: Expenditure Reports

Table 4b - State Agency SABG Expenditure Compliance Report

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

Category	FY 2011 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	$18,014,501
2. Primary Prevention	$4,786,442
3. Tuberculosis Services	$
4. HIV Early Invervention Services**	$
5. Administration (excluding program/provider level)	$919,183
6. Total	$23,720,126

*Prevention other than Primary Prevention

**HIV Designated States

footnote:

III: Expenditure Reports

Table 5 - SAPT Block Grant Expenditure By Service

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

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			$59,362
General and specialized outpatient medical services	132	263.00	$54,610
Acute Primary care	0	0.00	$
General Health Screens, Tests and Immunizations	0	0.00	$
Comprehensive Care Management	0	0.00	$
Care coordination and Health Promotion	95	250.00	$4,752
Comprehensive Transitional Care	0	0.00	$
Individual and Family Support	0	0.00	$
Referral to Community Services Dissemination	0	0.00	$
Prevention (Including Promotion)			$
Screening, Brief Intervention and Referral to Treatment	0	0.00	$
Brief Motivational Interviews	0	0.00	$
Screening and Brief Intervention for Tobacco Cessation	0	0.00	$
Parent Training	0	0.00	$
Facilitated Referrals	0	0.00	$
Relapse Prevention/Wellness Recovery Support	0	0.00	$
Warm Line	0	0.00	$
Engagement Services			$1,247,172
Assessment	9973	13424.00	$1,184,914
Specialized Evaluations (Psychological and Neurological)	60	204.00	$19,412
Service Planning (including crisis planning)	844	1376.00	$25,080
Consumer/Family Education	179	2025.00	$17,766

Outreach	0	0.00	$
Outpatient Services			$8,023,884
Individual evidenced based therapies	3093	6182.00	$324,320
Group therapy	9415	423997.00	$7,409,646
Family therapy	470	7060.00	$218,081
Multi-family therapy	235	4704.00	$71,837
Consultation to Caregivers	0	0.00	$
Community Support (Rehabilitative)			$172,545
Parent/Caregiver Support	0	0.00	$
Skill building (social, daily living, cognitive)	665	44873.00	$172,545
Case management	0	0.00	$
Behavior management	0	0.00	$
Supported employment	0	0.00	$
Permanent supported housing	0	0.00	$
Recovery housing	0	0.00	$
Therapeutic mentoring	0	0.00	$
Traditional healing services	0	0.00	$
Other Supports (Habilitative)			$
Personal care	0	0.00	$
Homemaker	0	0.00	$
Respite	0	0.00	$
Supported Education	0	0.00	$
Transportation	0	0.00	$
Assisted living services	0	0.00	$
Recreational services	0	0.00	$
Trained behavioral health interpreters	0	0.00	$

Interactive communication technology devices	0	0.00	$
Intensive Support Services			$7,072,845
Substance abuse intensive outpatient (IOP)	8483	388586.00	$7,071,349
Partial hospital	0	0.00	$
Assertive Community Treatment	0	0.00	$
Intensive home based services	26	81.00	$1,496
Multi-systemic therapy	0	0.00	$
Intensive Case Management	0	0.00	$
Out-of-Home Residential Services			$6,006,011
Crisis residential/stabilization	1723	29901.00	$3,160,662
Clinically Managed 24 Hour Care (SA)	904	18903.00	$735,787
Clinically Managed Medium Intensity Care (SA)	375	15564.00	$1,248,765
Adult Substance Abuse Residential	472	20807.00	$860,797
Adult Mental Health Residential	0	0.00	$
Youth Substance Abuse Residential Services	0	0.00	$
Children's Residential Mental Health Services	0	0.00	$
Therapeutic foster care	0	0.00	$
Acute Intensive Services			$830,042
Mobile crisis	0	0.00	$
Peer based crisis services	0	0.00	$
Urgent care	0	0.00	$
23 hr. observation bed	0	0.00	$
Medically Monitored Intensive Inpatient	675	4355.00	$830,042
24/7 crisis hotline services	0	0.00	$
Recovery Supports			$144,822
Peer Support	269	26012.00	$144,822
Recovery Support Coaching	0	0.00	$

Recovery Support Center Services	0	0.00	$
Supports for Self Directed Care	0	0.00	$
Medication Services			$282,380
Medication management	213	972.00	$19,316
Pharmacotherapy (including MAT)	339	33590.00	$263,064
Laboratory services	0	0.00	$
Other (please list)			$

footnote:

III: Expenditure Reports

Table 6a - Primary Prevention Expenditures Checklist

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

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	$	$	$	$	$
Information Dissemination	Indicated	$	$	$	$	$
Information Dissemination	Universal	$	$	$	$	$
Information Dissemination	Unspecified	$25,194	$	$	$	$
Information Dissemination	Total	$25,194	$	$	$	$
Education	Selective	$	$	$	$	$
Education	Indicated	$	$	$	$	$
Education	Universal	$	$	$	$	$
Education	Unspecified	$1,417,652	$	$	$	$
Education	Total	$1,417,652	$	$	$	$
Alternatives	Selective	$	$	$	$	$
Alternatives	Indicated	$	$	$	$	$
Alternatives	Universal	$	$	$	$	$
Alternatives	Unspecified	$914,418	$	$	$	$
Alternatives	Total	$914,418	$	$	$	$
Problem Identification and Referral	Selective	$	$	$	$	$
Problem Identification and Referral	Indicated	$	$	$	$	$
Problem Identification and Referral	Universal	$	$	$	$	$
Problem Identification and Referral	Unspecified	$1,680	$	$	$	$
Problem Identification and Referral	Total	$1,680	$	$	$	$
Community-Based Process	Selective	$	$	$	$	$

Community-Based Process	Indicated	$	$	$	$	$
Community-Based Process	Universal	$	$	$	$	$
Community-Based Process	Unspecified	$ 11,550	$	$	$	$
Community-Based Process	Total	$11,550	$	$	$	$
Environmental	Selective	$	$	$	$	$
Environmental	Indicated	$	$	$	$	$
Environmental	Universal	$	$	$	$	$
Environmental	Unspecified	$ 183,443	$	$	$	$
Environmental	Total	$183,443	$	$	$	$
Section 1926 Tobacco	Selective	$	$	$	$	$
Section 1926 Tobacco	Indicated	$	$	$	$	$
Section 1926 Tobacco	Universal	$	$	$	$	$
Section 1926 Tobacco	Unspecified	$	$	$	$	$
Section 1926 Tobacco	Total	$	$	$	$	$
Other	Selective	$	$	$	$	$
Other	Indicated	$	$	$	$	$
Other	Universal	$	$	$	$	$
Other	Unspecified	$	$	$	$	$
Other	Total	$	$	$	$	$

Footnotes:

III: Expenditure Reports

Table 6b - Primary Prevention Expenditures by IOM Category

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

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	$ 1,227,899	$	$	$	$
Universal Indirect	$ 2,468,886	$	$ 569,315	$	$
Selective	$ 989,657	$	$	$	$
Indicated	$ 100,000	$	$	$	$
Column Total	$4,786,442.00	$0.00	$569,315.00	$0.00	$0.00

footnote:

Table 7 - Resource Development Expenditure Checklist

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

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment		$0.00		$0.00	$0.00	$0.00
2. Quality Assurance		$0.00		$0.00	$0.00	$0.00
3. Training (Post-Employment)		$0.00		$0.00	$0.00	$0.00
4. Program Development		$0.00		$0.00	$0.00	$0.00
5. Research and Evaluation		$0.00		$0.00	$0.00	$0.00
6. Information Systems		$0.00		$0.00	$0.00	$0.00
7. Education (Pre-Employment)		$0.00		$0.00	$0.00	$0.00
8. Total	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

footnote:

Table 8 - Statewide Entity Inventory

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

Entity Number	I-BHS ID (for SABG)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV	CMHS Block Grant - F. Adults serious mental illness	CMHS BLock Grant - G. Children with a serious emotional disturbance
AL900547	AL900547	✓	Region 2	Agency for Substance Abuse Prev of					$260,198.00	$0.00	$0.00	$260,198.00	$0.00		
103	AL750405	✓	Region 2	Alcohol and Drug Abuse					$2,456,098.00	$2,319,211.00	$1,043,716.00	$136,887.00	$0.00		
204	AL300037	✓	Region 2	Aletheia House					$1,707,182.00	$1,524,151.00	$421,201.00	$183,031.00	$0.00		
42	AL750561	✓	Region 4	Baldwin County Mental Health Center					$323,567.00	$147,502.00	$0.00	$176,065.00	$0.00		
0008	AL302108	✓	Region 3	Cahaba Center for	912 J L Chestnut Jr Boulevard	Selma	AL	36701	$382,952.00	$296,425.00	$161,466.00	$86,527.00	$0.00		
23	AL900109	✓	Region 2	Calhoun Cleburne Mental Health Center					$210,477.00	$210,477.00	$0.00	$0.00	$0.00		
113	AL900604	✓	Region 3	Chemical Addictions Program Inc (CAP)					$724,560.00	$724,560.00	$0.00	$0.00	$0.00		
35	AL900570	✓	Region 1	Cherokee/Etowah/DeKalb MH Center					$353,485.00	$141,371.00	$0.00	$212,114.00	$0.00		
21	AL900620	✓	Region 2	Cheaha Regional Mental Health/Caradale					$700,930.00	$591,984.00	$0.00	$108,946.00	$0.00		
116	AL901362	✓	Region 4	Dauphin Way Lodge					$625,676.00	$625,676.00	$0.00	$0.00	$0.00		
24	AL302371	✓	Region 3	East Central Mental Health Inc					$176,914.00	$102,418.00	$0.00	$74,496.00	$0.00		
104	AL750058	✓	Region 2	Fellowship House Inc					$848,785.00	$848,785.00	$0.00	$0.00	$0.00		
AL100502	AL100502	✓	Region 4	Franklin Primary Health Center					$67,390.00	$0.00	$0.00	$67,390.00	$0.00		
9	AL900737	✓	Region 1	Huntsville Madison County MH Center					$561,862.00	$251,996.00	$0.00	$309,866.00	$0.00		
117	AL750074	✓	Region 2	Jefferson Cnty Committee for Econ Opp					$348,524.00	$254,749.00	$0.00	$93,775.00	$0.00		
202	AL301407	✓	Region 3	Lighthouse Counseling Center Inc					$450,971.00	$392,326.00	$144,276.00	$58,645.00	$0.00		
801	AL900554	✓	Region 1	Lighthouse Inc					$226,030.00	$226,030.00	$0.00	$0.00	$0.00		
5	AL901206	✓	Region 4	AltaPointe Health Systems Inc					$527,150.00	$527,150.00	$140,137.00	$0.00	$0.00		
17	AL900117	✓	Region 1	Mental Health Ctr of North Central AL					$758,674.00	$568,503.00	$230,298.00	$190,171.00	$0.00		
30	AL750199	✓	Region 1	Northwest Alabama Mental Health Center					$506,224.00	$338,585.00	$0.00	$167,639.00	$0.00		
119	AL100429	✓	Region 2	Oakmont Center					$205,445.00	$75,717.00	$0.00	$129,728.00	$0.00		
111	AL750371	✓	Region 2	Phoenix House Inc					$436,633.00	$436,633.00	$0.00	$0.00	$0.00		
2	AL900778	✓	Region 1	Riverbend Center for Mental Health					$747,155.00	$556,565.00	$0.00	$190,590.00	$0.00		
806	AL750082	✓	Region 2	Saint Annes Home Inc					$258,009.00	$258,009.00	$0.00	$0.00	$0.00		
AL100668	AL100668	✓	Region 1	Freedom House					$299,911.00	$299,911.00	$299,911.00	$0.00	$0.00		
206	AL302330	✓	Region 1	Bridge Inc					$1,254,389.00	$1,254,389.00	$0.00	$0.00	$0.00		
16	AL750124	✓	Region 4	SpectraCare					$1,325,235.00	$1,063,479.00	$0.00	$261,756.00	$0.00		
10	AL100049	✓	Region 2	University of Alabama at Birmingham					$686,301.00	$546,322.00	$141,007.00	$139,979.00	$0.00		
33	AL900687	✓	Region 3	West Alabama Mental Health Center					$98,032.00	$31,593.00	$0.00	$66,439.00	$0.00		

0007	AL900091	✗	Region 2	Bibb-Pickens-Tuscaloosa Mental Health Center		Tuscaloosa	AL		$613,677.00	$530,023.00	$129,560.00	$83,654.00	$0.00		
0901	X	✗	Region 1	CED Fellowship House	4209 Brooke Avenue	Gadsden	AL	35904	$325,480.00	$325,480.00	$0.00	$0.00	$0.00		
AL750272	AL750272	✓	Region 1	Council on Substance Abuse/NCADD					$313,273.00	$0.00	$0.00	$313,273.00	$0.00		
0016	AL750090	✗	Region 2	Chilton-Shelby Mental Health Center	151 Hamilton Lane	Calera	AL	35040	$402,101.00	$186,440.00	$0.00	$215,661.00	$0.00		
0018	AL100551	✗	Region 4	Drug Education Council	3000 Television Avenue	Mobile	AL	36606	$515,684.00	$0.00	$0.00	$515,684.00	$0.00		
0019	AL900612	✗	Region 3	East Alabama Mental Health Center	2506 Lambert Drive	Opelika	AL	36801	$751,146.00	$518,839.00	$146,594.00	$232,307.00	$0.00		
0021	AL100106	✗	Region 2	Family and Child Services	1401 20th Street South	Birmingham	AL	35205	$141,519.00	$0.00	$0.00	$141,519.00	$0.00		
0028	AL900786	✓	Region 1	Cedar Lodge	22165 U.S. Highway 431	Guntersville	AL	35976	$955,443.00	$799,005.00	$0.00	$156,438.00	$0.00		
0037	AL750140	✓	Region 4	First Step	150 Hospital Drive, P. O. Drawer 700	Luverne	AL	36049	$617,915.00	$617,915.00	$0.00	$0.00	$0.00		
0038	AL900513	✗	Region 4	Southwest Alabama Mental Health Center	328 West Claiborne Street	Monroeville	AL	36461	$363,665.00	$283,041.00	$101,921.00	$80,624.00	$0.00		
0120	X	✗	Region 1	Cullman Mental Health Authority	1909 Commerce Avenue NW	Cullman	AL	35055	$200,636.00	$108,447.00	$0.00	$92,189.00	$0.00		
0059	X	✗	Region 2	Hope House	1000 Lincoln Avenue	Oneonta	AL	35121	$28,448.00	$28,448.00	$0.00	$0.00	$0.00		
X	X	✗	Region 1	Recovery Services	301 Godfrey Avenue SE	Fort Payne	AL	35967	$2,348.00	$2,348.00	$0.00	$0.00	$0.00		
0067	X	✗	Region 3	SAYNO, Inc.	492 South Court Street, Suite 1	Montgomery	AL	36104	$40,855.00	$0.00	$0.00	$40,855.00	$0.00		
Total									$22,800,949.00	$18,014,503.00	$2,960,087.00	$4,786,446.00	$0.00		

footnote:

III: Expenditure Reports

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

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

Yes ____ No X

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)	B1(2011) + B2(2012) 2 (C)
SFY 2011 (1)	$15,194,169	
SFY 2012 (2)	$16,120,891	$15,657,530
SFY 2013 (3)	$16,378,421	

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

SFY 2011 Yes ____ No X

SFY 2012 Yes X No ____

SFY 2013 Yes X No ____

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

footnote:

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;
3. The Alabama Department of Human Resources;
4. The State Indigent Offender Fund; and
5. Appropriations by the Alabama State Legislature.

III: Expenditure Reports

Table 9b - Base and Maintenance of Effort for State Expenditures for TB

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment BASE				
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) (C)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE) (D)
SFY 1991 (1)	$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)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE) (D)
SFY 2013 (3)	$1,243,244	19.16%	$238,143	

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

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

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

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

footnote:

III: Expenditure Reports

Table 9d - Expenditures for Services to Pregnant Women and Women with Dependent Children

Expenditures for Services to Pregnant Women and Women with Dependent Children		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	$1,366,290	
SFY 2011		$2,556,405
SFY 2012		$2,533,488
SFY 2013		$1,813,306
Enter the amount the State plans to expend in 2014 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): $ 2000000.00		

footnote:

Alabamas MOE base for services to pregnant women and women with dependent children was established in 1992 at $92,200. Aletheia House, I-SATS ID# AL 300037, was the only Alabama provider of such services in 1992 and had expended $92,200 for the stated period.

