

Louisiana

UNIFORM APPLICATION

FY 2021 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

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III. Expenditure Period

State Expenditure Period

From 7/1/2019

To 6/30/2020

Block Grant Expenditure Period

From 10/1/2017

To 9/30/2019

IV. Date Submitted

Submission Date 11/24/2020 5:03:21 PM

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Footnotes:

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Access to Behavioral Health Services

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, PWWDC, PP, ESMI, PWID, EIS/HIV, TB

Goal of the priority area:

Lead efforts to increase access to behavioral health services by promoting early identification of behavioral health concerns, especially through leveraging integration to help physicians and behavioral health specialists collaborate to identify and treat behavioral health concerns (inclusive of trauma exposure) at the earliest opportunity.

Strategies to attain the goal:

1. Increase access to high-quality evidence-based behavioral therapies for young children
2. Integrate Peer Support throughout the system of care
3. Develop plan to expand and enhance Peer Support Services, to include the addition of Peer Support Services as a Medicaid Reimbursable Service
4. Retain and increase the behavioral health workforce

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Access to High-Quality Evidence-Based Behavioral Therapies for Young Children

Baseline Measurement: Number of therapists serving Medicaid youth who are trained and certified in each OBH/Medicaid-recognized EBP model in SFY 19

First-year target/outcome measurement: Maintain or increase number of therapists serving Medicaid youth who are trained and certified in each OBH/Medicaid-recognized EBP model for SFY 20

Second-year target/outcome measurement: Maintain or increase number of therapists serving Medicaid youth who are trained and certified in each OBH/Medicaid-recognized EBP model in SFY 21

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

Data Source:

Provider data: Center for Evidence to Practice reporting.

New Data Source(if needed):

Description of Data:

During FY18 and 19, OBH collaborated with MCOs to coordinate MCO-sponsored trainings for Medicaid enrolled therapists in 3 different evidence-based models of therapy for preschool-age children: Child Parent Psychotherapy, Parent-Child Interaction Therapy, and Youth PTSD Treatment.

Center for Evidence to Practice (OBH/Medicaid funding, housed at LSU) is now in place to further coordinate and sponsor trainings for providers in EBPs.

We will report the number of therapists serving Medicaid youth who are trained and certified in each OBH/Medicaid-recognized EBP model.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

Members served data: Service Definitions for new EBPs (including credentialing and billing guidance) just published Summer 2019; for this reason EBP tracking codes are not yet being consistently used, and so SFY 19 may not be trackable, and SFY 20 data may be limited at first.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 2
Indicator: Access to Qualified Peer Support Specialists
Baseline Measurement: As of SFY 19, 584 peers have been trained.
First-year target/outcome measurement: Maintain or increase the total number of peers trained and certified for SFY 20
Second-year target/outcome measurement: Maintain or increase the total number of peers trained and certified for SFY 21
New Second-year target/outcome measurement(if needed):

Data Source:

Training Records and Annual Certification Records

New Data Source(if needed):

Description of Data:

Number of Peers successfully completing training and maintaining their Peer Certification.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The number of Peers trained in SFY20 was less when compared to SFY19 due to changes to the training program required as a result of COVID-19. The last training for SFY20 had to be rescheduled due to the stay-at-home order issued in March 2020. Through collaboration and additional virtual training with RI International of Arizona and the trainers, the Peer trainings were transitioned to a virtual format with Zoom. With the virtual format, the capacity of the training is reduced from 20 participants to 10-15 participants per training. For SFY21, OBH is making an effort to facilitate a minimum of one virtual training per month to increase the training capacity. Some trainings in SFY21 have been cancelled or rescheduled due to multiple hurricanes impacting the State of Louisiana. As of mid-October, 21 participants had successfully completed the Peer Employment Training in SFY21; therefore, OBH is on track to meet or exceed the baseline established in 2019.

How first year target was achieved (optional):

Indicator #: 3
Indicator: Behavioral Health Workforce Development
Baseline Measurement: Number of behavioral health professional development opportunities held in SFY 19
First-year target/outcome measurement: Maintain or increase the number of behavioral health professional development opportunities held in SFY 20
Second-year target/outcome measurement: Maintain or increase the number of behavioral health professional development

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

Centralized document containing Behavioral health professional development opportunities available through sponsored, funded or hosted opportunities by LDH, inclusive of LDH contractors such as the Medicaid Managed Care entities

New Data Source(if needed):**Description of Data:**

Professional development opportunities used to educate and instruct the behavioral health workforce to assist them in acquiring, developing and enhancing their knowledge and skill on topics relevant to the behavioral health profession. Behavioral health professional development opportunities include but are not limited to provider trainings, continuing education, seminars, workshops and conferences. The number of behavioral health professional development trainings will be tracked.

New Description of Data(if needed)**Data issues/caveats that affect outcome measures:**

The number of behavioral health professional development opportunities include peer support, suicide prevention and SUD training counts that may also be reflected in other indicators throughout the priority table. Therefore, there may be duplication in these counts.

New Data issues/caveats that affect outcome measures:**Report of Progress Toward Goal Attainment**

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

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Priority #: 2
Priority Area: Substance Use Disorder System Enhancements
Priority Type: SAP, SAT
Population(s): PWWDC, PWID, EIS/HIV, TB

Goal of the priority area:

Increase access to quality SUD services.

Strategies to attain the goal:

Enhance Medication Assisted Treatment (MAT) services, treatment capacity for pregnant women, increased use of early Screening, Brief Interventions and Referral to Treatment (SBIRT) including pregnant women, and development of residential treatment programs for pregnant women and children at risk of Neonatal Abstinence Syndrome (NAS).

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)
Baseline Measurement: The number of individuals with OUD receiving MAT in SFY 19
First-year target/outcome measurement: Maintain or increase the number of individuals with OUD receiving MAT in SFY 20
Second-year target/outcome measurement: Maintain or increase the number of individuals with OUD receiving MAT in SFY 21
New Second-year target/outcome measurement(if needed):
Data Source:

Statewide Opioid Treatment Provider (OTP) clinics and Medicaid Claims

New Data Source(if needed):

Description of Data:

The number of individuals with OUD receiving MAT

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The count of Methadone recipients will be extracted from statewide Methadone clinic/Opioid Treatment Program (OTP) census. Count of Non-Methadone MAT recipients will be obtained from Medicaid.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 2

Indicator: Workforce Development

Baseline Measurement: Number of ECHO/ EBP trainings for SFY 19

First-year target/outcome measurement: Maintain or increase the number of ECHO/ EBP trainings for SFY 20

Second-year target/outcome measurement: Maintain or increase the number of ECHO/ EBP trainings for SFY 21

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

Data Source:

Tulane University, LASOR Grant and other Opioid Trainings

New Data Source(if needed):

Description of Data:

The Office of Behavioral Health partners with the Department of Psychiatry and Behavioral Sciences in the Tulane University School of Medicine to implement the Project ECHO Model (Extension for Community Health Outcomes).The ECHO Model is a movement whose mission is to develop the capacity to de-monopolize knowledge and amplify the capacity to provide best practice care of underserved people all over the world. The number of physicians/clinicians participating in ECHO/EBP will be tracked through OBH and Tulane University.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Funding for these trainings include MATPDOA, STR, and LaSOR, which are dependent on federal allocations.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #:

3

Indicator:

DATA Waivered Prescribers

Baseline Measurement:

Number of DATA waived prescribers for SFY 19

First-year target/outcome measurement:

Maintain or increase the number of DATA waived prescribers SFY 20

Second-year target/outcome measurement:

Maintain or increase the number of DATA waived prescribers SFY 21

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

Data Source:

LASOR Grant and Buprenorphine Physician Locator

New Data Source(if needed):

Description of Data:

Number of physicians, APRN, PA that became a certified data waived prescribers.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

LaSOR will capture the number of OBOTs registered under LaSOR as a mechanism for tracking. In addition, use of the buprenorphine locator will be used, which may duplicate the numbers from LaSOR grant.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

Priority #:

3

Priority Area:

Pursuing a culture of prevention and wellness for Louisiana citizens

Priority Type:

SAP, SAT, MHS

Population(s):

SMI, SED, PWWDC, PP, ESMI, PWID, EIS/HIV, TB

Goal of the priority area:

Ensure that effective and efficient prevention services are provided statewide to promote overall wellness and to delay the initiation and progression of behavioral health disorders by increasing knowledge, awareness, and healthy behaviors.

Strategies to attain the goal:

1. Implement evidence-based prevention programs in school-based settings through a partnership with the Department of Education
2. Continue to provide Suicide Prevention education and awareness activities.

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

Primary Prevention Evidence Based Practices

Baseline Measurement: Number of individuals receiving EBPs for Primary Prevention in SFY 19

First-year target/outcome measurement: Maintain or increase the number of individuals receiving EBPs for Primary Prevention in SFY 20

Second-year target/outcome measurement: Maintain or increase the number of individuals receiving EBPs for Primary Prevention in SFY 21

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

Data Source:

Prevention Management Information System (PMIS)

New Data Source(if needed):

Description of Data:

The numbers are reflective of our school based curriculums. The numbers reported are non-duplicated and represent the total number of students who have been enrolled in an evidence-based prevention program funded by the SAPT Block Grant.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The majority of EBPs are delivered in school settings. Due to the COVID-19 Pandemic, schools were closed and services were unable to be performed.

How first year target was achieved (optional):

Indicator #: 2

Indicator: Suicide Prevention and Awareness Trainings

Baseline Measurement: Number of suicide prevention and awareness trainings in SFY 19

First-year target/outcome measurement: Maintain or increase the number of suicide prevention and awareness trainings in SFY 20

Second-year target/outcome measurement: Maintain or increase the number of suicide prevention and awareness trainings in SFY 21

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

Data Source:

Suicide Prevention and Awareness Training Tracking Form

New Data Source(if needed):

Description of Data:

Number of suicide prevention and awareness trainings

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

It is a voluntary reporting system for all non-OBH employees.

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:

Most trainings require face-to-face delivery. Due to the COVID-19 Pandemic, trainings were canceled and unable to be re-scheduled.

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

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Footnotes:

Revisions were made to the FY 20-21 Block Grant Application Priority Table, specifically Priority 2. Because the reporting application is pre-populated with data from the planning document, the revisions are not yet reflected in the report. The revisions that were made include the following: Performance Indicator 1- The data source was updated to only include Medicaid claims; Performance Indicator 2- Federal fiscal year counts are now reported instead of state fiscal year counts; Performance Indicator 3- Federal fiscal year counts are now reported instead of state fiscal year counts.

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 use disorder. For detailed instructions, refer to those in the Block Grant Application System (BGAS)

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Activity (See instructions for entering expenses in 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	\$16,412,582		\$0	\$17,502,191	\$53,347,192	\$0	\$3,998,037
a. Pregnant Women and Women with Dependent Children*	\$3,510,613						
b. All Other	\$12,901,969			\$17,502,191	\$53,347,192		\$3,998,037
2. Substance Abuse Primary Prevention	\$4,689,309			\$2,208,020			
3. Tuberculosis Services							
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) **	\$1,172,327						
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)	\$1,172,327						
11. Total	\$23,446,545	\$0	\$0	\$19,710,211	\$53,347,192	\$0	\$3,998,037

* Prevention other than primary prevention

** Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered ?designated states? during any of the three prior federal fiscal years for which a state was applying for a grant. See EIS/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

☒ Actual ☐ Estimated

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Footnotes:

These are actual figures except women services . Actuals will be available by January 31,2021.

The total amount of TA Supplement expenditures from the FFY 2019 NOA, Issue Date of 09/24/19, for the SABG Administrative Supplement for Technical Assistance is \$328,827.

III: Expenditure Reports

Table 3A SABG – Syringe Services Program

Expenditure Start Date: 07/01/2019 Expenditure End Date: 06/30/2020

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of Locations (include mobile if any)	Narcan Provider (Yes or No)
No Data Available					

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Footnotes:

III: Expenditure Reports

Table 3B SABG – Syringe Services Program

Expenditure Start Date: 07/01/2019 Expenditure End Date: 06/30/2020

[Please enter total number of individuals served]							
Syringe Service Program Name	# of Unique Individuals Served		HIV Testing	Treatment for Substance Use Conditions	Treatment for Physical Health	STD Testing	Hep C
	0	ONSITE Testing	0	0	0	0	0
		Referral to testing	0	0	0	0	0

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Footnotes:

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

This table provides a description of SABG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in BGAS. Only one column is to be filled in each year.

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Expenditure Category	FY 2018 SA Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$17,520,347
2. Primary Prevention	\$5,005,813
3. Tuberculosis Services	\$0
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**	\$1,251,453
5. Administration (excluding program/provider level)	\$1,516,454
Total	\$25,294,067

*Prevention other than Primary Prevention

**Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered “designated states” during any of the three prior federal fiscal years for which a state was applying for a grant. See EIS/HIV policy change in SABG Annual Report instructions.

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Footnotes:

The total amount of \$265,000 for the FY 2018 SABG Administrative Supplement for Technical Assistance is reported in the “Administration” reporting category.

III: Expenditure Reports

Table 5a - SABG Primary Prevention Expenditures Checklist

The State or jurisdiction must complete either SABG Table 5a and/or 5b. There are six primary prevention strategies typically funded by principal agencies administering the SABG. Expenditures within each of the six strategies or Institute of Medicine Model (IOM) should be directly associated with the cost of completing the activity or task. For example, information dissemination may include the cost of developing pamphlets, the time of participating staff and/or the cost of public service announcements, etc. If a state or jurisdiction employs strategies not covered by these six categories, please report them under "Other," each in a separate row.

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective					
Information Dissemination	Indicated					
Information Dissemination	Universal	\$319,198				
Information Dissemination	Unspecified					
Information Dissemination	Total	\$319,198	\$0	\$0	\$0	\$0
Education	Selective	\$56,500				
Education	Indicated	\$16,500				
Education	Universal	\$3,515,118				
Education	Unspecified					
Education	Total	\$3,588,118	\$0	\$0	\$0	\$0
Alternatives	Selective					
Alternatives	Indicated					
Alternatives	Universal	\$49,107				
Alternatives	Unspecified					
Alternatives	Total	\$49,107	\$0	\$0	\$0	\$0
Problem Identification and Referral	Selective					
Problem Identification and Referral	Indicated					
Problem Identification and Referral	Universal	\$49,107				
Problem Identification and Referral	Unspecified					
Problem Identification and Referral	Total	\$49,107	\$0	\$0	\$0	\$0

Community-Based Process	Selective					
Community-Based Process	Indicated					
Community-Based Process	Universal	\$630,000				
Community-Based Process	Unspecified					
Community-Based Process	Total	\$630,000	\$0	\$0	\$0	\$0
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal	\$98,215				
Environmental	Unspecified					
Environmental	Total	\$98,215	\$0	\$0	\$0	\$0
Section 1926 Tobacco	Selective					
Section 1926 Tobacco	Indicated					
Section 1926 Tobacco	Universal	\$272,068				
Section 1926 Tobacco	Unspecified					
Section 1926 Tobacco	Total	\$272,068	\$0	\$0	\$0	\$0
Other	Selective					
Other	Indicated					
Other	Universal					
Other	Unspecified					
Other	Total	\$0	\$0	\$0	\$0	\$0
	Grand Total	\$5,005,813				

Section 1926 – Tobacco: Costs associated with the Synar Program Pursuant to the January 19, 1996 federal regulation “Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants, Final Rule” (45 CFR § 96.130), a state may not use the SABG to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its Block Grant allotment under 45 CFR §96.124(b)(1) for carrying out the administrative aspects of the requirements, such as the development of the sample design and the conducting of the inspections. States should include any non-SABG funds* that were allotted for Synar activities in the appropriate columns under 7 below.

*Please list all sources, if possible (e.g., Centers for Disease Control and Prevention, Block Grant, foundations, etc.)

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Footnotes:

III: Expenditure Reports

Table 5b - SABG Primary Prevention Expenditures by Institute of Medicine (IOM) Categories

The state or jurisdiction must complete SABG Table 5b if it chooses to report SUD primary prevention activities utilizing the IOM Model of Universal, Selective and Indicated. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated. Include all funding sources (e.g., Centers for Disease Control and Prevention Block Grant, foundations).

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$3,515,118				
Universal Indirect	\$1,417,695				
Selective	\$56,500				
Indicated	\$16,500				
Column Total	\$5,005,813	\$0	\$0	\$0	\$0

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Footnotes:

III: Expenditure Reports

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

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2018 SABG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

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

Footnotes:

Louisiana serves all populations identified in Table 5C through its primary prevention programs and services. While all populations identified in Table 5C are reached, these populations are not intentionally targeted as primary prevention services are implemented universally. Demographic data is collected on all individuals served.

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Activity	A. MHBG	B. SABG Treatment	C. SABG Prevention	D. SABG Combined*
1. Information Systems			\$15,000	
2. Infrastructure Support				
3. Partnerships, community outreach, and needs assessment			\$566,895	
4. Planning Council Activities (MHBG required, SABG optional)				
5. Quality Assurance and Improvement				
6. Research and Evaluation			\$84,000	
7. Training and Education			\$205,950	
8. Total	\$0	\$0	\$871,845	\$0

*SABG combined, showing amounts for non-direct services/system development when you cannot separate out the amounts devoted specifically to treatment or prevention. For the combined column, do not include any amounts listed in the prevention and treatment columns.

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Footnotes:


















The resource development funds (\$871,845 from Table 6) from the FFY18 award is reflected in Table 4, Row 5 for administration.

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

This table provides a report of the sub-recipients of SABG funds including community- and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes resource development expenditures.

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

										Source of Funds SAPT Block Grant					
	Entity Number	I-BHS ID (formerly I- SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
	X	LA101342		REGIONS 4 5 6	Acadiana Human Services District	302 Dulles Drive	Lafayette	LA	70506	\$1,817,260	\$1,399,289	\$324,649	\$316,739	\$101,232	\$0
	07001	LA900468		DISTRICTS 2 9 HQ	Capital Area Human Services	4615 Government Street Building 2	Baton Rouge	LA	70806	\$3,428,069	\$2,586,104	\$433,866	\$655,829	\$186,136	\$0
	X	X		REGIONS 4 5 6	Central Louisiana Human Services District	401 Rainbow Drive, Unit 35	Pineville	LA	71360	\$2,287,684	\$1,745,917	\$315,718	\$415,776	\$125,991	\$0
	67283	X		99	Department of Revenue	P.O. Box 66987	Baton Rouge	LA	70896	\$78,000	\$0	\$0	\$78,000	\$0	\$0
	07002	LA101038		DISTRICTS 2 9 HQ	Florida Parishes Human Service Authority	835 - B Pride Drive, Suite B	Hammond	LA	70401	\$3,415,418	\$2,576,879	\$427,037	\$653,193	\$185,346	\$0
	X	X		REGIONS 4 5 6	Imperial Calcasieu Human Service Authority	3505 5th Avenue, Suite B	Lake Charles	LA	70607	\$1,116,715	\$883,098	\$224,794	\$169,256	\$64,361	\$0
	C66	LA100544		DISTRICTS 1 3 10	Jefferson Parish Human Services Authority	3616 South I- 10 Service Road West Suite 200	Metairie	LA	70001	\$806,070	\$633,315	\$258,578	\$126,235	\$46,520	\$0
	X	X		99	Louisiana State University	202 Himes Hall	BAton Rouge	LA	70803	\$117,000	\$0	\$0	\$117,000	\$0	\$0
	X	X		DISTRICTS 1 3 10	Metropolitan Human Service District	3100 General de Gaulle Drive	New Orleans	LA	70131	\$3,306,968	\$2,556,908	\$332,107	\$566,141	\$183,919	\$0
	X	X		99	Murelle Harrison, Ph.D	10733 Malcom Drive	Baton Rouge	LA	70811	\$49,944	\$0	\$0	\$49,944	\$0	\$0
	X	X		REGIONS 7 8	Northeast Delta Human Service Authority	2513 Ferrand St.	Monroe	LA	71201	\$2,254,911	\$1,738,202	\$392,778	\$395,729	\$120,980	\$0
	X	X		REGIONS 7 8	Northwest LA Human Services District	2924 Knight Street, Suite 350	Shreveport	LA	71105	\$1,980,395	\$1,487,111	\$376,614	\$376,989	\$116,295	\$0
	C61	X		99	Oxford House, Inc.	1010 Wayne Ave., Ste. 400	Silver Springs	LA	20910	\$179,704	\$179,704	\$30,811	\$0	\$0	\$0
	X	X		DISTRICTS 1 3 10	South Central Louisiana Human Services Authority	521 Legion Avenue	Houma	LA	70364	\$2,248,965	\$1,733,820	\$393,661	\$394,472	\$120,673	\$0
	LA101539	LA101539		DISTRICTS 2 9 HQ	Southern University Department of	P.O. Box 11115	Baton Rouge	LA	70813	\$209,527	\$0	\$0	\$209,527	\$0	\$0
	X	X		REGIONS 4 5 6	University of Louisiana at Lafayette	104 University Circle	Lafayette	LA	70503	\$480,983	\$0	\$0	\$480,983	\$0	\$0
Total										\$23,777,613	\$17,520,347	\$3,510,613	\$5,005,813	\$1,251,453	\$0

*** Indicates the imported record has an error.**

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Footnotes:

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention and Treatment

This Maintenance of Effort table provides a description of non-federal expenditures to include funds appropriated by the state legislature; revenue funds (e.g., alcohol, tobacco, and gambling taxes; asset seizures); state Medicaid match expenditures; and third-party reimbursement (e.g., insurance payments) for authorized activities to prevent and treat SUDs flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2019 Expenditure Period End Date: 06/30/2020

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2018) + B2(2019)</u> 2 (C)
SFY 2018 (1)	\$46,732,465	
SFY 2019 (2)	\$54,300,312	\$50,516,389
SFY 2020 (3)	\$53,347,192	

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

SFY 2018	Yes	<u>X</u>	No	_____
SFY 2019	Yes	<u>X</u>	No	_____
SFY 2020	Yes	<u>X</u>	No	_____

Did the state or jurisdiction have any **non-recurring expenditures** as described in 42 U.S.C. § 300x-30(b) for a specific purpose which were not included in the MOE calculation?

Yes _____ No X

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

If yes, SFY: _____

Did the state or jurisdiction include these funds in previous year MOE calculations?

Yes _____ No _____

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

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

The Maintenance of Effort for State Expenditures was calculated based on actual expenditures from state general funds. State general funds are appropriations allocated by the legislature as a result of the Department's yearly budget submission. The State uses these direct funds as well as the Tobacco Tax to fulfill the Maintenance of Effort for the SAPT Block Grant in accordance with 42 USC 300x-30 and 45 CFR 96.134

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Footnotes:

III: Expenditure Reports

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

This Maintenance of Effort table provides a description of expenditures including SABG and state funds (e.g., state legislature appropriations; revenue funds; state Medicaid match funds; and third-party reimbursements) for specialized treatment and related services that meet the SABG requirements for pregnant women and women with dependent children flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2019 Expenditure Period End Date: 06/30/2020

Base

Period	Total Women's Base (A)
SFY 1994	\$ 2,430,472.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2018		\$ 3,801,986.00	
SFY 2019		\$ 3,510,613.00	
SFY 2020		\$ 3,510,613.00	<input type="radio"/> Actual <input checked="" type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2021 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): \$ 3510613.00

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). In accordance with Section 1922 (c) (1) (A), the state calculated the Base for expenditures for pregnant women and women with dependent children as follows: For 1993 the State shall expend no less than 5% of the grant to increase [relative to fiscal year 1992] the availability of treatment services designed for pregnant women and women with dependent children [either by establishing new programs or expanding the

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Footnotes:

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act(42 U.S.C. § 300x29) about the primary prevention activities conducted by the entities listed on SABG Table 7.

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of Persons with Substance Use Disorders	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	2. Resources directories	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	2. Education	
	1. Parenting and family management	
	2. Ongoing classroom and/or small group sessions	
	6. Preschool ATOD prevention programs	
Pregnant women/teens	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	2. Resources directories	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	2. Education	
	1. Parenting and family management	
	2. Ongoing classroom and/or small group sessions	
	6. Preschool ATOD prevention programs	
	3. Alternatives	
	4. Community service activities	
	5. Community-Based Process	
	4. Community team-building	
Violent and delinquent behavior	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	4. Brochures	
	6. Speaking engagements	

	2. Education	
	2. Ongoing classroom and/or small group sessions	
	3. Alternatives	
	4. Community service activities	
Mental health problems	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	4. Brochures	
	6. Speaking engagements	
	8. Information lines/Hot lines	
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	
	2. Systematic planning	
	3. Multi-agency coordination and collaboration/coalition	
Economically disadvantaged	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	4. Brochures	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	2. Education	
	1. Parenting and family management	
	2. Ongoing classroom and/or small group sessions	
	6. Preschool ATOD prevention programs	
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	
Already using substances	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	2. Resources directories	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	

	2. Education	
	1. Parenting and family management	
	3. Alternatives	
	4. Community service activities	
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	
Tobacco Retailers	1. Information Dissemination	
	4. Brochures	
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	
	3. Multi-agency coordination and collaboration/coalition	
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	

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Footnotes:

IV: Population and Services Reports

Table 10 - Treatment Utilization Matrix

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Level of Care	Number of Admissions \geq Number of Persons Served		Costs per Person (C, D & E)		
	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	17	14			
2. Free-Standing Residential	448	413	\$1,114	\$715	\$621
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	5299	4449	\$3,246	\$2,050	\$1,847
5. Long-term (over 30 days)	815	741	\$7,504	\$3,973	\$3,693
AMBULATORY (OUTPATIENT)					
6. Outpatient	6485	5431	\$784	\$426	\$365
7. Intensive Outpatient	1235	1002	\$536	\$260	\$218
8. Detoxification	3	2			
OUD MEDICATION ASSISTED TREATMENT					
9. OUD Medication-Assisted Detoxification	82	72			
10. OUD Medication-Assisted Treatment Outpatient	84	66			

In FY 2020 SAMHSA modified the "Level of Care" (LOC) and "Type of Treatment Service/Setting" to "Medication-Assisted Treatment" and "Medication-Assisted Treatment," respectively.

In prior SABG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10.

The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 10 to the data submitted in prior Reports is not possible. In the current and future SABG Reports, the LOC is "OUD Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "OUD Medication-Assisted Treatment Detoxification," Row 9 and "OUD Medication Assisted Treatment Outpatient," Row 10. OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment. The change was made to better align with language that reflects not all medications used to treat opioid use disorder (OUD) are opioid-based and more importantly convey that medications do not merely substitute one drug for another.

Footnotes:

#9 and #10 represent clients receiving medication-assisted treatment found within each level of care (e.g., detoxification, rehabilitation / residential and ambulatory). They are not independent levels of care.

IV: Population and Services Reports

Table 11 - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions to and persons served in SABG-funded services.

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN 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	536	152	95	185	53	1	1	1	1	2	2	10	10	18	5	356	164	13	3
2. 18 - 24	1200	383	348	228	145	4	1		1	13	18	23	5	23	8	656	500	18	14
3. 25 - 44	6494	2335	1953	1191	659	7	6	13	9	20	38	72	35	87	69	3626	2707	99	62
4. 45 - 64	2817	869	649	846	324	1		4	2	10	9	14	2	55	32	1770	1000	29	18
5. 65 and Over	159	53	35	38	23		1						3	6		96	59	1	3
6. Total	11206	3792	3080	2488	1204	13	9	18	13	45	67	119	55	189	114	6504	4430	160	100
7. Pregnant Women	87		68		17		0		0		1		0		1		87		0
Number of persons served who were admitted in a period prior to the 12 month reporting period		3941																	
Number of persons served outside of the levels of care described on Table 10		8																	

Are the values reported in this table generated from a client based system with unique client identifiers? ☒ Yes ☐ No

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Footnotes:

IV: Population and Services Reports

Table 12 - SABG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1.	Number of SAPT HIV EIS programs funded in the State	Statewide: <u>44</u> Rural: <u>21</u>
2.	Total number of individuals tested through SAPT HIV EIS funded programs	6941
3.	Total number of HIV tests conducted with SAPT HIV EIS funds	6941
4.	Total number of tests that were positive for HIV	91
5.	Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection	2577
6.	Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period	41
<p>Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:</p> <p>There is no state law/policy mandating routine HIV screening in healthcare facilities, particularly in emergency departments or urgent care centers. The Office of Public Health does require their staff conduct training for rapid HIV testing and for non-clinical testers, and there is a multi-step certification process. While this process is in place for quality assurance purposes, it can delay or limit testing in the case of staff turnover. The 2018 Louisiana Laws Revised Statutes (2018), TITLE 14 - Criminal Law, RS 14:43.5 - "Intentional exposure to HIV" states it is an unlawful act, punishable by up to 10 years in prison (with or without hard labor) and/or a \$5,000 fine for a PLHIV who knows their status to intentionally expose another to HIV through sexual contact. Despite the language in the statute, Louisiana courts have found that neither the intent to expose another to HIV nor actual transmission is required. "Sexual contact" is not specifically defined in the statute or elsewhere in Louisiana's Criminal Code. However, the statute's inclusion of exposure via "any means or contact" suggests that oral sex or other sexual activities posing no or very low risk of HIV transmission are encompassed within the scope of the law. Individuals convicted of these offense may be required to register as a sex offender. People may refuse HIV screening due to persistent stigma associated with HIV or fear of risk of criminal prosecution, often quoted as, "Take Test, Risk Arrest."</p>		

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Footnotes:

HIV Testing and pre/post-test counseling services are provided to some parishes through other federal funding. The total number of individuals tested (#2) and the total number of HIV test conducted (#3) are the same due to confidentiality provisions. The number of individuals reported as unaware of their HIV infection status (#5) is not reported as a subset of the total number of positive test (#4). Historically, individuals report awareness of HIV infection status during pre-counseling groups and may not opt for testing through Block Grant funding. Similarly, the number of individuals referred (#6) is not reported as a subset of tested (#2), due to individuals who already knew their HIV infection status.

IV: Population and Services Reports

Table 13 - Charitable Choice

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

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 Behavioral Health Treatment 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 the total number of referrals to other substance abuse providers ("alternative providers") necessitated by religious objection, as defined above, made during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required. If no alternative referrals were made, enter zero.

Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers on these requirements.

The Office of Behavioral Health provides education and monitors all Local Governing Entities (LGEs) during their Annual Accountability Monitoring for compliance with Charitable Choice. The monitoring instrument includes the Charitable Choice requirements, and the Office of Behavioral Health requires all LGEs and their providers by contractual obligation to comply with all SAMHSA requirements.

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Footnotes:

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From:

1/1/2019

To:

12/31/2019

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]	199	102
Total number of clients with non-missing values on employment/student status [denominator]	4648	4648
Percent of clients employed or student (full-time and part-time)	4.3 %	2.2 %

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	237	253
Total number of clients with non-missing values on employment/student status [denominator]	765	765
Percent of clients employed or student (full-time and part-time)	31.0 %	33.1 %

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]	66	42
Total number of clients with non-missing values on employment/student status [denominator]	142	142
Percent of clients employed or student (full-time and part-time)	46.5 %	29.6 %

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	19	20
Total number of clients with non-missing values on employment/student status [denominator]	92	92

Percent of clients employed or student (full-time and part-time)	20.7 %	21.7 %
--	--------	--------

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described. Data is collected through the Electronic Health Record and Louisiana Addictive Disorders Data System (LADDS), and submitted to TEDS using TEDS manual. The additional information represents submission to TEDS through October 15, 2020 for FY 2020.

Data Source

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

☐ Client self-report

Client self-report confirmed by another source:

☐ Collateral source

☒ Administrative data source

☐ Other, Specify

Episode of Care

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

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

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

☒ Other, Specify See Louisiana TEDS Crosswalk

Discharge Data Collection

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

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

☐ In-Treatment data days post admission, OR

☐ Follow-up data months post

☐ Other, Specify

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

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

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

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

Record Linking

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

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

Select type of UCID: Some other Statewide unique ID

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

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

If Data Is Unavailable

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

☐ Information is not collected at admission.

☐ Information is not collected at discharge.

☐ Information is not collected by the categories requested.

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

Data Plans If Data Is Not Available

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

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Footnotes:

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From:

1/1/2019

To:

12/31/2019

Short-term Residential(SR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients living in a stable situation [numerator]	3828	3888
Total number of clients with non-missing values on living arrangements [denominator]	4665	4665
Percent of clients in stable living situation	82.1 %	83.3 %

Long-term Residential(LR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients living in a stable situation [numerator]	676	681
Total number of clients with non-missing values on living arrangements [denominator]	774	774
Percent of clients in stable living situation	87.3 %	88.0 %

Outpatient (OP)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients living in a stable situation [numerator]	98	99
Total number of clients with non-missing values on living arrangements [denominator]	102	102
Percent of clients in stable living situation	96.1 %	97.1 %

Intensive Outpatient (IO)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients living in a stable situation [numerator]	56	56

Total number of clients with non-missing values on living arrangements [denominator]	87	87
Percent of clients in stable living situation	64.4 %	64.4 %

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described. Data is collected through the Electronic Health Record and Louisiana Addictive Disorders Data System (LADDs), and submitted to TEDS using TEDS manual. The additional information represents submission to TEDS through October 15, 2020 for FY 20.

Data Source

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

☐ Client self-report

Client self-report confirmed by another source:

☐ Collateral source

☒ Administrative data source

☐ Other, Specify

Episode of Care

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

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

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

☒ Other, Specify See Louisiana TEDS Crosswalk

Discharge Data Collection

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

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

☐ In-Treatment data days post admission, OR

☐ Follow-up data months post

☐ Other, Specify

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

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

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

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

Record Linking

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

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

Select type of UCID: Some other Statewide unique ID

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

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

If Data Is Unavailable

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

☐ Information is not collected at admission.

☐ Information is not collected at discharge.

☐ Information is not collected by the categories requested.

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

Data Plans If Data Is Not Available

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From:

1/1/2019

To:

12/31/2019

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]	4026	4351
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4648	4648
Percent of clients without arrests	86.6 %	93.6 %

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]	652	742
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	774	774
Percent of clients without arrests	84.2 %	95.9 %

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]	98	98
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	99	99
Percent of clients without arrests	99.0 %	99.0 %

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]	85	88
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	88	88

Percent of clients without arrests	96.6 %	100.0 %
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State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described. Data is collected through the Electronic Health Record and Louisiana Addictive Disorders Data System (LADDS), and submitted to TEDS using TEDS manual. The additional information represents submission to TEDS through October 15, 2020 for FY 20.

Data Source

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

☐ Client self-report

Client self-report confirmed by another source:

☐ Collateral source

☒ Administrative data source

☐ Other, Specify

Episode of Care

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

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

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

☒ Other, Specify See Louisiana TEDS Crosswalk

Discharge Data Collection

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

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

☐ In-Treatment data days post admission, OR

☐ Follow-up data months post

☐ Other, Specify

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

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

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

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

Record Linking

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

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

Select type of UCID: Some other Statewide unique ID

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

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

If Data Is Unavailable

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

☐ Information is not collected at admission.

☐ Information is not collected at discharge.

☐ Information is not collected by the categories requested.

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

Data Plans If Data Is Not Available

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

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Footnotes:

There were significantly fewer SUD clients with no arrests in CY2019 at the Outpatient setting. One of the contributing factors to the reduced count is that more clients would have received Medicaid funded SUD treatment through a variety of public and private providers. The overall data quality issues in Louisiana Health Region's data (Local Government Entities: LGEs), also had an impact for reduced count in CY2019.

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From:

1/1/2019

To:

12/31/2019

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	3426	3877
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	5165	5165
Percent of clients abstinent from alcohol	66.3 %	75.1 %

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

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	673	808
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	834	834
Percent of clients abstinent from alcohol	80.7 %	96.9 %

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

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1798	2054
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	2066	2066
Percent of clients abstinent from alcohol	87.0 %	99.4 %

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

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	568	652
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	659	659
Percent of clients abstinent from alcohol	86.2 %	98.9 %

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

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described. Data is collected through the Electronic Health Record and Louisiana Addictive Disorders Data System (LADDS), and submitted to TEDS using TEDS manual. The additional information represents submission to TEDS through October 15, 2020 for FY 20.

Data Source

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

- ☐ Client self-report
- ☐ Urinalysis, blood test or other biological assay
- ☐ Collateral source
- ☒ Administrative data source
- ☐ Other, Specify

Episode of Care

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

- ☐ Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.
- ☐ Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.
- ☒ Other, Specify See Louisiana TEDS Crosswalk

Discharge Data Collection

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

- ☐ Not applicable, data reported on form is collected at time period other than discharge.
- ☐ In-Treatment data days post admission, OR
- ☐ Follow-up data months post
- ☐ Other, Specify
- ☐ Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.
- ☐ Discharge data is collected for a sample of all clients who were admitted to treatment.
- ☒ Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.
- ☐ Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

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

- ☒ Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).
Select type of UCID: Some other Statewide unique ID
- ☐ No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

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

If Data Is Unavailable

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

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

Data Plans If Data Is Not Available

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

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Footnotes:

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From:

1/1/2019

To:

12/31/2019

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients abstinent from illegal drugs [numerator]	610	1704
Total number of clients with non-missing values on "used any drug" variable [denominator]	5165	5165
Percent of clients abstinent from drugs	11.8 %	33.0 %

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

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients abstinent from illegal drugs [numerator]	280	740
Total number of clients with non-missing values on "used any drug" variable [denominator]	834	834
Percent of clients abstinent from drugs	33.6 %	88.7 %

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

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients abstinent from illegal drugs [numerator]	1460	2043
Total number of clients with non-missing values on "used any drug" variable [denominator]	2066	2066
Percent of clients abstinent from drugs	70.7 %	98.9 %

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

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients abstinent from illegal drugs [numerator]	442	642
Total number of clients with non-missing values on "used any drug" variable [denominator]	659	659
Percent of clients abstinent from drugs	67.1 %	97.4 %

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

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described. Data is collected through the Electronic Health Record and Louisiana Addictive Disorders Data System (LADDs), and submitted to TEDS using TEDS manual. The additional information represents submission to TEDS through October 15, 2020 for FY 20.

Data Source

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

- ☐ Client self-report
- ☐ Urinalysis, blood test or other biological assay
- ☐ Collateral source
- ☒ Administrative data source
- ☐ Other, Specify

Episode of Care

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

- ☐ Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.
- ☐ Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.
- ☒ Other, Specify See Louisiana TEDS Crosswalk

Discharge Data Collection

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

- ☐ Not applicable, data reported on form is collected at time period other than discharge.
- ☐ In-Treatment data days post admission, OR
- ☐ Follow-up data months post
- ☐ Other, Specify
- ☐ Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.
- ☐ Discharge data is collected for a sample of all clients who were admitted to treatment.
- ☒ Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.
- ☐ Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

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

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

Select type of UCID: Some other Statewide unique ID

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

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

If Data Is Unavailable

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

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

Data Plans If Data Is Not Available

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

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Footnotes:

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From:

1/1/2019

To:

12/31/2019

Short-term Residential(SR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	770	3734
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	4661	4661
Percent of clients participating in self-help groups	16.5 %	80.1 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	63.6 %	

Long-term Residential(LR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	287	688
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	773	773
Percent of clients participating in self-help groups	37.1 %	89.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	51.9 %	

Outpatient (OP)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	40	61
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	89	89
Percent of clients participating in self-help groups	44.9 %	68.5 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	23.6 %	

Intensive Outpatient (IO)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	58	73
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	86	86
Percent of clients participating in self-help groups	67.4 %	84.9 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	17.4 %	

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described. Data is collected through the Electronic Health Record and Louisiana Addictive Disorders Data System (LADDs), and submitted to TEDS using TEDS manual. The additional information represents submission to TEDS through October 15, 2020 for FY 2020.

Data Source

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

☐ Client self-report

Client self-report confirmed by another source:

☐ Collateral source

☒ Administrative data source

☐ Other, Specify

Episode of Care

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

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

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

☒ Other, Specify See Louisiana TEDS Crosswalk

Discharge Data Collection

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

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

☐ In-Treatment data days post admission, OR

☐ Follow-up data months post

☐ Other, Specify

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

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

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

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

Record Linking

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

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

Select type of UCID: Unique client ID based on fixed client characteristics (such as date of birth, gender, partial SSN, etc.)

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client

- ☐ specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.
- ☐ No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

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

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

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing self-help participation status data on all clients, if data is not currently available

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Footnotes:

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From: 1/1/2019

To: 12/31/2019

Level of Care	Average	Median	Interquartile Range
DETOXIFICATION (24-HOUR CARE)			
1. Hospital Inpatient	152.5	103	195
2. Free-Standing Residential	57.3	90	85
REHABILITATION/RESIDENTIAL			
3. Hospital Inpatient			
4. Short-term (up to 30 days)	33.8	28	20
5. Long-term (over 30 days)	56.7	28	58
AMBULATORY (OUTPATIENT)			
6. Outpatient	270.7	188	162
7. Intensive Outpatient	170.9	105	98
8. Detoxification	58.3	7	166
OUD MEDICATION ASSISTED TREATMENT			
9. OUD Medication-Assisted Detoxification	56.9	28	72
10. OUD Medication-Assisted Treatment Outpatient	201	180	169

SAMHSA's Treatment Episode Data Set (TEDS) data are used to pre-populate the tables that comprise SAMHSA's National Outcome Measures (NOMs) and include Table 20 – Retention – Length of Stay (in Days) of Clients Completing Treatment. In FY 2020, SAMHSA modified the "Level of Care" (LOC) and "Type of Treatment Service/Setting" for Opioid Replacement Therapy/Medication-Assisted Treatment in Table 20.

In prior SABG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10. The LOC was changed to "Medication-Assisted Treatment" and the Treatment Service/Setting was changed to "Medication-Assisted Treatment."

The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 20 to the TEDS data submitted to CBHSQ via Eagle Technologies is not possible. In the current and future SABG Reports, the LOC is "OUD Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "OUD Medication-Assisted Treatment Detoxification," Row 9 and "OUD Medication Assisted Treatment Outpatient," Row 10. OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment. The change was made to better align with language that reflects not all medications used to treat opioid use disorder (OUD) are opioid-based and more importantly convey that medications do not merely substitute one drug for another.

Footnotes:

#9 and #10 represent clients receiving medication-assisted treatment found within each level of care (e.g., detoxification, rehabilitation / residential and ambulatory). They are not independent levels of care.

V: Performance Indicators and Accomplishments

TABLE 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE MEASURE: 30-DAY USE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
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 - 20 - CY 2017 - 2018	26.3	
	Age 21+ - CY 2017 - 2018	52.6	
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2017 - 2018	2.6	
	Age 18+ - CY 2017 - 2018	24.2	
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 (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2017 - 2018	2.8	
	Age 18+ - CY 2017 - 2018	13.4	
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 2017 - 2018	3.9	
	Age 18+ - CY 2017 - 2018	8.3	
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, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2017 - 2018	2.8	

	Age 18+ - CY 2017 - 2018	3.3	

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.

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

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Footnotes:

V: Performance Indicators and Accomplishments

Table 22 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: 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. Supplemental Data, if any
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 - 20 - CY 2017 - 2018	74.2	
	Age 21+ - CY 2017 - 2018	79.0	
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 2017 - 2018	88.6	
	Age 18+ - CY 2017 - 2018	88.2	
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2017 - 2018	61.6	
	Age 18+ - CY 2017 - 2018	53.6	

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Table 23 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: AGE OF FIRST USE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
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.		
	Age 12 - 20 - CY 2017 - 2018		
	Age 21+ - CY 2017 - 2018		
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 2017 - 2018	13.4	
	Age 18+ - CY 2017 - 2018	16.4	
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 2017 - 2018	13.2	
	Age 18+ - CY 2017 - 2018	22.3	
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 2017 - 2018	13.7	
	Age 18+ - CY 2017 - 2018	18.1	
5. Age at First Use Heroin	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] Outcome Reported: Average age at first use of heroin.		
	Age 12 - 17 - CY 2017 - 2018	14.0	
	Age 18+ - CY 2017 - 2018	28.0	
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever] ^[2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] Outcome Reported: Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		

	Age 12 - 17 - CY 2017 - 2018	15.0	
	Age 18+ - CY 2017 - 2018	39.6	

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.
 [2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.
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Table 24 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF DISAPPROVAL/ATTITUDES

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
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 2017 - 2018	93.4	
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2017 - 2018	92.4	
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 2017 - 2018	83.8	
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2017 - 2018	83.5	
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2017 - 2018	91.4	

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Table 25 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: EMPLOYMENT/EDUCATION; MEASURE: PERCEPTION OF WORKPLACE POLICY

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
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 15 - 17 - CY 2017 - 2018		
	Age 18+ - CY 2017 - 2018	42.5	

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Table 26 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - EMPLOYMENT/EDUCATION; MEASURE: AVERAGE DAILY SCHOOL ATTENDANCE RATE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
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 2017	94.4	

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Table 27 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL-RELATED TRAFFIC FATALITIES

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
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 2018		

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Table 28 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL- AND DRUG-RELATED ARRESTS

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
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 2018	9.6	

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Table 29 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: SOCIAL CONNECTEDNESS; MEASURE: FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
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 2017 - 2018	50.7	
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 2017 - 2018	85.0	

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

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Table 30 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - RETENTION MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
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 2017 - 2018	77.9	

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context
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Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35

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

Please indicate the reporting period for each of the following NOMS.

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2018	12/31/2018
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies? Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2018	12/31/2018
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	1/1/2018	12/31/2018
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	1/1/2018	12/31/2018
5. Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies	10/1/2017	9/30/2019

General Questions Regarding Prevention NOMS Reporting

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

The Prevention Management Information System (PMIS) is a web-based data management system that is used statewide by Prevention Field Staff and Prevention Providers. Field Staff and Prevention Providers enter data on an on-going basis into PMIS regarding services provided. Information entered includes demographic data and types of services/strategies.

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.

The following categories are used to collect information specific to race: American Indian, Asian, Black, Pacific Islander, White, Other, and Unknown. Only one of these race options can be selected.

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The reporting period for FFY 2018 SABG is 10/1/2017-9/30/2018. Louisiana allocates and spends the annual Block Grant allotment in one state fiscal year, which is 7/1/2017-6/30/2018 for the state FY 2018.

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Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	102,142
0-4	6,168
5-11	61,640
12-14	30,263
15-17	3,884
18-20	104
21-24	10
25-44	69
45-64	
65 and over	4
Age Not Known	
B. Gender	102,142
Male	48,903
Female	47,733
Gender Unknown	5,506
C. Race	102,142
White	39,048
Black or African American	48,220
Native Hawaiian/Other Pacific Islander	815
Asian	1,078
American Indian/Alaska Native	879
More Than One Race (not OMB required)	

Race Not Known or Other (not OMB required)	12,102
D. Ethnicity	102,142
Hispanic or Latino	4,639
Not Hispanic or Latino	91,997
Ethnicity Unknown	5,506

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Footnotes:

The information provided in Table 31 is based on data collected from January 1, 2018 to December 31, 2018.

2. PMIS collects different age groupings than Table 31. As noted on Table 31, the State collects ages in the following categories: 0-5, 6-11, 12-14, 15-17, 18-20, 21-24, 25-54, and 55 +.

3. Ethnicity is not a mandatory field in the PMIS System.

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Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies?Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	1230450
0-4	110337
5-11	125868
12-14	109368
15-17	109427
18-20	101546
21-24	113592
25-44	277770
45-64	
65 and over	282534
Age Not Known	8
B. Gender	1230450
Male	529863
Female	700583
Gender Unknown	4
C. Race	1230450
White	455481
Black or African American	445790
Native Hawaiian/Other Pacific Islander	243
Asian	1743
American Indian/Alaska Native	490
More Than One Race (not OMB required)	

Race Not Known or Other (not OMB required)	326703
D. Ethnicity	1230450
Hispanic or Latino	410359
Not Hispanic or Latino	820018
Ethnicity Unknown	73

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Footnotes:

1. The information provided in Table 32 is based on data collected from January 1, 2018 to December 31, 2018.

2. PMIS collects different age groupings than Table 32. As noted on Table 32, the State collects ages in the following categories: 0-5, 6-11, 12-14, 15-17, 18-20, 21-24, 25-54, and 55 +.

3. Ethnicity is not a mandatory field in the PMIS System.

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Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - 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	101835	N/A
2. Universal Indirect	N/A	1230450
3. Selective	159	N/A
4. Indicated	148	N/A
5. Total	102142	1230450

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Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention

Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, **Identifying and Selecting Evidence-based Interventions**, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
 - Guideline 1:
The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
 - Guideline 2:
The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
 - Guideline 3:
The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
 - Guideline 4:
The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

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

The State funds programs that meet the following criteria: 1) Inclusion in a Federal List or Registry of evidence-based interventions, 2) Being reported (with positive effects) in a peer-reviewed journal, 3) Documentation of effectiveness based on the following guidelines: 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate (e.g., officials from law enforcement and education sectors or elders within indigenous cultures).

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

The State started with a review of contracts of Prevention Providers that were funded from July 1, 2017 to June 30, 2018. All contracts included detailed Programs and Strategies that were to be implemented by each provider. These contracts had been reviewed and approved by OBH Headquarters Staff prior to the implementation of services by providers. Implementation was tracked through data collected in the State's web-based data management system, PMIS.

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	1463492	10	1463502	32	7	1463541
2. Total number of Programs and Strategies Funded	1463492	10	1463502	32	7	1463541
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %

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Footnotes:

The following data was used to compute the number of evidence-based programs and strategies by type of intervention:

Universal Direct: 43 Providers x 12 Programs x 3394 Cycles = 1,463,492

Selective Direct: 2 Providers x 2 Programs x 8 Cycles = 32

Indicated Direct: 1 Providers x 1 Program x 7 Cycles = 7

Universal Indirect: 10 Providers x 1 Program x 1 Cycles = 10

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Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION 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 # 1,463,492	\$ 3,515,118
Universal Indirect	Total # 10	\$ 1,417,695
Selective	Total # 32	\$ 56,500
Indicated	Total # 7	\$ 16,500
	Total EBPs: 1,463,541	Total Dollars Spent: \$5,005,813.00

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Prevention Attachments

Submission Uploads

FFY 2021 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2021 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2021 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2021 Prevention Attachment Category D:		
File	Version	Date Added

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Footnotes: