

Montana

UNIFORM APPLICATION

FY 2017 BEHAVIORAL HEALTH REPORT

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 09/01/2016 - Expires 12/01/2016
(generated on 11/22/2016 4.40.38 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Montana Department of Public Health and Human Services

Organizational Unit Addictive & Mental Disorders Division

Mailing Address PO Box 202905

City Helena

Zip Code 59620-2905

II. Contact Person for the Block Grant

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Last Name Perkins

Agency Name Montana Department of Public Health and Human Services

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City Helena

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III. Expenditure Period

State Expenditure Period

From 7/1/2015

To 6/30/2016

Block Grant Expenditure Period

From 10/1/2013

To 9/30/2015

IV. Date Submitted

Submission Date 11/22/2016 4:40:19 PM

Revision Date

V. Contact Person Responsible for Report Submission

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VI. Contact Person Responsible for Substance Abuse Data

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Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: A continuum of community based behavioral and physical health services that improve and sustains the recovery of those individuals affected by the consumption and consequences of alcohol, tobacco and other drug abuse.

Priority Type: SAP, SAT

Population(s): PWWDC, PP, IVDUs, HIV EIS, TB

Goal of the priority area:

The Addictive and Mental Disorders Division (AMDD) administers the Substance Abuse Prevention and Treatment Block Grant, a system of care designed for individuals who are not eligible for Medicaid or other funding sources and have a family income that does not exceed 200% of the Federal Poverty Level.

In order to serve those Montanan's most in need of substance abuse treatment and prevention services, a framework provided through our State Approved Chemical Dependency Centers deliver and assure effective and efficient use of our resources. This framework requires a responsive behavioral and physical health service system that focuses on meeting the needs of individuals and families seeking care by ensuring a continuum of services are accessible when needed most. To be effective and responsive, the recovery-oriented system is required to be infused with the language, culture and spirit of sustainable recovery throughout the care provided to Montanan's. This assures services focus on engaging and holistic individualized integrated care that produces sustainable recovery outcomes.

Strategies to attain the goal:

Identify current issues/barriers to integrated services, provide training and technical assistance and work to remove barriers to services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase in the number of participants who state they are "very satisfied" with the prevention/treatment services provided to support their needs by 10% by October 2017.

Baseline Measurement: 2013 Data - "Very Satisfied" response - Adult - 63.8% Adolescent 41.1%

First-year target/outcome measurement: 2016 Projected Data - "Very Satisfied" response - Adult - 66.3% Adolescent 43.6%

Second-year target/outcome measurement: 2017 Projected Data - "Very Satisfied" response - Adult - 68.3% Adolescent 46.6%

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

Data Source:

Annual Adult and Youth Survey issued by the Chemical Dependency Bureau

New Data Source (if needed):

Description of Data:

Montana Code Annotated (Montana Law) requires the Department of Public Health and Human Services to develop a 4 year Chemical Dependency Plan. As the Bureau has worked to ensure the block grant requirements and the 4-year Chemical Dependency Plan match, the indicators provided match the 2014/2015 block grant application but have updated numbers to keep both documents and requirements in line with each other.

Question Number 1 of both adult and adolescent survey ask:

"In an overall, general sense, how satisfied are you with the service you have received?" There are 4 choices: "Very Satisfied", "Mostly Satisfied", "Dissatisfied" and "Very Dissatisfied". The "Very Satisfied" will be the indicator used to report this outcome.

The survey was not performed in 2014 as there were staff turnover and change of leadership.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome measure

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Montana is unable to report progress or achievement as the client survey was not administered in this last year. Montana is currently changing the client survey system and has had difficulty with approval of the survey from providers and staff. There has been several meetings regarding the survey. The tool is moving to Survey Monkey rather than scanning paper so results can be quickly returned to providers and the survey is moving to quarterly survey of clients rather than once a year. The new survey process will be in place for the next grant cycle. The goal is for October of 2017, and Montana believes the goal will be achieved with the new process.

How first year target was achieved (optional):

Priority #: 2
Priority Area: A responsive system to address newly identified alcohol, tobacco and other drug abuse issues.
Priority Type: SAP, SAT
Population(s): PWWDC, PP, IVDUs, HIV EIS, TB

Goal of the priority area:

The misuse and abuse of alcohol, tobacco and other drugs is continuously evolving and changing. In order to ensure the State Approved Chemical Dependency Centers are prepared to provide effective prevention and treatment, AMDD is working with Providers, Tribal Treatment Centers, and Federal Officials to identify and prepare those providing prevention and treatment with the ability to address emerging issues through expanded services, training/technical assistance, and programming.

Strategies to attain the goal:

Provide planning, training and support to behavioral health prevention and treatment agencies to address the identified needs, gaps and emerging issues.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase in the number of agencies providing multiple modalities of prevention and treatment services by 5% by October 2017
Baseline Measurement: 2015 Data - 12 of 31 contracted agencies provide at least 2 of 8 prevention/treatment modalit
First-year target/outcome measurement: 2016 Projected data - 14 of 31 contracted agencies provide at least 2 of 8 prevention/treatment modalities
Second-year target/outcome measurement: 2017 Projected data - 16 of 31 contracted agencies provide at least 2 of 8 prevention/treatment modalities

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

Data Source:

Contracts and State Approval Licensure

New Data Source (if needed):

Description of Data:

Montana Code Annotated (Montana Law) requires the Department of Public Health and Human Services to develop a 4 year Chemical

Dependency Plan. As the Bureau has worked to ensure the block grant requirements and the 4-year Chemical Dependency Plan match, the indicators provided match the 2014/2015 block grant application but have updated numbers to keep both documents and requirements in line with each other. Montana has updated this indicator to include intervention services.

The 8 modalities are identified as:

- Prevention (Primary)
 - Prevention (Early Intervention)
 - ASAM Level of Care – I
 - ASAM Level of Care – II
 - ASAM Level of Care – II.5
 - ASAM Level of Care – III.1
 - ASAM Level of Care – III.5/III.7
 - Recovery
- This information is either issued through a license or is written into a contact.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Goal is for October 2017 - progress have been made but Montana implemented Medicaid Expansion in January 2016 - all systems and changes have been directed into integrating Medicaid and other funding sources. It is projected this goal will be achieved by October 2017

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

Priority #: 3

Priority Area: Evidence based services which use quality improvement monitoring to ensure optimum prevention and treatment outcomes.

Priority Type: SAP, SAT

Population(s): PWWDC, PP, IVDUs, HIV EIS, TB

Goal of the priority area:

In order to efficiently and effectively use resources dedicated to the prevention and treatment of substance abuse, AMDD is focusing efforts and programming on the implementation of evidence based practices to ensure appropriate patient placement and treatment; to make providing co-occurring and physical health care an expectation of substance abuse prevention and treatment services, not the exception; and to have a responsive and effective recovery oriented system.

Strategies to attain the goal:

Provide training and technical assistance to behavioral health prevention and treatment agencies on evidence based practices and quality improvement processes.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Increase in the number of agencies implementing evidence based practices who are monitoring for fidelity and outcomes of services provided by 5% by October 2017.
Baseline Measurement:	2015 Baseline 6 of 31 state approved agencies provide outcome based reporting information to the bureau.
First-year target/outcome measurement:	2016 Projected - 8 of 31 state approved agencies provide outcome based reporting

information to the bureau

Second-year target/outcome measurement: 2017 Projected - 10 of 31 state approved agencies provide outcome based reporting information to the bureau.

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

Data Source:

Continuation Application/County Plan
Provider Data Outcome Reports

New Data Source (*if needed*):

Description of Data:

Montana Code Annotated (Montana Law) requires the Department of Public Health and Human Services to develop a 4 year Chemical Dependency Plan. As the Bureau has worked to ensure the block grant requirements and the 4-year Chemical Dependency Plan match, the indicators provided match the 2014/2015 block grant application but have updated numbers to keep both documents and requirements in line with each other. Montana has updated this indicator to include intervention services.

Base line information is gathered through two processes – The first step of knowing the number of evidence based programming being used is through reported use of evidence based programming on the continuation application/county plan (Baseline 31 of 31 agencies report using evidence based programming) The second measure would be to review reports of data produced by providers of outcomes of their programs (current Baseline: 6 of 31 agencies provide outcome based reporting information to the bureau.)

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Goal is for October 2017 - progress have been made but Montana implemented Medicaid Expansion in January 2016 - all systems and changes have been directed into integrating Medicaid and other funding sources. It is projected this goal will be achieved by October 2017

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

Footnotes:

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

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

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

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$5,334,721		\$2,443,080	\$0	\$6,504,614	\$1,500,000	\$0
a. Pregnant Women and Women with Dependent Children*	\$845,239		\$0	\$0	\$0	\$0	\$0
b. All Other	\$4,489,482		\$2,443,080	\$0	\$6,504,614	\$1,500,000	\$0
2. Substance Abuse Primary Prevention	\$1,665,155		\$0	\$1,529,036	\$34,250	\$0	\$0
3. Tuberculosis Services	\$0		\$0	\$0	\$0	\$0	\$0
4. HIV Early Intervention Services**	\$0		\$0	\$0	\$0	\$0	\$0
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	\$346,977		\$95,228	\$22,029	\$859,846	\$0	\$0
11. Total	\$7,346,853	\$0	\$2,538,308	\$1,551,065	\$7,398,710	\$1,500,000	\$0

* Prevention other than primary prevention

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

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

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

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

Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
Engagement Services	\$419,303
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
Outpatient Services	\$1,101,854
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
Medication Services	\$11,881
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
Community Support (Rehabilitative)	\$2,048,374
Parent/Caregiver Support;	

Skill Building (social, daily living, cognitive);	
Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
Recovery Supports	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
Other Supports (Habilitative)	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
Intensive Support Services	\$942,698
Substance Abuse Intensive Outpatient (IOP);	

Partial Hospital;	
Assertive Community Treatment;	
Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
Out-of-Home Residential Services	\$554,194
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
Acute Intensive Services	\$966,700
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
Other (please list)	\$
Total	\$6,045,004

Footnotes:

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

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

Category	FY 2014 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$5,105,605
2. Primary Prevention	\$1,361,911
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$340,395
6. Total	\$6,807,911

*Prevention other than Primary Prevention

**HIV Designated States

Footnotes:

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Universal	\$ <input type="text" value="5,000"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Total	\$5,000	\$	\$	\$	\$
Education	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Universal	\$ <input type="text" value="5,000"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Total	\$5,000	\$	\$	\$	\$
Alternatives	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Universal	\$ <input type="text" value="5,000"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Total	\$5,000	\$	\$	\$	\$
Problem Identification and Referral	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Universal	\$ <input type="text" value="5,000"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Total	\$5,000	\$	\$	\$	\$
Community-Based Process	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Community-Based Process	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Universal	\$ 292,480	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Total	\$292,480	\$	\$	\$	\$
Environmental	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Universal	\$ 877,438	\$ 1,412,972	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Total	\$877,438	\$1,412,972	\$	\$	\$
Section 1926 Tobacco	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Universal	\$ 171,993	\$ 116,064	\$ 34,250	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Total	\$171,993	\$116,064	\$34,250	\$	\$
Other	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Total	\$	\$	\$	\$	\$
	Grand Total	\$1,361,911	\$1,529,036	\$34,250	\$	\$

Footnotes:

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

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

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$217,906				
Universal Indirect	\$1,144,005	\$1,529,036	\$34,250		
Selective					
Indicated					
Column Total	\$1,361,911.00	\$1,529,036.00	\$34,250.00	\$0.00	\$0.00

Footnotes:

III: Expenditure Reports

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

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

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

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

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

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment		\$31,291.00				\$31,291.00
2. Quality Assurance						\$0.00
3. Training (Post-Employment)		\$57,745.00				\$57,745.00
4. Program Development		\$171,993.00		\$115,340.00		\$287,333.00
5. Research and Evaluation						\$0.00
6. Information Systems						\$0.00
7. Education (Pre-Employment)						\$0.00
8. Total	\$0.00	\$261,029.00	\$0.00	\$115,340.00	\$0.00	\$376,369.00

Footnotes:

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

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

Entity Number	I-BHS ID		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Mailing Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds (B + D + E)	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV
201	MT750020	✓	Region 4	Alcohol and Drug Services of	2310 North 7th Avenue	Bozeman	MT	59715	\$241,451	\$241,451	\$31,139	\$0	\$0
222	MT750111	✓	Region 4	Boyd Andrew Community Services	P.O. Box 1153	Helena	MT	59624	\$1,437,360	\$336,478	\$18,310	\$1,100,882	\$0
299	MT100894	✓	Region 2	Bullhook Community Health Center Inc	521 4th Street	Havre	MT	59501-3649	\$50,161	\$50,161	\$1,101	\$0	\$0
283	MT100533	✓	Region 2	Center for Mental Health	316 1st Street NW Suite A	Choteau	MT	59422	\$8,939	\$8,939	\$2,474	\$0	\$0
295	MT100653	✓	Region 5	Choices for Change Counseling	P.O. Box 622	Superior	MT	59872	\$17,076	\$17,076	\$0	\$0	\$0
212	MT750038	✓	Region 2	Crystal Creek Lodge Treatment Center	Blackfeet Indian Reservation Old Hospital Hill P.O. Box 450	Browning	MT	59417	\$16,547	\$16,547	\$16,547	\$0	\$0
211	MT100473	✓	Region 1	District 2 Alcohol and Drugs	P.O. Box 1530	Sidney	MT	59270	\$88,824	\$88,824	\$9,847	\$0	\$0
273	MT100192	✓	Region 1	Eastern Montana Mental Health	P.O. Box 1530	Miles City	MT	59301	\$149,928	\$149,928	\$10,490	\$0	\$0
209	MT750129	✓	Region 5	Flathead Valley Chem Dependency Clinic	P.O. Box 7115	Kalispell	MT	59901	\$282,776	\$282,776	\$49,846	\$0	\$0
902	MT750095	✓	Region 2	Fort Belknap	Fort Belknap Reservation 656 Agency Main Street	Harlem	MT	59526	\$2,587	\$2,587	\$46	\$0	\$0
227	MT900658	✓	Region 2	Gateway Community Services	26 4th Street North	Great Falls	MT	59401	\$393,211	\$393,211	\$10,022	\$0	\$0
293	MT100673	✓	Region 2	Indian Family Health Clinic	1220 Central Avenue Suite 1-B	Great Falls	MT	59401	\$1,306	\$1,306	\$0	\$0	\$0
277	MT000001	✓	Region 3	Indian Health Board of Billings	1127 Alderson Avenue Suite 1	Billings	MT	59102	\$46,000	\$46,000	\$0	\$0	\$0
303	MT100187	✗	Region 4	Intermountain Community Services	3240 Dredge Drive	Helena	MT	59602	\$4,199	\$4,199	\$0	\$0	\$0
224	MT100122	✓	Region 5	Missoula Urban Indian Health Center	830 West Central Avenue	Missoula	MT	59801	\$27,378	\$27,378	\$928	\$0	\$0
292	MT100176	✓	Region 2	New Horizon Recovery	P.O. Box 459	Fort Benton	MT	59442	\$9,382	\$9,382	\$1,757	\$0	\$0

301	MT100904	✓	Region 5	Recovery Center Missoula	1201 Wyoming Street	Missoula	MT	59801	\$570	\$570	\$0	\$0	\$0
202	MT900278	✓	Region 3	Rimrock Foundation	1231 North 29th Street P.O. Box 30374	Billings	MT	59101	\$1,206,260	\$1,206,260	\$280,050	\$0	\$0
302	MT100159	✓	Region 4	Smart Southwest Montana Addiction	630 West Mercury Street	Butte	MT	59701	\$155,522	\$155,522	\$7,641	\$0	\$0
206	MT300107	✓	Region 3	South Central Montana Regional MH Ctr	1245 North 29th Street	Billings	MT	59101	\$409,182	\$409,182	\$53,937	\$0	\$0
231	MT900674	✓	Region 4	Southwest Chemical Dependency Program	P.O. Box 1587	Livingston	MT	59047	\$526,153	\$526,153	\$69,640	\$0	\$0
258	MT100168	✓	Region 5	Western Montana Addiction Services	1325 Wyoming Street	Missoula	MT	59801	\$1,016,335	\$1,016,335	\$380,373	\$0	\$0
Total									\$6,091,147	\$4,990,265	\$944,148	\$1,100,882	\$0

* Indicates the imported record has an error.

Footnotes:

III: Expenditure Reports

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

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

Yes No

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

If yes, SFY: _____

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

Yes No

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2014) + B2(2015)</u> 2 (C)
SFY 2014 (1)	\$8,265,411	
SFY 2015 (2)	\$8,685,454	\$8,475,433
SFY 2016 (3)	\$8,628,023	

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

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

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

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

Speed Chart identification numbers are assigned to all sources of funding for spending and tracking purposes. The speed charts that are not block grant and provide chemical dependency treatment are used in this report. Treatment for Residential Homes and Inpatient care are tracked on a monthly basis through treatment information entered in the Substance Abuse Management System (SAMS). Contractors (Providers) bill these services on a monthly basis separating the information into four categories one for pregnant women/women with dependent children, SSI, criminal justice, and all other. Treatment for outpatient care is tracked on a monthly basis through treatment information entered in the Substance Abuse Management System (SAMS). Contractors (Providers) bill these services on a quarterly or monthly basis separating the information into four categories one for pregnant women/women with dependent children, SSI, criminal justice, and all other.

SSI, Criminal Justice, and the all other category from all invoices are added from all providers to arrive at the MOE Treatment total.

The MOE contains fiscal information for substance use related treatment services provided at the state hospital. The total presented in this table will be higher than the information presented in Table 2 as the information in Table 2 contains only funds the Chemical Dependency Bureaus is directly responsible for in the administration of substance use disorder treatment and prevention services.

Footnotes:

III: Expenditure Reports

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

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment BASE				
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) (C)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE) (D)
SFY 1991 (1)	\$316	100.00%	\$316	
SFY 1992 (2)	\$316	100.00%	\$316	\$316

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment MAINTENANCE			
Period	Total of All State Funds Spent on TB Services (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B) (C)
SFY 2016 (3)	\$12,210	100.00%	\$12,210

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

Cost of TB screening at MCDC for fiscal year 2016

Every patient that is admitted to MCDC is screened for tuberculosis.

Number of patients at MCDC for fiscal 2016: 762

Number of TB skin tests administered for fiscal 2016: 751

Medication used for TB screening is Purified Protein Derivative (PPD)

Cost of PPD per test: \$ 6.15

Per year cost of medication PPD: $\$6.15 \times 751 = \$ 4618.65$

Cost of each TB syringe in fiscal year 2016: \$0.57

Per year cost of TB syringes: $\$0.57 \times 751 = \428.07

Nursing time involved in explaining screening, administering test, reading the test results and documenting results for each patient = 0.25hour

Average RN salary in fiscal year 2016 is \$28.26/ hour.

RN cost for administration of test: $0.25 \text{ hour} \times \$28.26 = \$7.07$ per test.

For fiscal year 2016, RN salary to explain, administer read and document PPD:

$\$7.07 \times 751 = \$ 5309.57$

Number of patients that have a positive PPD history or PPD test that were read as positive for fiscal year 2016 was 11 . Each patient that has a positive PPD history or PPD read as positive is then required to have an investigational interview completed by RN and receives a chest x-ray.

RN interview and documentation time = 0.25 thus average cost per interview is 0.25 hour x \$28.26 = \$7.07 per interview.

For fiscal year 2016, RN salary involved in completing investigational interview:

$\$7.07 \times 11 = \77.77

Cost of chest x-ray per patient in fiscal year 2016 was

For fiscal year 2016, cost for x-rays: $\$125.00 \times 11 = \1375

Time for treatment tech to transfer patient to outside x-ray facility and back = 1 hour.

Treatment tech salary for fiscal year 2016: \$13.84/hour

For fiscal year 2016, treatment tech salary to transfer patients for x-ray:

$\$13.84 \times 11 = \152.24

For all patients with a + PPD history, the physician-on-call must review the x-ray results and the RN investigational interview. After review, physician documents that the patient is free of communicable disease (TB).

Physician-on-call salary averages \$90.57/hour. Time involved reviewing and documenting results and interview is 0.25 hour. $\$90.57 \times 0.25 = \22.64 per patient.

For fiscal year 2016, physician salary involved in reviewing patient interviews and x-ray reports:

$\$22.64 \times 11 = \249.04

Total Cost for TB screening @ MCDC for patients in 2016:

1. Medication: \$4618.65
2. Syringes: \$428.07
3. RN time/salary to administer medication: \$5309.57
4. RN time/salary for patients with + PPD history: \$77.77
5. Treatment Tech time/salary: \$152.24
6. Cost of x-rays: \$1375.00
7. MD time/salary to review + PPD hx patients: \$249.04

Total cost \$12210.34

Footnotes:

III: Expenditure Reports

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

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

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

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

Footnotes:
Montana is not a designated HIV State

III: Expenditure Reports

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

Expenditures for Services to Pregnant Women and Women with Dependent Children		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$271,086	
SFY 2014		\$994,940
SFY 2015		\$1,003,613
SFY 2016		\$845,239
Enter the amount the State plans to expend in 2017 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>845239.00</u>		

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

Treatment for Residential Homes and Inpatient care are tracked on a monthly basis through treatment information entered in the Substance Abuse Management System (SAMS). Contractors (Providers) bill these services on a monthly basis separating the information into four categories one for pregnant women/women with dependent children, SSI, criminal justice, and all other. Treatment for outpatient care is tracked on a monthly basis through treatment information entered in the Substance Abuse Management System (SAMS). Contractors (Providers) bill these services on a quarterly basis separating the information into four categories one for pregnant women/women with dependent children, SSI, criminal justice, and all other.

The Pregnant Women and Women with Dependent Children category from all invoices are added from all providers to arrive at the MOE Pregnant Women and Women with Dependent Children total.

Footnotes:

IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

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

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	1. Information Dissemination	
	2. Resources directories	21
	3. Media campaigns	23
	6. Speaking engagements	23
	2. Education	
	2. Ongoing classroom and/or small group sessions	3
	3. Alternatives	
	2. Youth/adult leadership activities	7
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	23
	2. Systematic planning	23
	3. Multi-agency coordination and collaboration/coalition	23
	4. Community team-building	23
	5. Accessing services and funding	23
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	23
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	23
	3. Modifying alcohol and tobacco advertising practices	23
4. Product pricing strategies	23	

Footnotes:

IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

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

Level of Care	Number of Admissions \geq Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	0	0	\$0	\$0	\$0
2. Free-Standing Residential	427	411	\$4,286	\$4,881	\$2,750
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	913	892	\$5,774	\$6,180	\$6,699
4. Short-term (up to 30 days)	7	7	\$536	\$465	\$353
5. Long-term (over 30 days)	183	181	\$12,059	\$11,242	\$11,044
AMBULATORY (OUTPATIENT)					
6. Outpatient	2961	2892	\$990	\$675	\$1,099
7. Intensive Outpatient	1199	1162	\$1,923	\$1,420	\$1,963
8. Detoxification	0	0	\$0	\$0	\$0
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	0	0	\$0	\$0	\$0
10. ORT Outpatient	0	0	\$0	\$0	\$0

Footnotes:

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

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

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	436	190	91	5	0	0	0	2	0	55	59	19	9	4	2	256	154	19	7
2. 18 - 24	811	385	195	4	1	0	2	0	0	97	72	23	15	9	8	498	277	20	16
3. 25 - 44	2716	1189	676	15	2	4	0	1	1	346	319	64	52	32	15	1590	1034	61	31
4. 45 - 64	1043	554	241	9	0	2	0	1	0	107	73	16	17	18	5	681	324	26	12
5. 65 and Over	68	46	13	0	0	0	0	0	0	4	2	2	1	0	0	51	16	1	0
6. Total	5074	2364	1216	33	3	6	2	4	1	609	525	124	94	63	30	3076	1805	127	66
7. Pregnant Women	58		34		0		0		0		18		6		0		57		1
Number of persons served who were admitted in a period prior to the 12 month reporting period		1615																	
Number of persons served outside of the levels of care described on Table 10		830																	

Footnotes:

IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

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

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

IV: Populations and Services Reports

Table 13 - Charitable Choice

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

Notice to Program Beneficiaries - Check all that apply:

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

Referrals to Alternative Services - Check all that apply:

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

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

Montana continued to work to ensure all Federal requirements were met for Table 13 Charitable Choice. There were difficulties with qualified and interested organizations to implement this program as intended. The Department continued to look at options to allow or seek out those organizations that would meet the requirements and intent of the Code of Federal Regulations. At the present time, there are no organizations interested in this information. The Code of Federal Regulations regarding this are have been incorporated in to the Administrative Rules of Montana which are currently in the process of being reviewed by legal in the rule making process. The Bureau provided information, the CFR and has offered training. Providers viewed this requirement as part of their everyday work and incorporate religious needs/preferences into treatment if the individuals in treatment indicate the need. There are no barriers for any religious organization to become a State-Approved Substance Use Disorder Treatment Program and provide treatment.

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	4	5
Total number of clients with non-missing values on employment/student status [denominator]	13	13
Percent of clients employed or student (full-time and part-time)	30.8 %	38.5 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		47
Number of CY 2015 discharges submitted:		89
Number of CY 2015 discharges linked to an admission:		13
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		13
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		13

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

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	22	42
Total number of clients with non-missing values on employment/student status [denominator]	196	196
Percent of clients employed or student (full-time and part-time)	11.2 %	21.4 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		159
Number of CY 2015 discharges submitted:		199
Number of CY 2015 discharges linked to an admission:		196

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	196
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	196

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

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,546	1,715
Total number of clients with non-missing values on employment/student status [denominator]	2,849	2,849
Percent of clients employed or student (full-time and part-time)	54.3 %	60.2 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		2,948
Number of CY 2015 discharges submitted:		3,299
Number of CY 2015 discharges linked to an admission:		2,849
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,849
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		2,849

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

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	517	563
Total number of clients with non-missing values on employment/student status [denominator]	1,270	1,270
Percent of clients employed or student (full-time and part-time)	40.7 %	44.3 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,183
Number of CY 2015 discharges submitted:		1,278
Number of CY 2015 discharges linked to an admission:		1,270

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,270
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,270

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	8	13
Total number of clients with non-missing values on living arrangements [denominator]	13	13
Percent of clients in stable living situation	61.5 %	100.0 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		47
Number of CY 2015 discharges submitted:		89
Number of CY 2015 discharges linked to an admission:		13
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		13
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		13

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

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	100	102
Total number of clients with non-missing values on living arrangements [denominator]	196	196
Percent of clients in stable living situation	51.0 %	52.0 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		159
Number of CY 2015 discharges submitted:		199
Number of CY 2015 discharges linked to an admission:		196

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	196
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	196

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

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	2,642	2,696
Total number of clients with non-missing values on living arrangements [denominator]	2,849	2,849
Percent of clients in stable living situation	92.7 %	94.6 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		2,948
Number of CY 2015 discharges submitted:		3,299
Number of CY 2015 discharges linked to an admission:		2,849
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,849
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		2,849

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

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	992	1,032
Total number of clients with non-missing values on living arrangements [denominator]	1,270	1,270
Percent of clients in stable living situation	78.1 %	81.3 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,183
Number of CY 2015 discharges submitted:		1,278
Number of CY 2015 discharges linked to an admission:		1,270

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,270
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,270

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	13	13
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	13	13
Percent of clients without arrests	100.0 %	100.0 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		47
Number of CY 2015 discharges submitted:		89
Number of CY 2015 discharges linked to an admission:		13
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		13
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		13

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

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	181	175
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	196	196
Percent of clients without arrests	92.3 %	89.3 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		159
Number of CY 2015 discharges submitted:		199
Number of CY 2015 discharges linked to an admission:		196

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	196
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	196

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

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2,655	2,716
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,849	2,849
Percent of clients without arrests	93.2 %	95.3 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		2,948
Number of CY 2015 discharges submitted:		3,299
Number of CY 2015 discharges linked to an admission:		2,849
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,849
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		2,849

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

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,146	1,140
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,270	1,270
Percent of clients without arrests	90.2 %	89.8 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		1,183
Number of CY 2015 discharges submitted:		1,278
Number of CY 2015 discharges linked to an admission:		1,270

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,270
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,270

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	6	11
All clients with non-missing values on at least one substance/frequency of use [denominator]	13	13
Percent of clients abstinent from alcohol	46.2 %	84.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		5
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	7	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		71.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		6
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	47
Number of CY 2015 discharges submitted:	89
Number of CY 2015 discharges linked to an admission:	13
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	13
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	13

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

†Records received through 5/3/2016

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	159	149
All clients with non-missing values on at least one substance/frequency of use [denominator]	196	196
Percent of clients abstinent from alcohol	81.1 %	76.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		7
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	37	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		18.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		142
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	159	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		89.3 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	159
Number of CY 2015 discharges submitted:	199
Number of CY 2015 discharges linked to an admission:	196
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	196
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	196

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

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2,066	2,405
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,849	2,849
Percent of clients abstinent from alcohol	72.5 %	84.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		472
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	783	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		60.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,933
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,066	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.6 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	2,948
Number of CY 2015 discharges submitted:	3,299
Number of CY 2015 discharges linked to an admission:	2,849
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,849
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,849

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

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	870	938

All clients with non-missing values on at least one substance/frequency of use [denominator]	1,270	1,270
Percent of clients abstinent from alcohol	68.5 %	73.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		151
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	400	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		37.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		787
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	870	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		90.5 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,183
Number of CY 2015 discharges submitted:	1,278
Number of CY 2015 discharges linked to an admission:	1,270
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,270
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,270

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	5	11
All clients with non-missing values on at least one substance/frequency of use [denominator]	13	13
Percent of clients abstinent from drugs	38.5 %	84.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		6
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	8	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		75.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		5
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	47
Number of CY 2015 discharges submitted:	89
Number of CY 2015 discharges linked to an admission:	13
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	13
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	13

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

Records received through 5/3/2016

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	149	159
All clients with non-missing values on at least one substance/frequency of use [denominator]	196	196
Percent of clients abstinent from drugs	76.0 %	81.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		17
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	47	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		36.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		142
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	149	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		95.3 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	159
Number of CY 2015 discharges submitted:	199
Number of CY 2015 discharges linked to an admission:	196
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	196
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	196

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

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	2,126	2,412
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,849	2,849
Percent of clients abstinent from drugs	74.6 %	84.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		395
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	723	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		54.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2,017
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,126	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		94.9 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	2,948
Number of CY 2015 discharges submitted:	3,299
Number of CY 2015 discharges linked to an admission:	2,849
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,849
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,849

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

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	843	914

All clients with non-missing values on at least one substance/frequency of use [denominator]	1,270	1,270
Percent of clients abstinent from drugs	66.4 %	72.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		152
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	427	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		35.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		762
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	843	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		90.4 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,183
Number of CY 2015 discharges submitted:	1,278
Number of CY 2015 discharges linked to an admission:	1,270
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,270
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,270

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	2	3
Total number of clients with non-missing values on self-help attendance [denominator]	13	13
Percent of clients attending self-help programs	15.4 %	23.1 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	7.7 %	
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		47
Number of CY 2015 discharges submitted:		89
Number of CY 2015 discharges linked to an admission:		13
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		13
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		13

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

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	114	119
Total number of clients with non-missing values on self-help attendance [denominator]	196	196
Percent of clients attending self-help programs	58.2 %	60.7 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	2.6 %	
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		159
Number of CY 2015 discharges submitted:		199

Number of CY 2015 discharges linked to an admission:	196
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	196
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	196

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

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	777	1,046
Total number of clients with non-missing values on self-help attendance [denominator]	2,849	2,849
Percent of clients attending self-help programs	27.3 %	36.7 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	9.4 %	

Notes (for this level of care):

Number of CY 2015 admissions submitted:	2,948
Number of CY 2015 discharges submitted:	3,299
Number of CY 2015 discharges linked to an admission:	2,849
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,849
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,849

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

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	398	492
Total number of clients with non-missing values on self-help attendance [denominator]	1,270	1,270
Percent of clients attending self-help programs	31.3 %	38.7 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	7.4 %	

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,183
Number of CY 2015 discharges submitted:	1,278
Number of CY 2015 discharges linked to an admission:	1,270
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,270
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	1,270

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	38	14	28	35
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	18	6	20	28
4. Short-term (up to 30 days)	322	28	487	546
5. Long-term (over 30 days)	116	35	87	172
AMBULATORY (OUTPATIENT)				
6. Outpatient	155	51	101	197
7. Intensive Outpatient	94	35	65	117
8. Detoxification	140	4	120	204
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	0	0	0	0
10. ORT Outpatient	0	0	0	0

Level of Care	2015 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	893	776
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	466	427

4. Short-term (up to 30 days)	89	13
5. Long-term (over 30 days)	199	196
AMBULATORY (OUTPATIENT)		
6. Outpatient	3299	2849
7. Intensive Outpatient	1278	1270
8. Detoxification	119	15
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	0
10. ORT Outpatient	0	0

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2013 - 2014	11.5	
	Age 18+ - CY 2013 - 2014	62.5	
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2013 - 2014	6.4	
	Age 18+ - CY 2013 - 2014	23.3	
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] ^[1] ?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2013 - 2014	3.6	
	Age 18+ - CY 2013 - 2014	11.4	
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2013 - 2014	8.4	
	Age 18+ - CY 2013 - 2014	11.3	
5. 30-day Use of Illegal Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] ^[2] Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors'orders).		
	Age 12 - 17 - CY 2013 - 2014	2.5	
	Age 18+ - CY 2013 - 2014	1.5	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2013 - 2014	76.7	
	Age 18+ - CY 2013 - 2014	77.6	
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2013 - 2014	92.4	
	Age 18+ - CY 2013 - 2014	93.8	
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2013 - 2014	71.2	
	Age 18+ - CY 2013 - 2014	56.8	

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.risk.		
	Age 12 - 17 - CY 2013 - 2014	13.3	
	Age 18+ - CY 2013 - 2014	16.1	
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2013 - 2014	12.2	
	Age 18+ - CY 2013 - 2014	15.2	
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[1] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2013 - 2014	13.6	
	Age 18+ - CY 2013 - 2014	18.8	
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2013 - 2014	13.2	
	Age 18+ - CY 2013 - 2014	17.9	
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] ^[2] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2013 - 2014	12.9	
	Age 18+ - CY 2013 - 2014	19.8	

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

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2013 - 2014	93.8	
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2013 - 2014	90.8	
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2013 - 2014	84.5	
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2013 - 2014	83.7	
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2013 - 2014	89.3	

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 18+ - CY 2013 - 2014	38.9	
	Age 12 - 17 - CY 2013 - 2014		

Footnotes:

V: Performance Indicators and Accomplishments

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

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

Footnotes:

Please Note - Montana uses the Prepopulated Data - the NOM is not showing any prepopulated data.

V: Performance Indicators and Accomplishments

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

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

Footnotes:

Please Note - Montana uses the Prepopulated Data - the NOM is not showing any prepopulated data.

V: Performance Indicators and Accomplishments

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

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

Footnotes:

Please Note - Montana uses the Prepopulated Data - the NOM is not showing any prepopulated data.

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2013 - 2014	58.9	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?^[1][Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2013 - 2014	90.5	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ? Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2013 - 2014	89.1	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

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

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2014	12/31/2014
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2014	12/31/2014
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2014	12/31/2014
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2014	12/31/2014
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2013	9/30/2015

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

Data collection for this time period is manual. All data events were required by providers to be entered into a data collection sheet which was data entered into an excel spreadsheet. Data events were compare with billing information and prevention plans to ensure all data events were recorded

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

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

All contracted providers are required to use a tracking sheet which they use as a sign n sheet when providing services. This allows the person to mark the indicated field.

Footnotes:

V: Performance Indicators and Accomplishments

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

Category	Total
Age	
0-4	0
5-11	0
12-14	99
15-17	17
18-20	87
21-24	221
25-44	2712
45-64	816
65 and over	22
Age Not Known	142
Gender	
Male	1964
Female	2140
Gender Unknown	12
Race	
White	2881
Black or African American	8
Native Hawaiian/Other Pacific Islander	1
Asian	0
American Indian/Alaska Native	27
More Than One Race (not OMB required)	0

Race Not Known or Other (not OMB required)	617
Ethnicity	
Hispanic or Latino	101
Not Hispanic or Latino	6433
Ethnicity Unknown	582

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

This is a combination of MDS collected data and manual data. When MDS was discontinued, the process moved to paper/data entry into excel with the requirements the same as MDS.

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

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

Participants could only choose one category.

Footnotes:

V: Performance Indicators and Accomplishments

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

Category	Total
Age	
0-4	1
5-11	791
12-14	2365
15-17	6509
18-20	1365
21-24	3398
25-44	13250
45-64	9206
65 and over	272
Age Not Known	546823
Gender	
Male	16221
Female	20912
Gender Unknown	546847
Race	
White	27990
Black or African American	269
Native Hawaiian/Other Pacific Islander	17
Asian	112
American Indian/Alaska Native	2886
More Than One Race (not OMB required)	48

Race Not Known or Other (not OMB required)	552658
Ethnicity	
Hispanic or Latino	1001
Not Hispanic or Latino	82459
Ethnicity Unknown	500520

Footnotes:

V: Performance Indicators and Accomplishments

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

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	4116	N/A
2. Universal Indirect	N/A	583980
3. Selective		N/A
4. Indicated		N/A
5. Total	4116	583980

Footnotes:

V: Performance Indicators and Accomplishments

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

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

Montana chose to implement only those programs that are indicated on the NREP Website at this time that research has shown positive results. The Small Workgroup created through the SPF-SIG (and continues with other workgroups at this time) chose 7 Evidence Based programs that were required of any contractor who applied for funding to ensure the use of evidence based programming.

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

Montana chose to implement only those programs that are indicated on the NREP Website at this time that research has shown positive results. The Small Workgroup created through the SPF-SIG (and continues with other workgroups at this time) chose 7 Evidence Based programs that were required of any contractor who applied for funding to ensure the use of evidence based programming.

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

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	3	4	7			7
2. Total number of Programs and Strategies Funded	3	4	7			7
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %			100.00 %

Footnotes:

V: Performance Indicators and Accomplishments

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

Total Number of Evidence-Based Programs/Strategies for IOM Category Below		Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 3	\$ 217906.00
Universal Indirect	Total # 4	\$ 1144005.00
Selective	Total # 	\$
Indicated	Total # 	\$
	Total EBPs: 7	Total Dollars Spent: \$1361911.00

Footnotes:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2014 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category D:		
File	Version	Date Added

Footnotes:

No additional prevention attachments provided