As per Section 1922 of the SABG Regulations, five percent of the FFY 1993 grant was to be set-aside for services to pregnant women and women with dependent children. For Alabama, this amount totaled $619,921.90 (SABG Award =$12,398,438 x .05). To this amount was added the $92,200 base, which established the FFY 1993 set-aside as $712,121.90.

The FFY 1994 SABG totaled $13,083,374.00. As per Federal Regulations, 5% of this amount, $654,168.70, was added to the FFY 1993 set-aside of $712,121.90. This yielded a maintenance of effort of $1,366,290.60 for FFY 1994 and subsequent fiscal years.

Table 10 - Prevention Strategy Report

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of substance abusers	1. Information Dissemination	
	1. Clearinghouse/information resources centers	2
	2. Resources directories	0
	3. Media campaigns	2
	4. Brochures	2
	5. Radio and TV public service announcements	2
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	2
	9.	0
	2. Education	
	1. Parenting and family management	0
	2. Ongoing classroom and/or small group sessions	29
	3. Peer leader/helper programs	5
	4. Education programs for youth groups	10
	5. Mentors	0
	6. Preschool ATOD prevention programs	0
	7.	0
	3. Alternatives	
	1. Drug free dances and parties	20
	2. Youth/adult leadership activities	0
	3. Community drop-in centers	0
	4. Community service activities	29
	5. Outward Bound	0
	6. Recreation activities	29
	7.	0
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	0
	2. Student Assistance Programs	0

	3. Driving while under the influence/driving while intoxicated education programs	1
	4.	0
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	2
	2. Systematic planning	0
	3. Multi-agency coordination and collaboration/coalition	20
	4. Community team-building	0
	5. Accessing services and funding	0
	6.	0
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	28
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	0
	3. Modifying alcohol and tobacco advertising practices	10
	4. Product pricing strategies	5
	5.	0
Pregnant women/teens	1. Information Dissemination	
	1. Clearinghouse/information resources centers	2
	2. Resources directories	0
	3. Media campaigns	2
	4. Brochures	2
	5. Radio and TV public service announcements	2
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	2
	9.	0
	2. Education	
	1. Parenting and family management	2
	2. Ongoing classroom and/or small group sessions	25
	3. Peer leader/helper programs	0
	4. Education programs for youth groups	10
	5. Mentors	0
	6. Preschool ATOD prevention programs	0
	7.	0
	3. Alternatives	

	1. Drug free dances and parties	10
	2. Youth/adult leadership activities	0
	3. Community drop-in centers	0
	4. Community service activities	10
	5. Outward Bound	0
	6. Recreation activities	10
	7.	0
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	0
	2. Student Assistance Programs	0
	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	0
	2. Systematic planning	0
	3. Multi-agency coordination and collaboration/coalition	10
	4. Community team-building	0
	5. Accessing services and funding	0
	6.	0
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	5
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	0
	3. Modifying alcohol and tobacco advertising practices	5
	4. Product pricing strategies	3
	5.	0
Drop-outs	1. Information Dissemination	
	1. Clearinghouse/information resources centers	2
	2. Resources directories	0
	3. Media campaigns	2
	4. Brochures	2
	5. Radio and TV public service announcements	2
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	2

9.	0
2. Education	
1. Parenting and family management	0
2. Ongoing classroom and/or small group sessions	29
3. Peer leader/helper programs	5
4. Education programs for youth groups	10
5. Mentors	0
6. Preschool ATOD prevention programs	0
7.	0
3. Alternatives	
1. Drug free dances and parties	20
2. Youth/adult leadership activities	0
3. Community drop-in centers	0
4. Community service activities	29
5. Outward Bound	0
6. Recreation activities	29
7.	0
4. Problem Identification and Referral	
1. Employee Assistance Programs	0
2. Student Assistance Programs	0
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	2
2. Systematic planning	0
3. Multi-agency coordination and collaboration/coalition	20
4. Community team-building	0
5. Accessing services and funding	0
6.	0
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	28
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	0
3. Modifying alcohol and tobacco advertising practices	10
4. Product pricing strategies	5

	5.	0
Violent and delinquent behavior	1. Information Dissemination	
	1. Clearinghouse/information resources centers	2
	2. Resources directories	0
	3. Media campaigns	2
	4. Brochures	2
	5. Radio and TV public service announcements	2
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	2
	9.	0
	2. Education	
	1. Parenting and family management	0
	2. Ongoing classroom and/or small group sessions	29
	3. Peer leader/helper programs	5
	4. Education programs for youth groups	10
	5. Mentors	0
	6. Preschool ATOD prevention programs	0
	7.	0
	3. Alternatives	
	1. Drug free dances and parties	20
	2. Youth/adult leadership activities	0
	3. Community drop-in centers	0
	4. Community service activities	29
	5. Outward Bound	0
	6. Recreation activities	29
	7.	0
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	0
	2. Student Assistance Programs	0
	3. Driving while under the influence/driving while intoxicated education programs	1
	4.	0
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	2
	2. Systematic planning	0

	3. Multi-agency coordination and collaboration/coalition	20
	4. Community team-building	0
	5. Accessing services and funding	0
	6.	0
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	28
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	0
	3. Modifying alcohol and tobacco advertising practices	10
	4. Product pricing strategies	5
	5.	0
Mental health problems	1. Information Dissemination	
	1. Clearinghouse/information resources centers	2
	2. Resources directories	0
	3. Media campaigns	2
	4. Brochures	2
	5. Radio and TV public service announcements	2
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	2
	9.	0
	2. Education	
	1. Parenting and family management	0
	2. Ongoing classroom and/or small group sessions	29
	3. Peer leader/helper programs	5
	4. Education programs for youth groups	10
	5. Mentors	0
	6. Preschool ATOD prevention programs	0
	7.	0
	3. Alternatives	
	1. Drug free dances and parties	20
	2. Youth/adult leadership activities	0
	3. Community drop-in centers	0
	4. Community service activities	29
	5. Outward Bound	0

	6. Recreation activities	29
	7.	0
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	0
	2. Student Assistance Programs	0
	3. Driving while under the influence/driving while intoxicated education programs	1
	4.	0
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	2
	2. Systematic planning	0
	3. Multi-agency coordination and collaboration/coalition	20
	4. Community team-building	0
	5. Accessing services and funding	0
	6.	0
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	28
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	0
	3. Modifying alcohol and tobacco advertising practices	10
	4. Product pricing strategies	5
	5.	0
Economically disadvantaged	1. Information Dissemination	
	1. Clearinghouse/information resources centers	2
	2. Resources directories	0
	3. Media campaigns	2
	4. Brochures	2
	5. Radio and TV public service announcements	2
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	2
	9.	0
	2. Education	
	1. Parenting and family management	0
	2. Ongoing classroom and/or small group sessions	29
	3. Peer leader/helper programs	5

	4. Education programs for youth groups	10
	5. Mentors	0
	6. Preschool ATOD prevention programs	0
	7.	0
	3. Alternatives	
	1. Drug free dances and parties	20
	2. Youth/adult leadership activities	0
	3. Community drop-in centers	0
	4. Community service activities	29
	5. Outward Bound	0
	6. Recreation activities	29
	7.	0
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	0
	2. Student Assistance Programs	0
	3. Driving while under the influence/driving while intoxicated education programs	1
	4.	0
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	2
	2. Systematic planning	0
	3. Multi-agency coordination and collaboration/coalition	20
	4. Community team-building	0
	5. Accessing services and funding	0
	6.	0
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	28
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	0
	3. Modifying alcohol and tobacco advertising practices	10
	4. Product pricing strategies	5
	5.	0
Physically disabled	1. Information Dissemination	
	1. Clearinghouse/information resources centers	2
	2. Resources directories	0
	3. Media campaigns	2

4. Brochures	2
5. Radio and TV public service announcements	2
6. Speaking engagements	2
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
8. Information lines/Hot lines	2
9.	0
2. Education	
1. Parenting and family management	0
2. Ongoing classroom and/or small group sessions	20
3. Peer leader/helper programs	2
4. Education programs for youth groups	10
5. Mentors	0
6. Preschool ATOD prevention programs	0
7.	0
3. Alternatives	
1. Drug free dances and parties	2
2. Youth/adult leadership activities	0
3. Community drop-in centers	0
4. Community service activities	2
5. Outward Bound	0
6. Recreation activities	2
7.	0
4. Problem Identification and Referral	
1. Employee Assistance Programs	0
2. Student Assistance Programs	0
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	0
2. Systematic planning	0
3. Multi-agency coordination and collaboration/coalition	2
4. Community team-building	0
5. Accessing services and funding	0
6.	0
6. Environmental	

	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	2
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	0
	3. Modifying alcohol and tobacco advertising practices	2
	4. Product pricing strategies	1
	5.	0
Abuse victims	1. Information Dissemination	
	1. Clearinghouse/information resources centers	2
	2. Resources directories	0
	3. Media campaigns	2
	4. Brochures	2
	5. Radio and TV public service announcements	2
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	2
	9.	0
	2. Education	
	1. Parenting and family management	0
	2. Ongoing classroom and/or small group sessions	10
	3. Peer leader/helper programs	2
	4. Education programs for youth groups	5
	5. Mentors	0
	6. Preschool ATOD prevention programs	0
	7.	0
	3. Alternatives	
	1. Drug free dances and parties	3
	2. Youth/adult leadership activities	0
	3. Community drop-in centers	0
	4. Community service activities	3
	5. Outward Bound	0
	6. Recreation activities	3
	7.	0
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	0
	2. Student Assistance Programs	0

	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	2
	2. Systematic planning	0
	3. Multi-agency coordination and collaboration/coalition	5
	4. Community team-building	0
	5. Accessing services and funding	0
	6.	0
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	5
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	0
	3. Modifying alcohol and tobacco advertising practices	2
	4. Product pricing strategies	2
	5.	0
Already using substances	1. Information Dissemination	
	1. Clearinghouse/information resources centers	2
	2. Resources directories	0
	3. Media campaigns	2
	4. Brochures	2
	5. Radio and TV public service announcements	2
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	2
	9.	0
	2. Education	
	1. Parenting and family management	0
	2. Ongoing classroom and/or small group sessions	3
	3. Peer leader/helper programs	1
	4. Education programs for youth groups	3
	5. Mentors	0
	6. Preschool ATOD prevention programs	0
	7.	0
	3. Alternatives	

	1. Drug free dances and parties	3
	2. Youth/adult leadership activities	0
	3. Community drop-in centers	0
	4. Community service activities	3
	5. Outward Bound	0
	6. Recreation activities	3
	7.	0
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	0
	2. Student Assistance Programs	0
	3. Driving while under the influence/driving while intoxicated education programs	1
	4.	0
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	5
	2. Systematic planning	0
	3. Multi-agency coordination and collaboration/coalition	3
	4. Community team-building	0
	5. Accessing services and funding	0
	6.	0
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	5
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	0
	3. Modifying alcohol and tobacco advertising practices	5
	4. Product pricing strategies	3
	5.	0
Homeless and/or runaway youth	1. Information Dissemination	
	1. Clearinghouse/information resources centers	2
	2. Resources directories	0
	3. Media campaigns	2
	4. Brochures	2
	5. Radio and TV public service announcements	2
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	2

9.	0
2. Education	
1. Parenting and family management	0
2. Ongoing classroom and/or small group sessions	10
3. Peer leader/helper programs	2
4. Education programs for youth groups	5
5. Mentors	0
6. Preschool ATOD prevention programs	0
7.	0
3. Alternatives	
1. Drug free dances and parties	1
2. Youth/adult leadership activities	0
3. Community drop-in centers	0
4. Community service activities	5
5. Outward Bound	0
6. Recreation activities	5
7.	0
4. Problem Identification and Referral	
1. Employee Assistance Programs	0
2. Student Assistance Programs	0
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	2
2. Systematic planning	0
3. Multi-agency coordination and collaboration/coalition	2
4. Community team-building	0
5. Accessing services and funding	0
6.	0
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	3
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	0
3. Modifying alcohol and tobacco advertising practices	2
4. Product pricing strategies	2

	5.	0

footnote:

IV: Populations and Services Reports

Table 11 - Treatment Utilization Matrix

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2013

Level of Care	Number of Admissions ≥ Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	0	0	$	$	$
2. Free-Standing Residential	800	740	$1,510	$1,535	$844
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	$	$	$
4. Short-term (up to 30 days)	3750	3713	$2,394	$2,074	$2,500
5. Long-term (over 30 days)	900	836	$2,611	$2,107	$2,282
AMBULATORY (OUTPATIENT)					
6. Outpatient	5900	5481	$575	$310	$688
7. Intensive Outpatient	14000	12100	$952	$460	$1,606
8. Detoxification	0	0	$	$	$
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	1900	1843	$1,725	$1,131	$1,242
10. ORT Outpatient	0	0	$	$	$

footnote:

Table 12 - Unduplicated Count of Persons

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2013

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	1957	367	138	1057	220	0	0	3	1	8	6	27	7	101	22	1548	390	17	2
2. 18 - 24	2488	923	482	564	159	0	0	3	1	4	4	20	7	222	99	1713	748	23	4
3. 25 - 44	6756	2326	1722	1416	483	2	2	8	4	15	6	18	13	400	341	4149	2552	36	19
4. 45 - 64	2853	1014	459	834	176	0	0	3	0	10	6	4	4	206	137	2062	780	9	2
5. 65 and Over	139	54	26	39	0	0	0	0	0	0	0	0	0	14	6	107	32	0	0
6. Total	14193	4684	2827	3910	1038	2	2	17	6	37	22	69	31	943	605	9579	4502	85	27
7. Pregnant Women	219		134		48		0		0		0		2		35		218		1

Number of persons served who were admitted in a period prior to the 12 month reporting period	2112
Number of persons served outside of the levels of care described on Table 11	0

footnote:

IV: Populations and Services Reports

Table 14 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2013

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

footnote:

IV: Populations and Services Reports

Table 15 - Charitable Choice

Expenditure Period Start Date: 10/1/2012 Expenditure Period End Date: 9/30/2013

Notice to Program Beneficiaries - Check all that apply:

- þ Used model notice provided in final regulation.
- ¢ Used notice developed by State (please attach a copy to the Report).
- þ State has disseminated notice to religious organizations that are providers.
- þ 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.
- þ State has incorporated this requirement into existing referral system(s).
- þ SAMHSA's Treatment Facility Locator is used to help identify providers.
- þ Other networks and information systems are used to help identify providers.
- ¢ State maintains record of referrals made by religious organizations that are providers.
- ¢ _____ 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.

N/A

footnote:

V: Performance Indicators and Accomplishments

Table 16 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)

Most recent year for which data are available

From: 10/1/2012

To: 9/30/2013

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	892	839
Total number of clients with non-missing values on employment/student status [denominator]	3088	3088
Percent of clients employed or student (full-time and part-time)	28.9 %	27.2 %

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	235	465
Total number of clients with non-missing values on employment/student status [denominator]	1432	1432
Percent of clients employed or student (full-time and part-time)	16.4 %	32.5 %

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1307	1445
Total number of clients with non-missing values on employment/student status [denominator]	3103	3103
Percent of clients employed or student (full-time and part-time)	42.1 %	46.6 %

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	2464	2757

Total number of clients with non-missing values on employment/student status [denominator]	6174	6174
Percent of clients employed or student (full-time and part-time)	39.9 %	44.7 %

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 information is collected on the "SA Client Profile" in the Alabama Substance Abuse Information System (ASAIS) at the time of admission and collected on the "SA Discharge Summary" in ASAIS at time of discharge.

Data Source

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

- [x] 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 6
- ( ) Other, Specify
- [x] 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)

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

Select type of UCID: Master Client Index or Master Patient Index, centrally assigned 6

- [ ] 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 17 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)

Most recent year for which data are available

From: 10/1/2012

To: 9/30/2013

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	2305	2494
Total number of clients with non-missing values on living arrangements [denominator]	3126	3126
Percent of clients in stable living situation	73.7 %	79.8 %

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	900	1163
Total number of clients with non-missing values on living arrangements [denominator]	1485	1485
Percent of clients in stable living situation	60.6 %	78.3 %

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	2821	2971
Total number of clients with non-missing values on living arrangements [denominator]	3272	3272
Percent of clients in stable living situation	86.2 %	90.8 %

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	5271	5514

Total number of clients with non-missing values on living arrangements [denominator]	6380	6380
Percent of clients in stable living situation	82.6 %	86.4 %

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 information is collected on the "SA Client Profile" in the Alabama Substance Abuse Information System (ASAIS) at the time of admission and collected on the "SA Discharge Summary" in ASAIS at time of discharge.

Data Source

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

- [x] 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
- [x] 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)

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

Select type of UCID: Master Client Index or Master Patient Index, centrally assigned 6

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

Most recent year for which data are available

From: 10/1/2012

To: 9/30/2013

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2490	2933
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3093	3093
Percent of clients without arrests	80.5 %	94.8 %

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1073	1414
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1439	1439
Percent of clients without arrests	74.6 %	98.3 %

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2810	3035
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3147	3147
Percent of clients without arrests	89.3 %	96.4 %

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	5432	5999

Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	6279	6279
Percent of clients without arrests	86.5 %	95.5 %

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 information is collected on the "SA Client Profile" in the Alabama Substance Abuse Information System (ASAIS) at the time of admission and collected on the "SA Discharge Summary" in ASAIS at time of discharge.

Data Source

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

- [x] 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
- [x] 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)

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

Select type of UCID: Master Client Index or Master Patient Index, centrally assigned 6

- [ ] 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:

V: Performance Indicators and Accomplishments

Table 19 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)

Most recent year for which data are available

From: 10/1/2012

To: 9/30/2013

Short-term Residential(SR)

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]	155	446
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	832	832
Percent of clients abstinent from alcohol	18.6 %	53.6 %

(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)

Long-term Residential(LR)

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]	129	384
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	443	443
Percent of clients abstinent from alcohol	29.1 %	86.7 %

(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)

Outpatient (OP)

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]	379	700
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	966	966
Percent of clients abstinent from alcohol	39.2 %	72.5 %

(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)

Intensive Outpatient (IO)

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]	551	1151
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	2111	2111
Percent of clients abstinent from alcohol	26.1 %	54.5 %

(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 information is collected on the "SA Client Profile" in the Alabama Substance Abuse Information System (ASAIS) at the time of admission and collected on the "SA Discharge Summary" in ASAIS at time of discharge.

Data Source

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

- [x] 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
- [x] 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)

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

Select type of UCID: Master Client Index or Master Patient Index, centrally assigned 6

- 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.

footnote:

V: Performance Indicators and Accomplishments

Table 20 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)

Most recent year for which data are available

From: 10/1/2012

To: 9/30/2013

Short-term Residential(SR)

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]	183	468
Total number of clients with non-missing values on "used any drug" variable [denominator]	878	878
Percent of clients abstinent from drugs	20.8 %	53.3 %

(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)

Long-term Residential(LR)

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]	192	715
Total number of clients with non-missing values on "used any drug" variable [denominator]	830	830
Percent of clients abstinent from drugs	23.1 %	86.1 %

(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)

Outpatient (OP)

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]	452	683
Total number of clients with non-missing values on "used any drug" variable [denominator]	989	989
Percent of clients abstinent from drugs	45.7 %	69.1 %

(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)

Intensive Outpatient (IO)

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]	703	1457
Total number of clients with non-missing values on "used any drug" variable [denominator]	2484	2484
Percent of clients abstinent from drugs	28.3 %	58.7 %

(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.

Data Source

What is the source of data for table 20? (Select all that apply)

- [x] 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 20? (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 20? (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
- [x] 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 20? (Select all that apply)

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

Select type of UCID: Master Client Index or Master Patient Index, centrally assigned 6

- [ ] 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.

footnote:

V: Performance Indicators and Accomplishments

Table 21 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

Most recent year for which data are available

From: 10/1/2012

To: 9/30/2013

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	250	1103
Total number of clients with non-missing values on self-help attendance [denominator]	1338	1338
Percent of clients attending self-help programs	18.7 %	82.4 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	63.8 %	

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	271	1159
Total number of clients with non-missing values on self-help attendance [denominator]	1213	1213
Percent of clients attending self-help programs	22.3 %	95.5 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	73.2 %	

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	110	286
Total number of clients with non-missing values on self-help attendance [denominator]	764	764
Percent of clients attending self-help programs	14.4 %	37.4 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	23.0 %	

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	182	471
Total number of clients with non-missing values on self-help attendance [denominator]	907	907
Percent of clients attending self-help programs	20.1 %	51.9 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	31.9 %	

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 information is collected on the "SA Client Profile" in the Alabama Substance Abuse Information System (ASAIS) at the time of admission and collected on the "SA Discharge Summary" in ASAIS at time of discharge.

Data Source

What is the source of data for table 21? (Select all that apply)

- [x] 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 21? (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 21? (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
- [x] 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 21? (Select all that apply)

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

Select type of UCID: Master Client Index or Master Patient Index, centrally assigned 6

- 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:

V: Performance Indicators and Accomplishments

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

Use Prepopulated Data

Most recent year for which data are available

From: 10/1/2012

To: 9/30/2013

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	5-7
REHABILITATION/RESIDENTIAL			
3. Hospital Inpatient	0.0000	0.0000	0
4. Short-term (up to 30 days)	23.0000	20.0000	13-21
5. Long-term (over 30 days)	86.0000	78.0000	38-107
AMBULATORY (OUTPATIENT)			
6. Outpatient	175.0000	122.0000	65-209
7. Intensive Outpatient	198.0000	136.0000	69-264
8. Detoxification	0.0000	0.0000	0
OPIOID REPLACEMENT THERAPY			
9. Opioid Replacement Therapy	542.0000	383.0000	185-708
10. ORT Outpatient	0.0000	0.0000	0

footnote:

Table 23 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: 30 Day Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2010 - 2011	11.1	
	Age 18+ - CY 2010 - 2011	48.6	
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2010 - 2011	8.4	
	Age 18+ - CY 2010 - 2011	28.4	
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products][1]?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2010 - 2011	6.9	
	Age 18+ - CY 2010 - 2011	11.0	
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2010 - 2011	6.0	
	Age 18+ - CY 2010 - 2011	5.4	
5. 30-day Use of Illegal Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]?[2] Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors'orders).		
	Age 12 - 17 - CY 2010 - 2011	5.2	
	Age 18+ - CY 2010 - 2011	3.2	

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

footnote:

V: Performance Indicators and Accomplishments

Table 24 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception Of Risk/Harm of Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2010 - 2011	79.0	
	Age 18+ - CY 2010 - 2011	78.2	
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2010 - 2011	91.0	
	Age 18+ - CY 2010 - 2011	90.9	
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2010 - 2011	77.9	
	Age 18+ - CY 2010 - 2011	72.4	

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V: Performance Indicators and Accomplishments

Table 25 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Age of First Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.risk.		
	Age 12 - 17 - CY 2010 - 2011	12.9	
	Age 18+ - CY 2010 - 2011	17.6	
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2010 - 2011	12.4	
	Age 18+ - CY 2010 - 2011	16.3	
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product][1]?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2010 - 2011	12.7	
	Age 18+ - CY 2010 - 2011	18.5	
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2010 - 2011	13.7	
	Age 18+ - CY 2010 - 2011	18.2	
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs][2]?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2010 - 2011	13.0	
	Age 18+ - CY 2010 - 2011	21.4	

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

footnote:

V: Performance Indicators and Accomplishments

Table 26 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception of Disapproval/Attitudes

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2010 - 2011	88.4	
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2010 - 2011	84.9	
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2010 - 2011	82.7	
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2010 - 2011	82.4	
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2010 - 2011	87.4	

footnote:

V: Performance Indicators and Accomplishments

Table 27 - Prevention Performance Measures - Employment/Education; Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 18+ - CY 2010 - 2011	44.5	
	Age 12 - 17 - CY 2010 - 2011		

footnote:

V: Performance Indicators and Accomplishments

Table 28 - Prevention Performance Measures - Employment/Education; Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	Source: National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at http://nces.ed.gov/ccd/stfis.asp. Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	CY 2010	93.2	

footnote:

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Table 29 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol-Related Traffic Fatalities

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2011	34.6	

footnote:

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Table 30 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol and Drug Related Arrests

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol- and Drug-Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2011	28.2	

footnote:

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Table 31 - Prevention Performance Measures - Social Connectedness; Measure: Family Communications Around Drug and Alcohol Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2010 - 2011	57.3	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?[1][Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2010 - 2011	84.9	

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

footnote:

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Table 32 - Prevention Performance Measures - Retention; Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use][1]? Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2010 - 2011	88.0	

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

Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37
Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following forms:

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 33 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2011	12/31/2011
2. Table 34 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2011	12/31/2011
3. Table 35 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2011	12/31/2011
4. Table 36 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2011	12/31/2011
5. Table 37 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	1/1/2011	12/31/2011

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 thes State added those participants to the number for each applicable racial category or whether the State added all those partipants 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 33 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	0
5-11	23796
12-14	19270
15-17	6238
18-20	327
21-24	93
25-44	724
45-64	309
65 and over	46
Age Not Known	30
Gender	
Male	24601
Female	25486
Gender Unknown	746
Race	
White	21665
Black or African American	25362
Native Hawaiian/Other Pacific Islander	7
Asian	243
American Indian/Alaska Native	83
More Than One Race (not OMB required)	1265

Race Not Known or Other (not OMB required)	2208
Ethnicity	
Hispanic or Latino	1666
Not Hispanic or Latino	49167

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

We utilized custom-developed screens in our Alabama Substance Abuse Information System (ASAIS) to collect the data above from each prevention provider.

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

All participants with more than one race were listed in the "More than One Race" subcategory.

footnote:

V: Performance Indicators and Accomplishments

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

Category	Total
Age	
0-4	26585
5-11	43518
12-14	43750
15-17	43744
18-20	32342
21-24	32892
25-44	208013
45-64	200651
65 and over	186191
Age Not Known	297613
Gender	
Male	317333
Female	337997
Gender Unknown	459969
Race	
White	458225
Black or African American	225439
Native Hawaiian/Other Pacific Islander	106
Asian	4484
American Indian/Alaska Native	5093
More Than One Race (not OMB required)	4871

Race Not Known or Other (not OMB required)	417081
Ethnicity	
Hispanic or Latino	29203
Not Hispanic or Latino	1086096

footnote:

V: Performance Indicators and Accomplishments

Table 35 - Prevention Performance Measures - Number of Persons Served by Type of Intervention

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	49861	N/A
2. Universal Indirect	N/A	1115299
3. Selective	578	N/A
4. Indicated	394	N/A
5. Total	50833	1115299

footnote:

V: Performance Indicators and Accomplishments

Table 36 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention

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

The state is currently implementing the guidelines above and ensures that each provider follows guidelines before services are rendered.

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

The data for 2011 was collected by quarterly report in the Alabama Substance Abuse Information System (ASAIS).

Table 36 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	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 37 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 38	$ 1227899.00
Universal Indirect	Total # 33	$ 2368886.00
Selective	Total # 9	$ 989657.00
Indicated	Total # 3	$ 100000.00
	Total EBPs: 83	Total Dollars Spent: $4686442.00

footnote:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2013 Prevention Attachment Category A:		Browse...	Upload
FFY 2013 Prevention Attachment Category B:		Browse...	Upload
FFY 2013 Prevention Attachment Category C:		Browse...	Upload
FFY 2013 Prevention Attachment Category D:		Browse...	Upload

footnote: