

New Jersey

UNIFORM APPLICATION

FY 2020 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
(generated on 11/19/2020 11.08.30 AM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Division of Mental Health and Addiction Services

Organizational Unit Office of Planning, Research, Evaluation and Prevention

Mailing Address 120 South Stockton Street, 3rd Floor, PO Box 362

City Trenton

Zip Code 08625-0362

II. Contact Person for the Block Grant

First Name Valerie

Last Name Mielke

Agency Name Division of Mental Health and Addiction Services

Mailing Address 5 Commerce Way, PO Box 362

City Hamilton

Zip Code 08691-0362

Telephone (609) 438-4352

Fax (609) 341-2302

Email Address Valerie.Mielke@dhs.nj.gov

III. Expenditure Period

State Expenditure Period

From 7/1/2018

To 6/30/2019

Block Grant Expenditure Period

From 10/1/2016

To 9/30/2018

IV. Date Submitted

Submission Date 12/2/2019 11:35:33 AM

Revision Date 6/11/2020 11:08:26 AM

V. Contact Person Responsible for Report Submission

First Name Helen

Last Name Staton

Telephone 609-633-8781

Fax

Email Address Helen.Staton@dhs.nj.gov

VI. Contact Person Responsible for Substance Abuse Data

First Name Suzanne

Last Name Borys

Telephone 609-984-4050

Email Address Suzanne.Borys@dhs.nj.gov

Footnotes:

For prevention data: Dr. Donald Hallcom

Email: Donald.Hallcom@dhs.nj.gov

Phone: 609-984-4049

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #:	1
Priority Area:	Pregnant Women/Women with Dependent Children
Priority Type:	SAT
Population(s):	PWWDC

Goal of the priority area:

To expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children.

Strategies to attain the goal:

- Meet biannually with licensed women's treatment providers who provide gender specific treatment. Attendees include DMHAS women's treatment coordinator, DCP&P director of clinical services, Division of Family Development, Work First New Jersey Substance Abuse Initiative (WFNJ-SAI) and providers. Meeting addresses issues related to best practices such as retention, engagement, access and referrals, recovery supports, medication assisted treatment, systems collaboration, Substance Exposed Infants (SEI) and Neonatal Abstinence Syndrome (NAS) and training needs.
- Women's treatment provider contract requirements includes service elements and language from the National Association of State Alcohol/Drug Abuse Directors (NASADAD) "Guidance to States: Treatment Standards for Women with Substance Use Disorders" document that emphasizes best practice. Contracted providers are required to address the full continuum of treatment services that includes: family-centered treatment, evidence-based parenting programs, trauma-informed and trauma-responsive treatment using Seeking Safety, Strengthening Families and to complete National Center on Substance Abuse and Child Welfare (NCSACW) online tutorials "Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals" for new provider staff.
- As of SFY'17 contract language now requires women's treatment contracts are required to develop a "Plan of Safe Care" for pregnant and postpartum women. Plans of Safe Care will address the needs of the mother, infant and family to ensure coordination of, access to, and engagement in services. For a pregnant woman, the Plan shall be developed prior to the birth event whenever possible and in collaboration with treatment providers, health care providers, early childhood service providers, and other members of the multidisciplinary team as appropriate. Documentation of the Plan shall be included in the woman's file.
- In an effort to prevent prenatal substance exposure and improve outcomes for SEI, DMHAS continues to contract with a community-based provider in Mercer County to provide substance use disorder assessments on pregnant women who screen positive on the Perinatal Addictions Prevention Project (4 Ps+). The Initiative supports Certified Alcohol and Drug Counselors (CADC) who are out-stationed at Health Start clinics and prenatal clinics in Mercer and Middlesex counties. The Initiative combines prevention, screening, early intervention, case management and referral to treatment when appropriate and follow-up. Depending on screening results from the 4P's Plus screening tool, CADCs conduct additional assessments on mental health status, domestic violence, alcohol, tobacco, other substance use and when needed, make referrals and linkages to appropriate community-based providers and licensed substance use disorder treatment and Opioid Treatment providers.
- November, 2014 DMHAS completed a successful application for the In-Depth Technical Assistance (IDTA) on Substance Exposed Infants (SEI) and Neonatal Abstinence Syndrome (NAS) provided through SAMHSAs NCSACW. The Departments of Health and Children and Families, and their respective Divisions, as well as the provider and medical community, are participating on the NJ SEI IDTA. The overall goal is to strengthen collaboration and linkages across multiple systems (substance use disorder (SUD) treatment, child welfare, and medical communities) for opioid dependent pregnant women and other SUDs; develop uniform guidelines across Departments of Human Services, Children and Families and Health; and improve collaboration along the entire spectrum (prenatal, labor and delivery, postpartum, continuing care) for women, their infants and children. The IDTA established three goals: (1) Increase perinatal SEI screening (2) Leverage existing programs and policy mechanisms to collaboratively increase the rate at which women screening positive on the 4P's Plus get connected for a comprehensive assessment by establishing formal warm-handoffs and other safety net measures; (3) Leverage existing programs and policy mechanisms to collaboratively increase the rate at which women delivering SEIs and their babies and any other eligible children, receive early support services for which they are eligible. Three workgroups were established: (1) Data workgroup looked at statewide data systems (Medicaid ICD codes and DOH) that capture prenatal screening, linkage to treatment services, follow-up for parenting women, prevalence of NAS and associated costs. During the initiative, the team was able to analyze 2013 and 2014 Medicaid data to establish prevalence and costs of treatment NAS. DMHAS as the lead will be developing a White Paper late Fall 2017 on the incidence of NAS in New Jersey. The paper will demonstrate the cost to the State for NAS infants compared to non-NAS infants and support the need for more resources in screening, prenatal care and early intervention; (2) Prenatal Screening, Early Identification of Infants & Referral to Service workgroup focused on how to increase connections to appropriate treatment and supportive services such as Central Intake and Perinatal Cooperatives, by mapping out current screening and referral practices across the state using Pregnancy Risk Assessment (PRA) data; New Jersey implemented the 4Ps+ across the State and embedded the tool within the PRA. The workgroup found high utilization (over 80%) of 4Ps+ within doctors serving pregnant women on Medicaid. The mapping allowed the team to target low utilization areas to increase the prevalence of prenatal screening. (3) Labor, Delivery and Engagement (Infants) workgroup developed a comprehensive survey with input from the medical community and perinatal cooperatives. The Hospital Birth Survey was disseminated statewide March, 2017 to the labor and delivery hospitals. The survey sought to understand how pregnant women with SUD and substance-exposed infants are identified, treated, and triaged with partners at discharge, and if treatment for NAS was explored. The Hospital Birth Survey results will guide Departments in establishing statewide guidelines for best practice; aid in the development of cross system models to ensure

families get access to services; establish education needs on issues of SEI/NAS and identify high risk areas. New Jersey IDTA State internal Core team representatives continue to have monthly conference calls with the NCSACW to provide updates on activities and for continued technical assistance and guidance. DOH is analyzing the Hospital Birth Survey data and will be reporting on the findings late 2017. DCF is the lead State agency on developing protocols for Plans of Safe Care for SEI, mothers and their families. DMHAS is the lead for the development of the White Paper on the prevalence and costs of NAS.

- Maternal Wrap Around Program (M-WRAP) – Joint RFP with DCF and DHS/DMHAS to develop intensive case management and recovery support services for opioid dependent pregnant and postpartum women. Opioid dependent pregnant women will be eligible for services through M-WRAP during pregnancy and up to one year after birth event. Intensive case management will focus on developing a single, coordinated care plan for pregnant/postpartum women, their infants and families. Intensive Case Managers will work as liaisons to all relevant entities involved with each woman. Recovery Support Specialists will provide non-clinical assistance and recovery supports while maintaining follow-up with the women and their infants. The overall goal with this RFP is to alleviate barriers to services for pregnant opioid dependent women through comprehensive care coordination implemented within the five major timeframes when intervention in the life of the substance exposed infants (SEI) can reduce potential harm of prenatal substance exposure. Care coordination will also address screening, early intervention, assessment, treatment and recovery supports. The M-WRAP model is intended to promote maternal health, improve birth outcomes for women, their infants and families, and reduce the risks and adverse consequences of prenatal substance exposure.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase number of pregnant women or women with children entering substance abuse treatment.

Baseline Measurement: 29,007 admissions count for 21,782 unique clients

First-year target/outcome measurement: Increase percentage of pregnant women or women with children entering substance abuse treatment in 2018 by 1%.

Second-year target/outcome measurement: Increase percentage of pregnant women or women with children receiving substance abuse treatment by 2% by the end of 2019. The change in FY 2017 will be measured by calculating the percent difference from 2017 to 2019.

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

Data Source:

The number pregnant women and women with children from SFY 2017 – 2019 will be tracked by the SSA’s New Jersey Substance Abuse Monitoring System (NJSAMS).

New Data Source(if needed):

Description of Data:

All agencies licensed to provide substance abuse treatment in New Jersey must report on NJSAMS, the SSA’s real-time web-based client administrative data system. The system collects basic client demographic, financial, level of care and clinical information for every client. All national outcome measures (NOMS) are incorporated into the system. Outcome measures are linked to the client at admission and discharge.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Outcome measures are collected at a client’s admission and discharge per the approach used with TEDS and not at different periods of time during the course of treatment.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Baseline measurement SFY 2017: 29,064 admissions count for 21,772 unique clients
 First-year target/outcome measurement SFY 2018: 31,113 admissions count for 22,371 unique clients
 Increase of 7.05% for admissions count and increase of 2.75% for unique clients from SFY 2017 to SFY 2018

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

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

How second year target was achieved (optional):

Baseline measurement SFY 2017: 29,064 admissions count for 21,772 unique clients
Second-year target/outcome measurement SFY 2019: 32,298 admissions count for 21,803 unique clients
Increase of 11.13% for admissions count and increase of .14% for unique clients from SFY 2017 to SFY 2019.

Priority #: 2
Priority Area: Intravenous Drug Users
Priority Type: SAT
Population(s): Other

Goal of the priority area:

To expand access to comprehensive treatment, including Medication Assisted Treatment (MAT), in combination with other treatment modalities, for individuals with an opioid use disorder, including IVDUs, through mobile treatment units and other innovative approaches.

Strategies to attain the goal:

- Referral to substance use disorder treatment from Statewide syringe access programs that are operational throughout New Jersey.
- Providing services in convenient locations, specifically utilizing mobile medication units, in order to reduce barriers and engage individuals in care as easily as possible.
- Promoting the use of MAT (e.g., methadone, buprenorphine, Vivitrol) for individuals with an opioid use disorder.
- Educating providers, clients and family members about the benefits of MAT.
- Implementation of three-year Federal grant "Targeted Capacity Expansion: Medication Assisted Treatment-Prescription Drug and Opioid Addiction" to expand the use of medication assisted treatment, through outreach efforts, to individuals with an opioid use disorder.
- Contracts awarded to three regional providers to provide education and community trainings for individuals at risk for an opioid use disorder, their families, friends and loved ones to recognize an opiate overdose and to subsequently provide naloxone kits to all individuals in attendance.
- Increase the number of naloxone trainings specifically for underserved populations, such as schools, jails and licensed substance use disorder treatment providers.
- Contracts awarded to implement an opioid overdose recovery program with recovery specialists and patient navigators in eleven (11) counties for individuals who present in emergency departments following an opioid overdose reversal with naloxone in order to link them to treatment or other recovery support services.
- Expanding the Opioid Overdose Recovery Program to the State's twenty-one (21) counties by the end of CY 2017.
- In September 2014, DMHAS began convening and co-facilitating a monthly Opioid Workgroup meeting with the Department of Health, Department of Children and Families, Attorney General's Office, New Jersey State Police, Juvenile Justice Commission, Division of Medical Assistance and Health Services, Department of Corrections, Medical Examiner's Office, Department of Education and the Governor's Council on Alcohol and Drug Abuse. The goal of the group is to develop a comprehensive strategic approach to the opioid epidemic and to break down existing silos that exist.
- In August 2015, DMHAS was awarded a Targeted Capacity Expansion: Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) grant from SAMHSA, for three years to develop the Medication Assisted Treatment Outreach Program (MATOP). MATOP provides medication assisted treatment, smoking cessation and other recovery support services for individuals with an opioid use disorder in Essex, Monmouth, and Ocean Counties. Three NJ licensed Opioid Treatment Programs are partners in this initiative and provide outreach and other engagement strategies to diverse populations at risk such as incarcerated individuals, pregnant and parenting women, veterans, parents and caregivers involved with the child welfare system, opioid overdose reversals and syringe access program participants. MATOP began on December 1, 2015 and will serve approximately 315 unduplicated individuals over the entire project period which sunsets July 31, 2018.
- In September 2016, DMHAS was awarded a five-year grant to "Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)" from SAMHSA to implement the Opioid Overdose Prevention Network (OOPN) initiative which entails the development and implementation of a comprehensive prescription drug/ opioid overdose prevention program which will include Naloxone training and distribution. Plans are to train 3,000 individuals and distribute 2,500 naloxone kits annually.
- In September 2016, DMHAS was awarded a "Strategic Prevention Framework for Prescription Drugs (SFP Rx)" five-year grant from SAMHSA to implement the NJAssessRx initiative. NJAssessRx expands interagency sharing of the state's Prescription Drug Monitoring Program data and gives DMHAS the capability to use data analytics to identify prescribers, prescriber groups and patients at high risk for inappropriate prescribing and nonmedical use of opioid drugs. Informed by the data, DMHAS and its prevention partners will strategically target communities and populations needing services, education or other interventions. The target population is youth (ages 12-17) and adults (18 years of age and older) who are being prescribed opioid pain medications, controlled drugs, or HCG, and are at risk for their nonmedical use.
- In April 2017, the DMHAS, alongside representatives from the NJ Professional Advisory Committee (PAC) for Addictions, the NJ Citizen's Advisory Council, the Department of Human Services Office of Licensing, the Department of Children and Families and the Administrative Office of the Courts (AOC) formed a Medication Assisted Treatment (MAT) Work Group. The primary goal of the work group is to focus on areas critical to expanding the use of MAT across the State and ultimately provide recommendations to the Assistant Commissioner of DMHAS.
- In May 2017, SAMHSA awarded \$12,999,621 through the State Targeted Response to New Jersey annually for two years. The program aims to address

the opioid crisis by increasing access to treatment, reduce unmet treatment need and reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD). A major activity of the grant is to implement and expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of medication assisted treatment (MAT). To address these objectives, a new State Targeted Opioid Response Initiative (STORI) fee-for-service (FFS) treatment initiative has been developed within the existing addiction fee for service treatment network, which provides access to treatment for underinsured and uninsured clients. It includes a wide range of services, specifically including MAT.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase the number of IVDUs who enter treatment.
Baseline Measurement: 27,952 admissions count for 16,789 unique clients
First-year target/outcome measurement: Increase the number of IVDUs who enter treatment by 1%.
Second-year target/outcome measurement: Increase the number of IVDUs who enter treatment by 2% by the end of 2019. The change in SFY 2019 will be measured by calculating the percent difference from SFY 2017 to 2019.

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

Data Source:

The number of IVDUs in SFY 2017 through 2019 will be tracked by the SSA's New Jersey Substance Abuse Monitoring System (NJSAMS).

New Data Source(if needed):

Description of Data:

All agencies licensed to provide substance abuse treatment in New Jersey must report on NJSAMS, the SSA's real-time web-based client administrative data system. The system collects basic client demographic, financial, level of care and clinical information for every client. All national outcome measures (NOMS) are incorporated into the system. Outcome measures are linked to the client at admission and discharge.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

Outcome measures are collected at a client's admission and discharge per the approach used with TEDS and not at different periods of time during the course of treatment.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Baseline Measurement SFY 2017: 28,014 admissions count for 16,753 unique clients
First-year target/ outcome measurement SFY 2018: 29,058 admissions count for 16,396 unique clients
Increase of 3.73% of admissions count and decrease of 2.13% of unique clients from SFY 2017 to SFY 2018
Access increased as measured by the number of admissions; however, the number of unique clients decreased. This is due primarily to the opioid maintenance intensive outpatient and decreased referrals from Syringe Access Programs (SAPs). DMHAS will provide technical assistance to aid better outreach from SUD treatment programs primarily MAT programs and facilitate an increase of referrals from SAPs. The NJ Department of Health (DOH) is looking at increasing number of SAPs statewide as well as DMHAS is implementing low threshold buprenorphine program at pilot SAP site locations which may assist with this endeavor of increasing number of IVDU admissions in NJ.

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

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

How second year target was achieved (optional):

Baseline measurement SFY 2017: 28,014 admissions for 16,753 unique clients
Second-year target/outcome measurement SFY 2019: 29,067 admissions count for 14,725 unique clients
Increase of 3.76% of admissions count and decrease of 12.11% of unique clients from SFY 2017 to SFY 2019.

Indicator #: 2

Indicator: Increase the number of heroin and other opiate dependent individuals who enter treatment

Baseline Measurement: 39,835 admissions count for 24,830 unique clients

First-year target/outcome measurement: Increase the number of heroin and other opiate dependent individuals who enter treatment by 1%.

Second-year target/outcome measurement: Increase number of opiate dependent individuals who enter treatment by 2% by the end of 2019. The change in SFY 2019 will be measured by calculating the percent difference from SFY 2017 to 2019.

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

Data Source:

The number opiate dependent individuals in SFY 2016 and 2017 will be tracked by the SSA's New Jersey Substance Abuse Monitoring System (NJSAMS).

New Data Source(if needed):

Description of Data:

All agencies licensed to provide substance abuse treatment in New Jersey must report on NJSAMS, the SSA's real-time web-based client administrative data system. The system collects basic client demographic, financial, level of care and clinical information for every client. All national outcome measures (NOMS) are incorporated into the system. Outcome measures are linked to the client at admission and discharge.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

Outcome measures are collected at a client's admission and discharge per the approach used with TEDS and not at different periods of time during the course of treatment.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Baseline Measurement SFY 2017: 39,923 admissions count for 24,767 unique clients
 First-year target/ outcome measurement SFY 2018: 43,577 admissions count for 25,650 unique clients
 Increase of 9.15% in admissions count and increase of 3.57% in unique clients from SFY 2017 to SFY 2018

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

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

How second year target was achieved (optional):

Baseline measurement SFY 2017: 39,923 admissions for 24,767 unique clients
 Second-year target/outcome measurement SFY 2019: 47,027 admissions count for 25,047 unique clients.
 Increase of 17.79% of admissions count and increase of 1.13% of unique clients from SFY 2017 to SFY 2019.

Priority #: 3

Priority Area: Individuals with or at risk of HIV/AIDS who are in treatment for substance abuse

Priority Type: SAT

Population(s): EIS/HIV

Goal of the priority area:

To provide funding and increase capacity for the provision of HIV Early Intervention Services (EIS) at designated substance abuse treatment facilities.

Strategies to attain the goal:

- Expend 5% of the SAPTBG award for HIV Early Intervention Services (EIS).
- Continue MOA with Rutgers, Robert Wood Johnson (RWJ) Medical School for onsite and mobile rapid HIV testing services.
- Through the MOA, RWJ Medical School has begun to conduct an in depth qualitative study including observation, focus groups, and individual semi-structured interviews during site visits to agencies conducting onsite HIV testing. Interviews and observation notes will be transcribed and analyzed with qualitative data analysis software. As a result of data collected RWJ Medical School and DMHAS will develop, implement, and evaluate an intervention to increase HIV testing for individuals engaged in substance use disorder treatment.
- Coordinate and provide trainings in regards to the provision of best practices in HIV testing and counseling services for Department of Human Services (DHS) licensed substance abuse treatment agencies (e.g., motivational interviewing).

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase the number of agencies engaged in the Rapid HIV Testing Initiative in SFY 2018 and SFY 2019

Baseline Measurement: 28 testing sites

First-year target/outcome measurement: 34 testing sites

Second-year target/outcome measurement: 40 testing sites

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

Data Source:

DMHAS and RWJ Medical School agency list of approved onsite and mobile testing site locations

New Data Source(if needed):

Description of Data:

Data on the number of SSA licensed agencies engaged in the Rapid HIV Testing initiative is provided by RWJ Medical School. The change in SFY 2019 will be measured by calculating the percent difference from SFY 2017 to SFY 2019.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

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:

Due to changes for DMHAS in State Department, execution of a new MOA with partner agency was late, therefore the contracted agency was unable to add new site locations during timeframe. DMHAS will attempt to work with partner agency to implement new HIV testing site locations, although HIV Set-Aside for NJ is scheduled to end 9/30/19, so it is uncertain that new site locations will be implemented due to the possible termination, unless other funding is located in budget to continue this endeavor.

How first year target was achieved (optional):

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

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

Since the HIV Set-Aside through the Block Grant for NJ ended on 9/30/19, no new site locations were implemented due to the impending and ultimate termination.

How second year target was achieved (optional):

Priority #: 4
Priority Area: Tobacco
Priority Type: SAP
Population(s): PP

Goal of the priority area:

Reduce the percentage of persons aged 12 – 17 who report using any type of tobacco product in the past month

Strategies to attain the goal:

Beginning in January, 2012, DMHAS funded 17 Regional Prevention Coalitions, all of whom utilize the SPF model to guide their work. These coalitions are all required to address tobacco use among youth. The coalitions use, primarily, environmental strategies along with occasional individual approaches as appropriate. Below is a listing of approaches used by the coalitions to address tobacco use among adolescents in their regions.

Environmental Strategies

- Enhance Access/Reduce Barriers – Enhance access to effective prevention strategies and information through the use of a social media campaign and the development of human capital and networks of support.
- Enhance Barriers/Reduce Access - Increase education among merchants who sell tobacco products.
- Enhance Barriers/Reduce Access – Work with municipal and county government to ban smoking from restaurants and other public places, including schools, workplaces, and hospitals.
- Change Consequences/Enhance Access/Reduce Barriers – Work with municipal and county government to assure that tobacco laws are enforced at the local level.
- Change Physical Design – Through the compliance check report and GIS mapping, provide municipalities and state tobacco control with details regarding how outlet density and location impact tobacco availability to youth.
- Modify/Change Policies – Enhance or create policies related to smoking among 12-17 years olds on a countywide level.

Individual Strategies

- Provide information – Educate parents and youth on the dangers of tobacco use by youth through awareness efforts, workshops, and countywide events. These programs will be provided through county alcohol and drug funding, municipal alliances, and other community organizations.
- Provide Information – Educate youth on the dangers of tobacco use through by means of evidence-based middle and elementary school prevention programs and other community-based initiatives.

Additionally, DMHAS funds community-based services targeting high-risk individuals or groups in each of New Jersey's 21 counties. Many of these providers are also focused on the prevention of tobacco use among youth.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Past month tobacco product use (any) among persons aged 12 to 17.
Baseline Measurement: 5.33 percent of the target population reported tobacco product use (any) during the month prior to participating in the survey (NSDUH, 2014-2015).
First-year target/outcome measurement: A reduction of .50% below the baseline measure.
Second-year target/outcome measurement: An additional reduction of .50% below the first year measure.
New Second-year target/outcome measurement(if needed):

Data Source:

National Survey on Drug Use and Health (NSDUH), 2014-2015 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia), Tobacco Product Use in the Past Month, by Age Group and State: Percentages, Annual Averages Based on 2014 and 2015 NSDUHs – data for New Jersey

New Data Source(if needed):

National Survey on Drug Use and Health (NSDUH), 2015-2016 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia), Tobacco Product Use in the Past Month, by Age Group and State: Percentages, Annual Averages Based on 2015 and 2016 NSDUHs – data for New Jersey

Description of Data:

Data from the NSDUH provide national and state-level estimates on the use of tobacco products, alcohol, illicit drugs (including non-

medical use of prescription drugs) and mental health in the United States.

New Description of Data:(if needed)

National Survey on Drug Use and Health (NSDUH), 2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia), Tobacco Product Use in the Past Month, by Age Group and State: Percentages, Annual Averages Based on 2016 and 2017 NSDUHs – data for New Jersey

Data issues/caveats that affect outcome measures:

None

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):

4.64% of the target population reported tobacco product use (any) during the month prior to participating in the survey (NSDUH, 2015-2016).

A reduction of .69% below the baseline measurement due to extensive merchant education.

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

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

How second year target was achieved (optional):

4.14% of target population reported tobacco product use (any) during the month prior to participating in the survey (NSDUH, 2016 – 2017).

A reduction of .50% below the first year measurement due to continuing extensive merchant education.

Priority #: 5

Priority Area: New Jersey Children's System of Care (CSOC) will become a trauma informed system of care

Priority Type: MHS

Population(s): SED

Goal of the priority area:

To improve the capacity to recognize and reduce the impact of trauma for all children, youth and young adults receiving services from CSOC

Strategies to attain the goal:

CSOC will utilize reports generated by UBHC-Rutgers to determine the number of provider agency staff trained during given SFY. The Children's System of Care provides treatment to Seriously Emotionally Disturbed/Seriously Mentally Ill youth under 21 years of age. Trainings included: Crisis Intervention for Traumatized Youth, Child Traumatic Stress, Complex Trauma in Children and Adolescents, Human Trafficking, Nurtured Heart, Understanding Child Abuse and Mandatory Reporting Laws, Working with Traumatized and Aggressive Youth, Six Core Strategies for Reducing Restraint and Seclusion, Evidence Based Practices, Domestic Violence, DV - Assessment and Safety Planning, Risk Assessment and Mental Health, Working with LGBT Youth. Leadership and staff from CSOC's programs, will be trained to implement and use these interventions to create safe environments before crises arise, reduce seclusion and restraint and their consequences in out of home treatment programs, and reduce the number of out of home treatment episodes youth experience and the length of stay of each episode. The leadership and staff from CSOC's programs, as well as parents/caregivers of these youth will also be trained to use the Nurtured Heart Approach in order to prevent repeated out-of-home treatment episodes after an initial treatment. .

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: CSOC will continue to increase the number of provider agency staff trained with a trauma-informed approach.

Baseline Measurement: 2395 provider agency staff received training in SFY 2017

First-year target/outcome measurement: Increase the number of provider agency staff trained by 5% over SFY 2017

Second-year target/outcome measurement: Increase the number of provider agency staff trained by 10% over SFY 2017

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

Data Source:

Reports generated by Rutgers UBHC

New Data Source(if needed):

Description of Data:

Number of provider agency staff trained during given SFY. In total, during SFY 2017 2395 provider agency staff received training in trauma informed care. Trainings included: Crisis Intervention for Traumatized Youth, Child Traumatic Stress, Complex Trauma in Children and Adolescents, Human Trafficking, Nurtured Heart, Understanding Child Abuse and Mandatory Reporting Laws, Working with Traumatized and Aggressive Youth, Six Core Strategies for Reducing Restraint and Seclusion, Evidence Based Practices, Domestic Violence, DV - Assessment and Safety Planning, Risk Assessment and Mental Health, Working with LGBT Youth.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

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):

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

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

How second year target was achieved (optional):

Priority #: 6

Priority Area: Integration of community-based physical and behavioral health services to children, youth and young adults with SED and/or substance use disorders chronic medical conditions.

Priority Type: MHS

Population(s): SED

Goal of the priority area:

To increase the availability of community based treatment options, services and supports for youth with co-occurring physical and behavioral health challenges

Strategies to attain the goal:

During SFY 2016, 280 unique, unduplicated youth were provided with integrated services through Behavioral Health Homes located within two counties in New Jersey. During SFY 2017 an additional three counties provided Behavioral Health Home services. CSOC will continue to provide BHH services. Each BHH is a designated Care Management Organization (CMO). NJ enhanced the current care management teams to include medical expertise and health/wellness education for purposes of providing fully integrated and coordinated care for youth who have chronic medical conditions. Behavioral Health Home Services are a "bridge" that connects Prevention, Primary Care, Specialty Care. .. New Jersey is the first State using Targeted Case Management (TCM) for youth only. Provider structure of CMO is a natural fit for the health home program

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator: CSOC will increase the number of children, youth and young adults receiving Behavioral Health Home services.

Baseline Measurement:

First-year target/outcome measurement: SFY 2016 will use the same database to measure a specified percentage of change.

Second-year target/outcome measurement: SFY 2016 will use the same database to measure a specified percentage of change.

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

Data Source:

Reports generated by the CSOC CSA

New Data Source(if needed):

Description of Data:

The number of children, youth, and young adults receiving Behavioral Health Home services during given SFY.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none.

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):

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

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

How second year target was achieved (optional):

Priority #: 7

Priority Area: CSOC will increase the availability of community based treatment options, services and supports for youth with co-occurring behavioral health and SU challenges

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Increase access to and availability of community based treatment options, services and supports for youth with co-occurring behavioral health and SU challenges

Strategies to attain the goal:

Since 2013, DCF/CSOC has assumed management of and/or expanded services for Outpatient (OP), Partial Care (PC), Short-Term Residential (ST-RTC) and Long-Term Residential (LT-RTC), subacute detoxification, and co-occurring mental health and substance use programs.

Inclusion of substance use services integrates the care of New Jersey's youth into a system in which youth and their families can access a single point of entry into a seamless continuum of services for behavioral health, intellectual/developmental disabilities, and/or substance use treatment. The majority of youth with SUDs have a co-occurring mental health disorder. Youth with SUDs also face considerable academic, health-related, relational, and legal challenges. These issues also bring costs and consequences to families, communities, and society. CSOC supports seamless access to substance use services including, but not limited to, system of care services, specialized treatment needs of transition age youth, and helping community partners to recognize indicators of substance use and how appropriate services may be accessed. CSOC will implement the use of CIACC needs assessments. With

the introduction of Substance Use Navigators state-wide, CSOC will be better able to identify local needs, develop strategic plans, improve access and build the network of SU services and supports.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Identify gaps in SU supports and services within the Children's System of Care; increase SU services and supports to address identified needs and gaps in service.

Baseline Measurement: Baseline (inventory and needs assessments) to be conducted SFY 2018

First-year target/outcome measurement: will use baseline to develop targets/outcomes

Second-year target/outcome measurement: will use baseline to develop targets/outcomes

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

Data Source:

CSOC CSA; CIACC Needs Assessments and Monthly Reports, Substance Use Navigator needs assessments, outcome measurements, and reports.

New Data Source(if needed):

Description of Data:

Inventory of CSOC Utilization Management reports; assessments generated nationally, statewide, county-wide and locally; input from stakeholders, Boards and Advisory councils, ad-hoc reports.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none

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):

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

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

How second year target was achieved (optional):

Priority #: 8

Priority Area: Community Support Services

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Provide community support services to individuals with SMI

Strategies to attain the goal:

Provide consumers with Comprehensive Rehabilitative Needs Assessment (CRNA) to assess rehabilitation needs and develop achievable goals; Develop an Individualized Rehabilitation Plan (IRP) with goals and objectives.

Community Support Services (CSS) assists persons 18 years of age and older with functional disabilities resulting from a mental illness to develop, enhance or retain: psychiatric stability, social competencies, personal adjustment, and/or independent living competencies so that they can experience more success and satisfaction in the environment of their choice and can function as independently as possible. These services should occur concurrently with clinical treatment.

When an individual has a mental health disorder that requires professional evaluation and treatment, the individual should be treated in the least restrictive and integrated setting able to meet the individual's needs.

Once an individual is assessed to meet CSS eligibility, a Comprehensive Rehabilitation Needs Assessment (CRNA) is completed within 14 days and an Individual Rehabilitation Plan (IRP) is developed with interventions and goals that are skill based to assist the individual to achieve a life that is as interactive and inclusive in the community as possible.

DMHAS started training on CSS over two and one half (2 ½) years ago to 44 provider agencies with over 800 staff. That goal of the training was to work with supportive housing providers to become acquainted with rehabilitation principals to assist individuals in learning the necessary skills that will allow them to be independent and integrated in their communities. CSS assists with work readiness skills and employment interactions and be less dependent on the provider agency and be more self-sufficient.

CSS enlists credentialed professionals from physicians, APN's, licensed Clinical professionals of the healing arts to peers who can bill Medicaid for the services that are included in their IRP.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: completion of the Comprehensive Needs Assessment (CRNA)

Baseline Measurement: To be determined after first year of implementation of Community Support Services (CSS)

First-year target/outcome measurement: 90% completion

Second-year target/outcome measurement: 100% completion

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

Data Source:

DMHAS audits and QCMR Reports

New Data Source(if needed):

Description of Data:

DMHAS will conduct audits of the completion of the CRNA. CSS QMCR contains aggregate data that is reported on a quarterly basis by each provider via a web-based application.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Data and reporting requirements for CSS need to be clearly defined as this is a new program element. Training of reporting staff is key.

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):

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

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

How second year target was achieved (optional):

Indicator #: 2

Indicator: completion of Individualized Rehabilitation Plan (IRP)

Baseline Measurement: To be determined after first year of implementation of Community Support Services (CSS)

First-year target/outcome measurement: 90% completion

Second-year target/outcome measurement: 100% completion

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

Data Source:

DMHAS data systems

New Data Source(if needed):

Description of Data:

QMCR data contains aggregate data that is reported on a quarterly basis by each provider via a web-based application. NJMHAPP (New Jersey Mental Health Application for Payment Processing) allows Agencies contracted with DMHAS for mental health services to submit eligible encounters/billing for all fee for service (FFS) programs for payment processing.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Data and reporting requirements for CSS need to be clearly defined as this is a new program element. Training of reporting staff is key.

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):

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

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

How second year target was achieved (optional):

Priority #: 9

Priority Area: Housing Services in Consumer Support Services

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Maintain housing stability in community settings and improve utilization of housing service slots for mental health consumers served in Consumer Support Services (CSS).

Strategies to attain the goal:

Community Support Services (CSS) is a mental health rehabilitation service that assists the consumer in achieving mental health rehabilitative and recovery goals as identified in an individualized rehabilitation plan (IRP). CSS promotes community inclusion, housing stability, wellness, recovery, and resiliency. Consumers are expected to be full partners in identifying and directing the types of support activities that would be most helpful to maximize successful community living. This includes use of community mental health treatment, medical care, self-help, employment and rehabilitation services, and other community resources, as needed and appropriate. The adoption of CSS enhances Supportive Housing. The SMHA will utilize a number of strategies to help attain the objective.

1. The creation of the Office of Olmstead, Compliance, Planning, and Evaluation has allowed the centralized collaboration of many key disciplines involved in implementing an overall paradigm of community integration.
2. Continued use of the Individual Needs for Discharge Assessment (INDA) facilitates the treatment and discharge planning processes. The INDA serves as both an assessment tool geared toward evaluating needs or barriers that the consumer may face upon discharge and a mechanism by which to assign state hospital consumers to prospective community service providers. The INDA will be continually used by the SMHA to facilitate transition into the community and anticipate and address any barriers that may hinder or preclude placement within the community.

3. Separation of Housing and Services in service delivery has enabled consumers to choose a housing provider and a different service provider. Consumers will no longer be restricted to the same agency. This separation will also enable the SMHA to track expenditures, utilization, outcomes, and demands for services.

4. The Bed Enrollment Data System (BEDS)/Vacancy Tracking System was developed to help DMHAS manage and track vacancies. The system has replaced the process of cold calls to agencies and the utilization of quickly outdated paper tracking sheets. Utilization of a web-based system provides real-time access to vacancy information and helps facilitate assignments and avoid outdated spreadsheets. Analysis of the utilization of Supportive Housing vs. supervised settings (e.g. group homes and supervised apartments) allows for assessment of the Division's progress toward community integration. The system will also enable planning at both the individual consumer level for placement purposes and system-wide for purposes of enhancements in community resources.

5. Assignment Process - In May 2015, New Jersey DMHAS revised its Administrative Bulletin 5:11, directing engagements of consumers by community providers. Under this revision, assignments of consumers replaced the concept of referrals to community providers by hospital treatment teams, requiring providers to either accept the assigned consumer or communicate their needs to DMHAS for additional supports necessary to serving the assigned consumer. The goal of this new policy was the early familiarity of consumers and providers through mandatory provider participation in the discharge planning process and engagements such as recreational day trips; visits to prospective apartments for rent; discharge preparations; and overnight visits (upon request of the consumer and/or hospital treatment team).

SMHA staff will monitor the continued development of new Supportive Housing opportunities. The BEDS data system will foster more timely and accurate tracking of residential resources, as well as facilitate their more efficient utilization (e.g., to reduce vacancy rates and increase community placements), and enable monitoring of compliance with Administrative Bulletin 5:11 (Residential Placement from Psychiatric Hospital).

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Consumers who remain in Consumer Support Services during the fiscal year as a proportion of total consumers served in Consumer Support Services.

Baseline Measurement: At this time, the number of clients served by supportive housing in SFY 2017 and number of clients served by Consumer Support Services were unknown. In SFY 2016, a total 6,274 consumers were served by supportive housing and no clients were served by Consumer Support Services. Based upon previous data and knowledge, the target for SFY 2018 and SFY 2019 were set.

First-year target/outcome measurement: The percentage of consumers who remain in Consumer Support Services during SFY 2018 will be no less than 85% of total consumers served in Consumer Support Services.

Second-year target/outcome measurement: The percentage of consumers who remain in Consumer Support Services during SFY 2019 will be no less than 85% of total consumers served in Consumer Support Services.

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

Data Source:

The number of consumers served by Supportive Housing in SFY 2016 and 2017 is tracked by the SMHA's QCMR database. The number of consumers served by Consumer Support Services will be tracked by the SMHA's QCMR database starting in SFY 2018 with a new QCMR that is in development. Until baseline data from CSS is reported, the SMHA will use QCMR data from Supportive Housing.

New Data Source(if needed):

Description of Data:

The QCMR Database collects quarterly, cumulative, program-specific data from each of the service providers contracted by DMHAS. The current QCMR for Supportive Housing contains 50 data elements. The key data fields relevant for this performance indicator are "Ending Active Caseload (Last Day of Quarter)" and Number of terminations in the Quarter in the Quarter. Currently 49 agencies contracted by the SMHA to provide QCMR data for Supportive Housing.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The QCMR emphasizes aggregate program processes and units of service/persons served, rather than individual consumer outcomes. Proposals awarded under current and forthcoming RFPs for Supportive Housing and Consumer Support Services will be monitored through contract negotiations and data will be maintained through the QCMR database.

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):

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

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

How second year target was achieved (optional):

Indicator #:

2

Indicator:

Improved Utilization of Housing Service Slots measured by occupancy rates

Baseline Measurement:

In SFY2017, the occupancy rate (without an assignment) is 80.9%. This value was generated by hard copy reports.

First-year target/outcome measurement:

In SFY 2018, the occupancy rate (without an assignment) will be 83%.

Second-year target/outcome measurement:

In SFY 2019, the occupancy rate (without an assignment) will be 85%.

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

Data Source:

The SMHA Bed Enrollment Data System (BEDS)

New Data Source(if needed):

Description of Data:

The SMHA has developed the Bed Enrollment Data System (BEDS) which will be used to track the development of community based supportive housing and residential referrals and vacancies. This is a secure, web-based system that has been in the planning stages since 2010, and in development since 2012. The system has replaced the process of cold calls to agencies and the utilization of quickly outdated paper tracking sheets. Utilization of a web-based system provides real-time access to vacancy information and helps facilitate assignments and avoid outdated spreadsheets. Analysis of the utilization of Supportive Housing vs. supervised settings (e.g. group homes and supervised apartments) allows for assessment of the Division's progress toward community integration. The system will also enable planning at both the individual consumer level for placement purposes and system-wide for purposes of enhancements in community resources.

For purposes of residential placement, BEDS is a real-time system that allows the SMHA Olmstead Office, hospital staff, and community providers to match consumers in need, with available community housing opportunities. For the purpose of data-driven planning, BEDS is a powerful utilization management and planning tool that will allow the SMHA to observe resource utilization, vacancy rates, and the geographic distribution of resources and housing requests.

At the time of writing, the BEDS system is a success-in-progress. Forty six out of forty nine contracted agencies have reported successful data validation, which empowers them (and our state hospitals) to actively use the BEDS system to track the assignment process as well as to inventory the SMHAs stock of community-based housing. DMHAS staff are in continual contact with agency users to ensure that the data is up-to-date and accurate.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The SMHA has been providing technical assistance as requested to provider agencies as frequently as needed in order to ensure the utilization of the system as well as to provide consistency in use across the provider agencies. DMHAS has provided technical assistance via webinars or by phone. The Regional Olmstead Coordinators (ROCs) and the Placement Entities (PEs) are tasked with reviewing the hard copy vacancy reports with the data report in BEDS to validate the data on a weekly basis. When discrepancies are found, the ROCs and the PEs reach out to the provider agencies to reconcile the data and work with the agencies to make the necessary adjustments to the reporting.

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):

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

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

How second year target was achieved (optional):

Priority #: 10

Priority Area: First Episode Psychosis

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Early treatment and intervention of psychosis helps change the trajectory of psychotic disorders in young adults by improving symptoms, reducing the likelihood of long-term disability so that they are able to lead productive and independent lives.

Strategies to attain the goal:

Objectives will be addressed through the implementation of a Coordinated Specialty Care (CSC) model. CSC is an evidence-based recovery-oriented approach involving clients and family members as active participants. All services are highly coordinated with primary medical care.

The New Jersey CSC model emphasizes treatment through the following components: outreach, low-dosage medications, cognitive and behavioral skills training, Individualized Placement and Support (IPS), supported employment and supported education, case management, and family psychoeducation. The CSC team is comprised of six team members of mostly masters' level clinicians that all contribute to a high supportive level of care. A CSC team is comprised of these roles: Team Leader; Recovery Coach; Supported Employment and Education Specialist; Pharmacotherapist; Outreach and Referral Specialist; and Peer Support Specialist. All CSC staff are full-time with the exception of the Pharmacotherapist (0.2 FTE). Each CSC team in New Jersey is currently staffed with a total of 5.2 FTE's (Full Time Equivalent) units.

In November 2017, three teams in New Jersey were funded and started to provide CSC services. They are Oaks Integrated Care (Southern region); Rutgers University Behavioral Health Center (Central region); and CarePlus Inc NJ (Northern region). Each team carries a caseload of up to 35 clients. CSC teams provide services in areas of: 1) Recovery Coach services; Psycho-education, preventive counseling, and crisis; 2) Supported Employment and Education; Job coaching and educational support; 3) Medication Monitoring, medication management and primary medical care; 4) Peer Support, recovery support and case management; and 5) Community Outreach and referral, outreach and recruitment activities, and client evaluation.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The percentage of clients who adhere to prescribed psychotropic medication for FEP treatment.

Baseline Measurement: CSC services for individuals with first episode psychosis are new in NJ, therefore, a baseline measurement is going to be determined by collecting clients' medication information from the three CSC providers. The baseline measure will show the percentage of clients who are taking or in need of antipsychotic medication for the treatment of their psychosis at intake.

First-year target/outcome measurement: An increase of the percentage of clients adhering to antipsychotic medication regimens in FY 2018. The percentage will be determined when the baseline measure is set.

Second-year target/outcome measurement: An increase of the percentage of clients adhering to antipsychotic medication regimens in FY 2019. The percentage will be determined when the baseline measure is set.

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

Data Source:

The CSC clinical diagnostic database will be used for tracking medication monitoring across all three agencies by the Division of Mental Health and Addiction Services (DMHAS).

New Data Source(if needed):

Description of Data:

All client level data from the three CSC service providers will be recorded in the CSC clinical diagnostic database; a compressive database that tracks: 1) Identification, Intake and Enrollment; 2) Client Residential Status; 3) Program Involvement; 4) Client Education Status; 5) Client Employment Status; 6) Client Medication Adherence and Substance Abuse; 7) Suicide Ideation; 8) Physical Health; and 9) Legal Issues. All agencies are to report on and update their client data in 3 month and 6 month time points to maintain data accuracy.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Clients who participate in medication monitoring may not always be forthright with service providers on their medication adherence patterns and this may introduce possible error into the data interpretation.

The state is in the process of creating a compressive CSC clinical diagnostic database tracking all FEP client level data from the three CSC service providers. The database is to measure critical information about FEP clients among 10 areas to coincide with federal data reporting requirements requested by NRI. The database will be used to give a detailed description of the FEP population receiving CSC services to better understand early serious mental illness (ESMI) in New Jersey and also to compare to national statistics on the FEP population. The goal of this data system is to maintain the progress of CSC clients during treatment so the state can better plan for services for ESMI individuals going forward.

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):

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

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

How second year target was achieved (optional):

Indicator #: 2

Indicator: The percentage of clients who show symptom improvement over the duration of a year in the program. Three clinical inventories: the (PANNS) Positive and Negative Syndrome Scale; MIRECC GAF (Mental Illness Research Education and Clinical Centers Global Assessment Functioning tool); and SAMHSA NOMS (National Outcome Measures): Client Symptom Improvement according to the Adult MHSIP (Mental Health Statistics Improvement Program) Survey will be the core measures for measuring client symptom improvement.

Baseline Measurement: Number of clients shown symptom improvement after six months in the CSC program as a percentage of all clients in the CSC program in FY 2017. The three CSC programs in New Jersey did not start to enroll clients until the beginning of 2017. The caseload increased gradually. For clients enrolled in June 2017, their measurement will not be available until the end of calendar year (CY) 2017. Therefore, the baseline measurement will be set by the end of CY 2017.

First-year target/outcome measurement: An increased percentage of clients that show symptoms improvement in FY 2018.

Second-year target/outcome measurement: An increased percentage of clients that show symptoms improvement in FY 2019.

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

Data Source:

The CSC clinical diagnostic database will provide for the recording of FEP client level data including: PANNS; MIRECC GAF; SAMHSA NOMS; and Client Symptom Improvement.

New Data Source(if needed):

Description of Data:

Client data from the three CSC service providers will be recorded in the CSC clinical diagnostic database; a comprehensive database that tracks: 1) Identification, Intake and Enrollment; 2) Client Residential Status; 3) Program Involvement; 4) Client Education Status; 5) Client Employment Status; 6) Client Medication Adherence and Substance Abuse; 7) Suicide Ideation; 8) Physical Health; and 9) Legal Issues. All agencies are to report on and update their client data in 3 month and 6 month time points to maintain data accuracy.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Client admission and discharge may affect the time points of data collection if clients do not receive services for an extended period of time, i.e. at least 6 months. The state is in the process of creating a comprehensive CSC clinical diagnostic database tracking all FEP client level data from the three CSC service providers. The database is to measure critical information about FEP clients among 10 areas to coincide with federal data reporting requirements requested by NRI. The database will be used to give a detailed description of the FEP population receiving CSC services to better understand early serious mental illness (ESMI) in New Jersey and also to compare to national statistics on the FEP population. The goal of this data system is to maintain the progress of CSC clients during treatment so the state can better plan for services for ESMI individuals going forward.

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):

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

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

How second year target was achieved (optional):

Priority #: 11
Priority Area: System wide assessment for delivering services to diverse populations
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

System wide assessment for delivering services to diverse populations.

Strategies to attain the goal:

Since 1985, DMHAS has had the commitment to improve services to individuals from diverse backgrounds, including LGBTQ. The mechanism for addressing these system needs began with the 2015 reformation of DMHAS' multi-cultural activities into a Multi-cultural Services Group (MSG). The MSG has developed a process for systems assessment that will begin with all contract agencies surveying their existing planning and service delivery to diverse populations. As the SMHA reviewed the results of those surveys, areas of gaps in service, and needs for technical assistance (TA) were identified. Beginning in early 2016, TA groups were held in the north and south to assist agencies in formulating multi-cultural plans. Those plans have become a part of the SMHA's contracting process in FY 2017, and followed up through DMHAS Multi-cultural Training Centers each year to ensure that the plans continue to grow.

Each mental health community provider is required to develop a Cultural Competence Plan describing the integration of cultural and linguistic competence throughout the organization, including direct attention to issues of gender, age, and culture. An organizational self-assessment helps prioritize the steps needed to develop those congruent behaviors and improve culturally responsive services. The plan that results from that assessment, which has 47 items, should address all diverse groups that are served within the agency: for example, cultural, ethnic and linguistically diverse people, individuals who are deaf and hard of hearing, Lesbian, Gay, Bisexual, Transgender people, older people; and outline strategies for recruiting, hiring, retaining, and promoting culturally competent, diverse staff members; the use of interpreters or bilingual staff members; staff training, professional development, and education; fostering community involvement; facilities design and operation; development of cultural and diversity appropriate program materials; how to incorporate diverse treatment approaches; and development and implementation of supporting

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Proportion of agencies that have written Cultural Competence Plans which include at least three ingredients as identified in their self-assessment.

Baseline Measurement: The baseline variable is the number of provider agencies that complete their self-assessments and have a written Cultural Competence Plan which contains at least three of the ingredients needed to become more culturally competent. The establishment of a baseline is still be in process and is expected to be completed in SFY 2018.

First-year target/outcome measurement: Fifty (50) percent of all providers will have written Cultural Competence Plans which include at least three ingredients as identified in their self-assessment.

Second-year target/outcome measurement: One Hundred percent (100%) of all providers will have written Cultural Competence Plans which include at least three ingredients as identified in their self-assessment

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

Data Source:

Self assessments and written plans checked by SMHA

New Data Source(if needed):

Description of Data:

The establishment of written organizational plans for addressing culture and diversity based upon agency self-assessment. The areas covered: Governance, Leadership, and Workforce; Communication and Language Assistance and Engagement, Continuous Improvement, and Accountability. Plans identify a minimum of at least three activities from these areas.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The SMHA is undergoing a dramatic transformation from a contract based funding system to a full Fee for Services system. This is a new business model for providers and many are dedicating a significant extent of their resources to accomplish which may divert staff and the effort needed to develop and implement the plans.

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):

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

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

How second year target was achieved (optional):

Footnotes:

Priority areas #5 to #11 of the State Mental Health Authority and the Children's System of Care are not applicable to this report.

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

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

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$29,483,989		\$0	\$10,999,131	\$116,850,301	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$5,996,946				\$1,429,041		
b. All Other	\$23,487,043			\$10,999,131	\$115,421,260		
2. Substance Abuse Primary Prevention	\$12,449,805			\$4,674,282	\$1,987,514		
3. Tuberculosis Services							
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**	\$2,311,317						
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)	\$1,981,233			\$106,066	\$674,319		
11. Total	\$46,226,344	\$0	\$0	\$15,779,479	\$119,512,134	\$0	\$0

*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

Please identify which of the information in is estimated rather than actual:

The data in column E is estimated.

The State Substance Abuse Authority spent zero dollars on TB services in the state for SFY19 (whether SABG or state funds).

\$123,556 was the total amount of TA Supplement expenditures from the FFY 2018 NOA, Issue Date of 09/26/18, for the SABG Administrative Supplement for Technical Assistance for the Expenditure Period End Date of September 30, 2019.

Identify the date by when all estimates can be replaced with actual expenditures: 06/01/2020

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

Footnotes:

III: Expenditure Reports

Table 3A SABG – Syringe Services Program

Expenditure Start Date: 07/01/2018 Expenditure End Date: 06/30/2019

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG funds used for SSP	SUD Treatment Provider	Number Of Locations (include mobile if any)	Narcan Provided
No Data Available					

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

Footnotes:

SAPT Block Grant funds are not used for Syringe Services Programs.

III: Expenditure Reports

Table 3B SABG – Syringe Services Program

Expenditure Start Date: 07/01/2018 Expenditure End Date: 06/30/2019

[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

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

Footnotes:

SAPT Block Grant funds are not used for Syringe Services Programs.

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: 10/1/2016 Expenditure Period End Date: 9/30/2018

Expenditure Category	FY 2017 SA Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$31,243,751
2. Primary Prevention	\$12,865,166
3. Tuberculosis Services	\$0
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**	\$2,403,238
5. Administration (excluding program/provider level)	\$1,552,587
Total	\$48,064,742

*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

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

Footnotes:

The \$12,865,166 listed in Primary Prevention is the sum of Table 5b SAPT BG (\$11,218,529) and Table 6 Prevention SA (\$1,646,637). Please refer to those table to see a further breakdown of Primary Prevention expenditures by Resource Development and the Institute of Medicine (ICM) sub-categories.

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: Expenditure Period End Date:

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

Community-Based Process	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Total	\$	\$	\$	\$	\$
Environmental	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Total	\$	\$	\$	\$	\$
Section 1926 Tobacco	Selective	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>
Section 1926 Tobacco	Indicated	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>
Section 1926 Tobacco	Universal	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>
Section 1926 Tobacco	Unspecified	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>
Section 1926 Tobacco	Total	\$0	\$0	\$0	\$0	\$0
Other	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Unspecified	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Total	\$0	\$0	\$0	\$	\$
Grand Total		\$0	\$0	\$0	\$0	\$0

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

Footnotes:

DMHAS has selected the option to complete Table 5b, rather than Table 5a, however, as required we are reporting the amount spent on Section 1926 Tobacco, herein, on Table 5a, which as indicated above is \$0 for each column.

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: 10/1/2016 Expenditure Period End Date: 9/30/2018

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$2,241,780	\$2,207,862	\$500,000		
Universal Indirect	\$3,599,349	\$1,774,752	\$1,000,000		
Selective	\$3,354,299		\$654,335		
Indicated	\$2,023,101		\$1,506,288		
Column Total	\$11,218,529	\$3,982,614	\$3,660,623	\$0	\$0

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

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 2017 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: 10/1/2016 Expenditure Period End Date: 9/30/2018

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 checked="" type="checkbox"/>
Inhalants	<input 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 checked="" type="checkbox"/>
LGBTQ	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>
African American	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>
Homeless	<input checked="" type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input checked="" type="checkbox"/>
Rural	<input checked="" type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2016 Expenditure Period End Date: 9/30/2018

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment		\$31,290.00		\$57,074.00		\$88,364.00
2. Quality Assurance				\$245,430.00		\$245,430.00
3. Training (Post-Employment)						\$0.00
4. Education (Pre-Employment)						\$0.00
5. Program Development				\$215,849.00		\$215,849.00
6. Research and Evaluation		\$1,615,347.00		\$2,132,860.00		\$3,748,207.00
7. Information Systems				\$2,189,214.00		\$2,189,214.00
8. Total	\$0.00	\$1,646,637.00	\$0.00	\$4,840,427.00	\$0.00	\$6,487,064.00

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Footnotes:

Amount of SABG Primary Prevention funds (from Table 4, Row 2) used for SABG Prevention Resource Development Activities for SABG Prevention, Column C, and/or SABG Combined, Column D = \$1,646,637.
 Amount of SABG Administration funds (from Table 4, Row 5) used for SABG Prevention Resource Development Activities Activities for SABG Prevention, Column C, and/or SABG Combined, Column D = \$0.

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: 10/1/2016 Expenditure Period End Date: 9/30/2018

										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	
100776	NJ101850		01	Atlantic Prevention Resources Inc - Individual and Group Counseling	1416 North Main Street	Pleasantville	NJ	8232	\$244,400	\$0	\$0	\$244,400	\$0	\$0	
100883	NJ101680		01	ATLANTICARE BEHAVIORAL HEALTH	6010 Black Horse Pike Suite B-10	Egg Harbor Township	NJ	08234-9752	\$35,055	\$35,055	\$35,055	\$0	\$0	\$0	
306175	NJ101797		04	CAMDEN COUNTY COUNCIL ON	1 Alpha Avenue Suite 22	Voorhees	NJ	8043	\$267,500	\$0	\$0	\$267,500	\$0	\$0	
750133	NJ750133		05	Cape May Council on - Alcoholism and Drug Abuse Inc	3819 New Jersey Avenue	Wildwood	NJ	8260	\$436,240	\$0	\$0	\$436,240	\$0	\$0	
900247	NJ102278		Mercer County	CATHOLIC CHARITIES	383 WEST STATE STREET	TRENTON	NJ	8618	\$111,699	\$0	\$0	\$111,699	\$0	\$0	
900159	NJ100735		04	CENTER FOR FAMILY SERVICES	584 Benson St.	Camden	NJ	08043	\$359,900	\$0	\$0	\$359,900	\$0	\$0	
100853	NJ100853		Sussex County	Center for Prevention and Counseling	61 Spring Street	Newton	NJ	7860	\$328,700	\$0	\$0	\$328,700	\$0	\$0	
101804	NJ101804		Warren County	COMMUNITY PREVENTION RESOURCES	20 West Washington Avenue	WASHINGTON	NJ	7882	\$142,700	\$0	\$0	\$142,700	\$0	\$0	
305300	NJ100756		07	CURA INCORPORATED	35 Lincoln Park	Newark	NJ	07101-0180	\$1,768,066	\$1,768,066	\$185,046	\$0	\$0	\$0	
306167	NJ306167		Middlesex County	Damon House Inc	105 Joyce Kilmer Avenue	New Brunswick	NJ	8901	\$869,133	\$869,133	\$0	\$0	\$0	\$0	
300236	NJ100477		Monmouth County	DISCOVERY INSTITUTE	80 Conover Road	Marlboro	NJ	7746	\$1,110,848	\$1,110,848	\$0	\$0	\$0	\$0	
102679	NJ102679		Passaic County	Dismas House for Drug Rehabilitation	508 Straight St.	Paterson	NJ	07503	\$1,680,199	\$1,680,199	\$0	\$0	\$0	\$0	
300806	NJ300806		07	East Orange Substance Abuse Trt Prog	110 South Grove Street Floor 3	East Orange	NJ	7018	\$266,040	\$266,040	\$22,321	\$0	\$0	\$0	
101329	NJ101329		Passaic County	Evas Kitchen and Sheltering Prog Inc - Halfway House for Men	393 Main Street	Paterson	NJ	7501	\$522,907	\$331,095	\$331,095	\$191,812	\$0	\$0	
300855	NJ300855		07	Family Connections Inc	395 South Center Street	Orange	NJ	7050	\$430,000	\$0	\$0	\$430,000	\$0	\$0	
902635	NJ902635		Warren County	Family Guidance Center of Warren Cnty	492 Route 57 West	Washington	NJ	7882	\$212,212	\$212,212	\$212,212	\$0	\$0	\$0	
101162	NJ101162		Hunterdon County	FREEDOM HOUSE	2004 State Route 31 Unit 1	Clinton	NJ	08809-2040	\$48,879	\$48,879	\$48,879	\$0	\$0	\$0	
101477	NJ101477		Hunterdon County	Good News Home for Women	33 Bartles Corner Road	Flemington	NJ	8822	\$582,542	\$582,542	\$582,542	\$0	\$0	\$0	
306357	NJ306357		04	Hispanic Family Center of Southern NJ - New Jersey Substance Abuse Services	2700 Westfield Avenue	Camden	NJ	8105	\$272,000	\$0	\$0	\$272,000	\$0	\$0	
104232	NJ750216		Hunterdon County	HUNTERDON PREVENTION RESOURCES	4 Walter Foran Boulevard Suite 410	Flemington	NJ	8822	\$319,500	\$0	\$0	\$319,500	\$0	\$0	
100420	NJ100420		07	Integrity House Inc - Mens Facility	105 Lincoln Park	Newark	NJ	7102	\$3,545,418	\$3,535,914	\$0	\$0	\$9,504	\$0	
				Inter County Council											

306209	NJ306209	X	09	on Drug/Alc Abuse - Administration/Drug Free Counseling	480 Kearny Avenue	Kearny	NJ	7032	\$213,032	\$159,032	\$21,590	\$0	\$54,000	\$0
300103	NJ300103	X	01	JOHN BROOKS RECOVERY CENTER	1315 Pacific Avenue	Atlantic City	NJ	8401	\$2,575,488	\$2,434,333	\$38,862	\$0	\$141,155	\$0
100156	NJ100156	X	Monmouth County	JSAS HEALTHCARE INC.	685 Neptune Boulevard Suite 101	Neptune	NJ	7753	\$1,138,212	\$775,810	\$73,406	\$225,000	\$137,402	\$0
100404	NJ100404	X	07	LENNARD CLINIC INC.	164 Blanchard Street	Newark	NJ	7105	\$1,104,340	\$560,335	\$181,356	\$0	\$544,005	\$0
902924	NJ902924	X	Mercer County	Mercer Council on Alcoholism and - Drug Addiction	408 Bellevue Avenue	Trenton	NJ	8618	\$445,134	\$0	\$0	\$445,134	\$0	\$0
100651	NJ100651	X	Morris County	Morris County Aftercare Center	273 East Main Street	Denville	NJ	7834	\$435,513	\$435,513	\$0	\$0	\$0	\$0
100651	NJ100651	X	Morris County	Morris County Aftercare Center - Resource Center of Chemically Dependent	273 East Main Street	Denville	NJ	07834	\$10,192	\$10,192	\$10,192	\$0	\$0	\$0
101818	NJ101818	X	Morris County	Morris County Prevention is Key	25 West Main Street	Rockaway	NJ	7866	\$633,000	\$0	\$0	\$633,000	\$0	\$0
750299	NJ101301	X	Mercer County	National Council on Alcoholism and - Drug Dependence	60 South Fullerton Avenue	ROBBINSVILLE	NJ	8691	\$299,180	\$0	\$0	\$299,180	\$0	\$0
103309	NJ103309	X	09	National Council on Alcoholism and - Drug Dependence/Hudson County	309-311 Newark Avenue	EAST BRUNSWICK	NJ	8816	\$980,380	\$0	\$0	\$980,380	\$0	\$0
302026	NJ302026	X	Middlesex County	New Brunswick Counseling Center	320 Suydam Street	New Brunswick	NJ	8901	\$480,164	\$410,564	\$56,134	\$0	\$69,600	\$0
100461	NJ100461	X	Morris County	New Horizon Treatment Services Inc	132 Perry Street	Trenton	NJ	8618	\$264,848	\$264,848	\$30,226	\$0	\$0	\$0
759802	NJ100858	X	Ocean County	NEW JERSEY PREVENTION NETWORK	150 AIRPORT ROAD	LAKEWOOD	NJ	8701	\$1,475,414	\$969,164	\$0	\$506,250	\$0	\$0
306092	NJ306092	X	07	Newark Renaissance House Inc	50 Norfolk Street	Newark	NJ	7103	\$349,610	\$349,610	\$349,610	\$0	\$0	\$0
101821	NJ101821	X	07	North Jersey Community Research Initiative	393 Central Ave	Newark	NJ	7103	\$225,000	\$0	\$0	\$225,000	\$0	\$0
100487	NJ100487	X	Passaic County	Northeast Life Skills Associates Inc	121 Howe Avenue	Passaic	NJ	7055	\$290,176	\$225,376	\$30,226	\$0	\$64,800	\$0
100503	NJ100503	X	Union County	Organization for Recovery Inc	519 North Avenue	Plainfield	NJ	07060-1416	\$501,574	\$436,774	\$25,908	\$0	\$64,800	\$0
100495	NJ100495	X	Passaic County	Paterson Counseling Center Inc	319-321 Main Street	Paterson	NJ	7505	\$493,255	\$377,756	\$99,314	\$0	\$115,499	\$0
101295	NJ101295	✓	Ocean County	Preferred Behavioral Health of NJ	700 Airport Road P.O. Box 2036	Lakewood	NJ	08701-1010	\$60,210	\$60,210	\$60,210	\$0	\$0	\$0
101308	NJ101308	X	Monmouth County	PREVENTION FIRST	1405 Highway 35	Ocean	NJ	7712	\$202,000	\$0	\$0	\$202,000	\$0	\$0
750802	NJ750802	X	Union County	Prevention Links Inc	35 Walnut Avenue Suite 17	Clark	NJ	7066	\$432,500	\$0	\$0	\$432,500	\$0	\$0
999031	NJ101823	X	03	PREVENTION PLUS OF BURLINGTON	1824 ROUTE 38 EAST	LUMBERTON	NJ	8048	\$448,000	\$0	\$0	\$448,000	\$0	\$0
750687	NJ750687	X	Morris County	Rescue Mission of Trenton	98 Carroll Street P.O. Box 790	Trenton	NJ	8605	\$247,951	\$247,951	\$0	\$0	\$0	\$0
1234	NJ104315	X	Middlesex County	RUTGERS THE STATE UNIV RBHS	100 JOYCE KILMER AVE	PISCATAWAY	NJ	8854	\$1,055,614	\$175,834	\$175,834	\$0	\$879,780	\$0
104315	NJ102934	X	Middlesex County	RUTGERS THE STATE UNIVERSITY OF NJ	33 Knightsbridge Road 2nd Fl East Wing	Piscataway	NJ	8854	\$77,894	\$0	\$0	\$77,894	\$0	\$0
100164	NJ301069	X	Ocean County	Seashore Family Services of New Jersey	35 Beaverson Boulevard Suite 6-A	Brick	NJ	8723	\$174,994	\$174,994	\$174,994	\$0	\$0	\$0
750612	NJ750612	X	Somerset County	Somerset Council on - Alcoholism and Drug Dependency Inc	34 West Main Street Suite 307	Somerville	NJ	8876	\$168,300	\$0	\$0	\$168,300	\$0	\$0
100693	NJ100693	X	Somerset County	Somerset Treatment Services	118 West End Avenue	Somerville	NJ	8876	\$205,725	\$157,125	\$21,590	\$0	\$48,600	\$0

100677	NJ100677	X	04	South Jersey Drug Treatment Center	162 Sunny Slope Drive, P.O. Box 867	Bridgeton	NJ	08302	\$188,639	\$163,477	\$0	\$0	\$25,162	\$0
306316	NJ306316	X	09	Spectrum Healthcare Inc	74-80 Pacific Avenue	Jersey City	NJ	7304	\$548,676	\$423,690	\$120,904	\$0	\$124,986	\$0
105072	NJ100095	X	01	St. Barnabas Health Care Inst. for Prevention	1695 US HIGHWAY 9	TOMS RIVER	NJ	8754	\$1,315,286	\$0	\$0	\$1,315,286	\$0	\$0
999074	NJ102679	X	Passaic County	STRAIGHT & NARROW INC	508 Straight Street, P.O. Box 2738	Paterson	NJ	07501	\$2,381,395	\$2,346,581	\$1,696,667	\$0	\$34,814	\$0
101830	NJ101830	X	02	The Center for Alcohol and - Drug Resource	241 Main Street	PARAMUS	NJ	7652	\$688,436	\$0	\$0	\$688,436	\$0	\$0
107771	NJ107771	X	Somerset County	THE CENTER FOR GREAT EXPECTATIONS	19 Dellwood Lane Suite B	Somerset	NJ	8873	\$196,452	\$196,452	\$196,452	\$0	\$0	\$0
102467	NJ102467	X	03	THE NEW HOPE FOUNDATION INC	80 Conover Road	Marlboro	NJ	7746	\$858,869	\$858,869	\$854,586	\$0	\$0	\$0
101309	NJ101309	X	06	THE SOUTHWEST COUNCIL INC.	1405 North Delsea Drive	Vineland	NJ	8360	\$940,400	\$0	\$0	\$940,400	\$0	\$0
750729	NJ750729	X	07	TURNING POINT INC	15 Bloomfield Avenue Suite 104	Verona	NJ	7044	\$3,150,916	\$3,150,916	\$500,977	\$0	\$0	\$0
100939	NJ100939	X	04	Urban Renewal Corp Sussex House	224 Sussex Avenue	CAMDEN	NJ	8102	\$870,881	\$592,656	\$13,389	\$189,094	\$89,131	\$0
103147	NJ103147	X	Middlesex County	VERITAS RECOVERY CENTER, LLC	540 Bordentown Ave	South Amboy	NJ	8879	\$5,280	\$5,280	\$0	\$0	\$0	\$0
371203	NJ102452	X	Passaic County	WAYNE COUNSELING CTR INC	1022 Hamburg Turnpike	Wayne	NJ	7470	\$201,300	\$0	\$0	\$201,300	\$0	\$0
101836	NJ101836	X	Passaic County	William Paterson University	300 Pompton Road	Wayne	NJ	7444	\$136,924	\$0	\$0	\$136,924	\$0	\$0
Total									\$40,025,092	\$26,403,325	\$6,149,577	\$11,218,529	\$2,403,238	\$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 for authorized activities to prevent and treat substance abuse 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: 07/01/2018 Expenditure Period End Date: 06/30/2019

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2017) + B2(2018)</u> 2 (C)
SFY 2017 (1)	\$101,664,469	
SFY 2018 (2)	\$122,158,062	\$111,911,266
SFY 2019 (3)	\$119,512,134	

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

SFY 2017 Yes X No
 SFY 2018 Yes No X
 SFY 2019 Yes No X

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: 6/1/2020

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

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

Footnotes:

MAINTENANCE OF EFFORT (MOE) CALCULATIONS FOR SFY 2019 SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT

This Attachment explains how the following four SAPT Maintenance of Effort expenditure entries are calculated:

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

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

It also summarizes the original procedures used to calculate the base amounts, which are the benchmarks against which current MOE expenditures are measured.

REQUIREMENTS for STATEWIDE MOE: 45 CFR Part § 96.134

The Secretary of the US Department of Health and Human Services (HHS) may make a Block Grant (BG) for a fiscal year only if the State involved submits to the Secretary information sufficient for the Secretary to make the determination required . . . which includes the dollar amount reflecting the aggregate State expenditures by the principal agency for authorized activities for the two State fiscal years preceding the fiscal year for which the State is applying for the grant. The base shall be calculated using Generally Accepted Accounting Principles and the composition of the base shall be applied consistently from year to year.

Methodology: Calculation of SAPT Statewide Maintenance of Effort (MOE)

New Jersey's SAPT BG MOE is defined as general revenue and State dollars administered by the Division of Mental Health and Addiction Services (DMHAS), the SSA, within the New Jersey Department of Human Services including the following Appropriations and transfer accounts:

100-054-7700-158, (046-4290-158) Funds transferred from NJ Administrative Office of the Courts posted into this account

100-054-7700-161, (046-4290-161) Substance Abuse Treatment for DCP&P/Work First Mothers

100-054-7700-162, (046-4290-162) Community Based Substance Abuse Treatment and Prevention – State Share

100-054-7700-163, (046-4290-163) Medication Assisted Treatment Initiative

100-054-7700-165, (046-4290-165) Mutual Agreement Parolee Rehabilitation Project for Substance Abusers

100-054-7700-172, (046-4290-172) Addiction Licensing Fees

100-054-7700-175, (046-4290-175) Health Services Group

100-054-7700-176, (046-4290-176) Alcohol Education Rehabilitation and Enforcement Fund (AEREF)

100-054-7700-177, (046-4290-177) Drug Enforcement and Demand Reduction Fund; Program for the Deaf and Disabled

100-054-7700-178, (046-4290-178) Drug Enforcement and Demand Reduction Fund; Partnership for a Drug-Free NJ

100-046-4290-210, On Campus Recovery Programs
100-046-4290-212, Recovery Coach Program
100-046-4290-214, Decreasing Sub-Exposed Infants
100-046-4290-215, Consumer Helpline
100-054-7700-220, EAI -SP Purpose
100-054-7700-232, Recovery Housing
100-054-7700-240, Naloxone Distribution
100-054-7700-243, SUD Workforce Credentialing
100-054-7700-245, HIT Part 2
100-054-7700-247, Substance Exposed Infants
760-054-7700-001, (4290-001) AEREF; funding for the Local Alcohol Authorities Expansion Program

Some State MOE expenditures occur via interagency Memoranda of Agreements (MOA) with other State agencies better positioned to administer certain program functions. Expenditures from the New Jersey Administrative Office of the Court (AOC) expenditures are posted to 100-054-7700-158 (046-4290-158); Department of Corrections (DOC) and the State Parole Board (SPB) expenditures are posted to 100-054-7700-165 (046-4290-165).

Expenditures related to the Intoxicated Driver Resources Center Fund (100-054-7700-175 (046-4290-175)), the Compulsive Gambling fund (100-054-7700-164 (046-4290-164)), the Racing Commission Fees (100-054-7700-173 (046-4290-173)) and Internet Gambling (100-054-7700-193 (046-4290-193)) continue to be expressly excluded from New Jersey's SAPT Statewide MOE calculation as per past practice. Also excluded are Department of Treasury expenditures for rent, fringe benefits, and indirect costs.

New Jersey's MOE calculation also does not include construction costs for Request for Proposal (RFP) awards. This conforms to 42.U.S.C.300x-3 (a) and 45.C.F.R.96.135 (a), (3) and (d) barring the use of grant funds for the purchase of land, construction costs or to permanently improve (other than minor remodeling) any building or any other facility, or to purchase major medical equipment.

Process to calculate New Jersey SAPT Statewide MOE

New Jersey's State Fiscal Year (SFY) begins July 1 and runs through June 30. Prior to the beginning of each SFY, budget planning occurs that includes the identification of available resources from the SAPT MOE related accounts. Calculations are performed to closely project the total funds on hand for State SAPT MOE costs. Consideration is given to any changes in direct appropriations, revisions to MOA and MOU agreements with other agencies, and financial recording methodologies that may impact the MOE calculation. The projections are updated on the DMHAS quarterly spending plan reports presented to the Department of Human Services (DHS) senior management.

Monitoring occurs periodically (at least quarterly) to ascertain whether actual expenditures are in line with projections. This analysis is based on Year-To-Date encumbrances, expenditures and budgeted line-item amounts. The analysis also includes discussions with program officials who are best-positioned to have knowledge of problems with sub-grantees, work-schedule delays, and other issues that are likely to affect MOE spending. When the projection is finished, program officials are apprised of expenditures, obligations, projected expenditure deficiencies and other information that may impact the State MOE obligations. Any projected MOE deficiency is further reported to the DMHAS Chief Financial Officer.

No sooner than one month following the close of New Jersey's State Fiscal Year, a report is created. It is based on transactions downloaded from New Jersey's Comprehensive Financial System (NJCFIS). An analysis to identify the allowability of all reported expenditures is conducted by the financial analyst responsible for the SAPT grant. Supporting backup documentation is compiled to support any needed adjustments that are identified. Adjustments may be required because any MOA reimbursement to DHS from another State agency will reduce the reimbursed DHS account by an amount equal to the reimbursement. The reimbursement distorts actual expenditures; the adjustment removes the distortion while correcting the total. Any required adjustment is reviewed by management who either approves, amends, or disapproves the adjustment which the analyst then includes or excludes from the report, whatever the case may be. The analyst notes any adjustment to the report. Reconciliation is performed to prove correctness of the report. After review and approval of the final report by management, the final figures are entered in the appropriate boxes of WEBbGAS Table 8a, Maintenance of Effort for State Expenditures.

DESCRIPTION OF THE AMOUNTS AND METHODS USED TO CALCULATE THE BASE AMOUNT FOR SERVICES TO PREGNANT WOMEN AND WOMEN WITH DEPENDENT CHILDREN (PW/WDC)

As first documented on page 23 of NJ's FFY 1995 SAPT Block Grant Application, the Division of Addiction Services (DAS), now the Division of Mental Health and Addiction Services (DMHAS), established \$2,752,187 in FFY 1992 for Alcohol Drug Abuse and Mental Health Services (ADMS) Block Grant funds as the revised base for FFY 1993 SAPT Block Grant expenditures for the provision of services for pregnant women and women with dependent children. This base was established by reviewing all grantees which were funded with FFY 1992 ADMS Block Grant funds, and which primarily provided treatment services designated for pregnant women and women with dependent children (PW/WDC). The review included both the actual amount of FFY 1992 ADMS Block Grant funds obligated/expended by each program, and the actual services provided by these grantees/entities consistent with guidelines specified in 45 CFR 96.124(e), i.e., primary medical care and referrals, child care, primary medical pediatrics, gender specific treatment, child care, interventions for children, case management and transportation, and simultaneous treatment for children.

The final base amount applicable to the FFY 1994 SAPT BG Award (and all subsequent awards) was calculated in the following manner:

1. Begin with the FFY 1992 PW/WDC expenditure base of \$2,752,187.
2. Calculate five percent of the FFY1993 SAPT BG award ($\$37,452,980 * 5\% = \$1,872,649$)
3. Sum 1992 base and Calculated amount to establish FFY-**1993 PW-WDC Base** ($\$2,752,187 + \$1,872,649 =$ **\$4,624,836**)
4. Calculate five percent of FFY-1994 SAPT BG award ($\$37,452,980 * 5\% = \$1,872,649$)
5. Sum 1993 Base and Calculated amount to establish FFY-**1994 PW-WDC Base** ($\$4,624,836 + \$1,872,649 =$ **\$6,497,485**).
6. The calculated amount of \$6,497,485 is the PW-WDC Base that shall be used in 1995 and all subsequent years.

7. The Base amount is prepopulated in Column A of WEBbGAS Table 8d.

Prior to FFY 2008, DAS reported only SAPT Block Grant expenditures expended from a single SAPT BG Award as the revenue source for meeting the PW/WDC MOE. In subsequent years, consistent with the implementing rule and emerging SAMHSA policy, DMHAS has utilized a mix of State and SAPT BG funds to report a complete calculation of expenditures comprising the PW/WDC expenditure requirement. Consistent with the operative instructions for Table 8d, DMHAS continues to report State and BG expenditures on a State Fiscal Year (SFY) basis, i.e. SFY 2019.

Pregnant Women and Women with Dependent Children MOE Funding

1. Prior to the beginning of each State Fiscal Year, available resources for PW-WDC MOE requirements are identified.
2. Total resources available for PW/WDC are calculated.
3. Changes in appropriation amounts, MOAs or MOUs with other state agencies are identified and analyzed. Their impact on the MOE is estimated.
4. Financial recording methodologies are analyzed and their impact is calculated.
5. A projection is prepared. It is reviewed by senior management.
6. Upon approval of the projection, the DMHAS quarterly spending plan reports is updated to reflect the projected amount.
7. PW/WDC expenditures are periodically monitored by the analyst responsible for the SAPT block grant to ensure MOE spending is consistent with meeting the MOE requirement.

At the conclusion of the SFY, a data report is generated by fund source and cost center to include PW/WDC costs. An MOE analysis is performed based on expenditures. New Jersey's PW/WDC MOE includes expenditures by DMHAS from both State and Federal SAPT BG dollars made during the prior 12-month SFY (7/1 through 6/30) time period. State accounts Include funds appropriated to DHS:

- Work First Mothers account (100-054-7700-161).
- SAPT BG PW/WDC account set aside funds (100-054-7700-168, 100-046-4290-168) with lower level organization codes 4221,4228.

The DMHAS combined SAPT Block Grant and State expenditures specifically includes funds classified and targeted to services for PW/WDC during SFY 2019, based on object codes to properly classify those expenditures. For SFY 2019, it totals \$7,425,987 as documented in Row B on Table 8d in Web BGAS.

III: Expenditure Reports

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

This table provides a report of all statewide, non-federal funds expended on specialized treatment and related services which meet the SABG requirements for pregnant women and women with dependent children during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2018 Expenditure Period End Date: 06/30/2019

Base

Period	Total Women's Base (A)
SFY 1994	\$ 6,497,485.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2017		\$ 7,412,426.00	
SFY 2018		\$ 7,104,031.00	
SFY 2019		\$ 7,425,987.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2020 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)): \$ 7400000.00

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).

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Footnotes:

Reports are run that account for Pregnant Women & Women with Dependent Children (PW-WDC) expenditures accumulated in Block Grant and New Jersey state appropriation accounts. These expenditures are combined and reported above as SFY 19 expenditures. These are actual expenditures.

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: 10/1/2016 Expenditure Period End Date: 9/30/2018

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of Persons with Substance Use Disorders	2. Education	
	1. Parenting and family management	9
	2. Ongoing classroom and/or small group sessions	11
	4. Education programs for youth groups	7
	5. Mentors	4
	3. Alternatives	
	1. Drug free dances and parties	6
Violent and delinquent behavior	2. Education	
	1. Parenting and family management	12
	2. Ongoing classroom and/or small group sessions	5
	5. Mentors	6
Mental health problems	1. Information Dissemination	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	9
	2. Education	
	2. Ongoing classroom and/or small group sessions	4
Economically disadvantaged	2. Education	
	1. Parenting and family management	12
	2. Ongoing classroom and/or small group sessions	5
Already using substances	2. Education	
	2. Ongoing classroom and/or small group sessions	3
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	3
Homeless and/or runaway youth	2. Education	
	2. Ongoing classroom and/or small group sessions	1

	3. Alternatives	
	1. Drug free dances and parties	5
	2. Youth/adult leadership activities	4
	3. Community drop-in centers	3
	6. Recreation activities	12
18 to 25 year olds statewide	6. Environmental	
	5. Enactment of municipal ordinances, merchant education, beverage server trainings	21

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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: 7/1/2018 Expenditure Period End Date: 6/30/2019

Level of Care	Number of Admissions \geq Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	144	141			
2. Free-Standing Residential	9550	7514			
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	1234	1106			
4. Short-term (up to 30 days)	6936	6061			
5. Long-term (over 30 days)	7245	5801			
AMBULATORY (OUTPATIENT)					
6. Outpatient	21269	19442			
7. Intensive Outpatient	18759	15662			
8. Detoxification	320	301			
MEDICATION-ASSISTED TREATMENT					
9. Medication-Assisted Treatment	19125	13036			

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Footnotes:

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 and persons for services funded through the SABG.

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	516	313	82	71	25	5	3	6	6	1	0	2	2			180	216	53	65
2. 18 - 24	4339	1579	1300	905	366	37	15	45	10	15	7	41	19			1866	742	970	331
3. 25 - 44	27867	11530	8958	4355	2036	230	89	177	55	123	30	158	126			12927	3525	7517	1403
4. 45 - 64	14041	4652	3923	3556	1598	103	21	44	13	54	12	43	22			6894	1464	3532	375
5. 65 and Over	778	285	161	237	75	6	1	4	2	5	0	2	0			460	76	156	6
6. Total	47541	18359	14424	9124	4100	381	129	276	86	198	49	246	169	0	0	22327	6023	12228	2180
7. Pregnant Women	856		631		207		8		1		4		5				679		172
Number of persons served who were admitted in a period prior to the 12 month reporting period		30781																	
Number of persons served outside of the levels of care described on Table 10		80																	

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

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Footnotes:

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

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1.	Number of SAPT HIV EIS programs funded in the State	Statewide: <u>26</u> Rural: <u>1</u>
2.	Total number of individuals tested through SAPT HIV EIS funded programs	4612
3.	Total number of HIV tests conducted with SAPT HIV EIS funds	4670
4.	Total number of tests that were positive for HIV	37
5.	Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection	8
6.	Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period	8

Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:

- Many licensed substance use disorder treatment programs in NJ coordinate with the NJ Department of Health, Division of HIV/AIDS, STDs and Tuberculosis Services (DHSTS) testing agencies to have them provide testing through DHSTS mobile units that go out to their programs on a weekly basis which, in turn, hinders the increase of numbers of testing specifically by the licensed substance use disorder treatment programs. In other words, individuals in substance use disorder treatment are being tested, but not always directly by the substance use disorder treatment programs.
- In order to conduct Rapid HIV Testing in New Jersey, all State licensed substance abuse treatment programs are required to provide a bioanalytical laboratory director and training competency assessment of testing personnel, testing policies and procedures consistent with what has been put in place for the NJ Department of Health's DHSTS. This has proven to be a barrier for some of the State's licensed substance abuse treatment programs since they do not have this ability.
- Portion of the HIV Set Aside Requirement through the Block Grant ended on September 30, 2019.

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Footnotes:

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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: 7/1/2018 Expenditure Period End Date: 6/30/2019

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.

There were no additional trainings provided to local government and faith-based and community organizations on these requirements for SFY 2019. In March 2013, all DMHAS addictions providers received correspondence indicating the Division's intent to monitor the provisions of the Charitable Choice Act. The correspondence included the model notice and the Charitable Choice law. In addition to the questionnaire portion of the annual site visit monitoring form (the form is sent to the agency prior to the review period and requires the agency to identify if they are, or are not faith-based in their approach to substance abuse treatment), all providers are required to submit quarterly referral logs to the Program Management Officers of the Contract Monitoring Unit in the event the agency receives a referral or request for transfer. In addition, the Program Management Officers of the Contract Monitoring Unit are required to complete an annual site visit to all of the contracted agencies. During the annual site visit, the Program Management Officers ask direct questions to executive staff members present at the opening interview pertaining to Charitable Choice referrals. The responses are recorded and documented in the annual site visit report. There were 0 Charitable Choice referrals for SFY 2019.

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Footnotes:

IV: Population and Services Reports

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	613	561
Total number of clients with non-missing values on employment/student status [denominator]	6,388	6,388
Percent of clients employed or student (full-time and part-time)	9.6 %	8.8 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		8,830
Number of CY 2018 discharges submitted:		8,488
Number of CY 2018 discharges linked to an admission:		6,741
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		6,509
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		6,388

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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]	513	1,397
Total number of clients with non-missing values on employment/student status [denominator]	5,519	5,519
Percent of clients employed or student (full-time and part-time)	9.3 %	25.3 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		6,787
Number of CY 2018 discharges submitted:		6,599
Number of CY 2018 discharges linked to an admission:		6,272
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,629

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	5,519
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Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
 [Records received through 2/1/2020]

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]	10,776	12,530
Total number of clients with non-missing values on employment/student status [denominator]	19,387	19,387
Percent of clients employed or student (full-time and part-time)	55.6 %	64.6 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		34,307
Number of CY 2018 discharges submitted:		33,491
Number of CY 2018 discharges linked to an admission:		26,397
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		19,768
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		19,387

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
 [Records received through 2/1/2020]

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]	5,041	7,171
Total number of clients with non-missing values on employment/student status [denominator]	16,150	16,150
Percent of clients employed or student (full-time and part-time)	31.2 %	44.4 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		28,532
Number of CY 2018 discharges submitted:		28,251
Number of CY 2018 discharges linked to an admission:		20,772
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		16,630

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):

16,150

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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

Footnotes:

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

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]	5,225	5,886
Total number of clients with non-missing values on living arrangements [denominator]	6,392	6,392
Percent of clients in stable living situation	81.7 %	92.1 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		8,830
Number of CY 2018 discharges submitted:		8,488
Number of CY 2018 discharges linked to an admission:		6,741
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		6,509
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		6,392

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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]	4,831	4,949
Total number of clients with non-missing values on living arrangements [denominator]	5,523	5,523
Percent of clients in stable living situation	87.5 %	89.6 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		6,787
Number of CY 2018 discharges submitted:		6,599
Number of CY 2018 discharges linked to an admission:		6,272
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,629
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		5,523

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]	18,888	19,061
Total number of clients with non-missing values on living arrangements [denominator]	19,388	19,388
Percent of clients in stable living situation	97.4 %	98.3 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		34,307
Number of CY 2018 discharges submitted:		33,491
Number of CY 2018 discharges linked to an admission:		26,397
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		19,768
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		19,388

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]	15,297	15,577
Total number of clients with non-missing values on living arrangements [denominator]	16,152	16,152
Percent of clients in stable living situation	94.7 %	96.4 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		28,532
Number of CY 2018 discharges submitted:		28,251
Number of CY 2018 discharges linked to an admission:		20,772
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		16,630
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		16,152

Footnotes:

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	5,585	6,226
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	6,398	6,398
Percent of clients without arrests	87.3 %	97.3 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		8,830
Number of CY 2018 discharges submitted:		8,488
Number of CY 2018 discharges linked to an admission:		6,741
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		6,519
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		6,398

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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]	5,186	5,441
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	5,639	5,639
Percent of clients without arrests	92.0 %	96.5 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		6,787
Number of CY 2018 discharges submitted:		6,599
Number of CY 2018 discharges linked to an admission:		6,272
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,750

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	5,639
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Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
 [Records received through 2/1/2020]

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]	19,249	19,123
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	19,876	19,876
Percent of clients without arrests	96.8 %	96.2 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		34,307
Number of CY 2018 discharges submitted:		33,491
Number of CY 2018 discharges linked to an admission:		26,397
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		20,261
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		19,876

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
 [Records received through 2/1/2020]

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]	15,853	15,862
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	16,765	16,765
Percent of clients without arrests	94.6 %	94.6 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		28,532
Number of CY 2018 discharges submitted:		28,251
Number of CY 2018 discharges linked to an admission:		20,772
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		17,247

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):

16,765

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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

Footnotes:

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	4,138	6,184
All clients with non-missing values on at least one substance/frequency of use [denominator]	6,187	6,187
Percent of clients abstinent from alcohol	66.9 %	100.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		2,046
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,049	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		99.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		4,138
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,138	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	8,830
Number of CY 2018 discharges submitted:	8,488
Number of CY 2018 discharges linked to an admission:	6,741
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	6,519
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	6,187

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	3,716	4,636
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,691	4,691
Percent of clients abstinent from alcohol	79.2 %	98.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		961
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	975	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		98.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		3,675
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,716	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.9 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	6,787
Number of CY 2018 discharges submitted:	6,599
Number of CY 2018 discharges linked to an admission:	6,272
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,750
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	4,691

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	10,218	13,128
All clients with non-missing values on at least one substance/frequency of use [denominator]	14,432	14,432
Percent of clients abstinent from alcohol	70.8 %	91.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		3,510
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,214	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		83.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		9,618
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	10,218	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.1 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	34,307
Number of CY 2018 discharges submitted:	33,491
Number of CY 2018 discharges linked to an admission:	26,397
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	20,261
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	14,432

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]**Intensive Outpatient (IO)****A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	8,021	9,634
All clients with non-missing values on at least one substance/frequency of use [denominator]	11,089	11,089
Percent of clients abstinent from alcohol	72.3 %	86.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		2,127
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,068	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		69.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		7,507
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	8,021	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.6 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	28,532
Number of CY 2018 discharges submitted:	28,251
Number of CY 2018 discharges linked to an admission:	20,772
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	17,247
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	11,089

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file [Records received through 2/1/2020]

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

Footnotes:

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,203	6,151
All clients with non-missing values on at least one substance/frequency of use [denominator]	6,187	6,187
Percent of clients abstinent from drugs	19.4 %	99.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		4,950
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,984	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		99.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,201
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,203	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		99.8 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	8,830
Number of CY 2018 discharges submitted:	8,488
Number of CY 2018 discharges linked to an admission:	6,741
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	6,519
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	6,187

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	2,404	4,429
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,691	4,691
Percent of clients abstinent from drugs	51.2 %	94.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		2,175
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,287	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		95.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2,254
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,404	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		93.8 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	6,787
Number of CY 2018 discharges submitted:	6,599
Number of CY 2018 discharges linked to an admission:	6,272
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,750
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	4,691

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	10,163	12,072
All clients with non-missing values on at least one substance/frequency of use [denominator]	14,432	14,432
Percent of clients abstinent from drugs	70.4 %	83.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		2,845
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,269	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		66.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		9,227
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	10,163	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		90.8 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	34,307
Number of CY 2018 discharges submitted:	33,491
Number of CY 2018 discharges linked to an admission:	26,397
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	20,261
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	14,432

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	5,722	7,812
All clients with non-missing values on at least one substance/frequency of use [denominator]	11,089	11,089
Percent of clients abstinent from drugs	51.6 %	70.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		2,978
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,367	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		55.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		4,834
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,722	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		84.5 %

Notes (for this level of care):

Number of CY 2018 admissions submitted:	28,532
Number of CY 2018 discharges submitted:	28,251
Number of CY 2018 discharges linked to an admission:	20,772
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	17,247
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	11,089

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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

Footnotes:

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

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]	1,742	3,726
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	3,775	3,775
Percent of clients participating in self-help groups	46.1 %	98.7 %
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]	52.6 %	
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		8,830
Number of CY 2018 discharges submitted:		8,488
Number of CY 2018 discharges linked to an admission:		6,741
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		6,519
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		3,775

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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]	1,545	2,992
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	3,052	3,052
Percent of clients participating in self-help groups	50.6 %	98.0 %
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]	47.4 %	
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		6,787
Number of CY 2018 discharges submitted:		6,599

Number of CY 2018 discharges linked to an admission:	6,272
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,750
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	3,052

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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]	3,769	4,566
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	9,364	9,364
Percent of clients participating in self-help groups	40.2 %	48.8 %
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]	8.5 %	

Notes (for this level of care):

Number of CY 2018 admissions submitted:	34,307
Number of CY 2018 discharges submitted:	33,491
Number of CY 2018 discharges linked to an admission:	26,397
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	20,261
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	9,364

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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]	3,470	4,605
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	7,698	7,698
Percent of clients participating in self-help groups	45.1 %	59.8 %
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]	14.7 %	

Notes (for this level of care):

Number of CY 2018 admissions submitted:	28,532
---	--------

Number of CY 2018 discharges submitted:	28,251
Number of CY 2018 discharges linked to an admission:	20,772
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	17,247
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	7,698

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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IV: Population and Services Reports

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

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	4	3	3	3
2. Free-Standing Residential	8	4	5	7
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	10	10	10	10
4. Short-term (up to 30 days)	19	9	14	27
5. Long-term (over 30 days)	96	22	89	147
AMBULATORY (OUTPATIENT)				
6. Outpatient	121	50	92	141
7. Intensive Outpatient	87	31	62	104
8. Detoxification	24	7	11	29
MEDICATION-ASSISTED TREATMENT				
9. Medication-Assisted Treatment				

Level of Care	2018 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	142	97
2. Free-Standing Residential	9728	5960
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	5	1
4. Short-term (up to 30 days)	8488	6741
5. Long-term (over 30 days)	6599	6272

AMBULATORY (OUTPATIENT)		
6. Outpatient	33491	20316
7. Intensive Outpatient	28251	20772
8. Detoxification	635	63
MEDICATION-ASSISTED TREATMENT		
9. Medication-Assisted Treatment		

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file

[Records received through 2/1/2020]

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 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.

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 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 Outpatient includes outpatient and intensive outpatient services/settings.

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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	<p>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.]</p> <p>Outcome Reported: Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2016 - 2017	22.2	
	Age 21+ - CY 2016 - 2017	57.6	
2. 30-day Cigarette Use	<p>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.]</p> <p>Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2016 - 2017	1.7	
	Age 18+ - CY 2016 - 2017	18.9	
3. 30-day Use of Other Tobacco Products	<p>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.]</p> <p>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).</p>		
	Age 12 - 17 - CY 2016 - 2017	2.7	
	Age 18+ - CY 2016 - 2017	6.7	
4. 30-day Use of Marijuana	<p>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.]</p> <p>Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2016 - 2017	4.2	
	Age 18+ - CY 2016 - 2017	7.1	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p>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]</p> <p>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).</p>		
	Age 12 - 17 - CY 2016 - 2017	1.5	

	Age 18+ - CY 2016 - 2017	2.3	
--	--------------------------	-----	--

[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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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	<p>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.</p>		
	Age 12 - 20 - CY 2016 - 2017	78.4	
	Age 21+ - CY 2016 - 2017	83.4	
2. Perception of Risk From Cigarettes	<p>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.</p>		
	Age 12 - 17 - CY 2016 - 2017	92.6	
	Age 18+ - CY 2016 - 2017	93.7	
3. Perception of Risk From Marijuana	<p>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.</p>		
	Age 12 - 17 - CY 2016 - 2017	70.0	
	Age 18+ - CY 2016 - 2017	61.2	

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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	<p>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.]</p> <p>Outcome Reported: Average age at first use of alcohol.</p>		
	Age 12 - 20 - CY 2016 - 2017	15.2	
	Age 21+ - CY 2016 - 2017		
2. Age at First Use of Cigarettes	<p>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.]</p> <p>Outcome Reported: Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2016 - 2017	13.5	
	Age 18+ - CY 2016 - 2017	16.3	
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p>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.]</p> <p>Outcome Reported: Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2016 - 2017	14.5	
	Age 18+ - CY 2016 - 2017	23.0	
4. Age at First Use of Marijuana or Hashish	<p>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.]</p> <p>Outcome Reported: Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2016 - 2017	14.8	
	Age 18+ - CY 2016 - 2017	18.1	
5. Age at First Use Heroin	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of heroin.</p>		
	Age 12 - 17 - CY 2016 - 2017		
	Age 18+ - CY 2016 - 2017		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<p>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.]</p> <p>Outcome Reported: Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.</p>		

	Age 12 - 17 - CY 2016 - 2017		
	Age 18+ - CY 2016 - 2017		

[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	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2016 - 2017	95.3	
2. Perception of Peer Disapproval of Cigarettes	<p>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]"</p> <p>Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2016 - 2017	92.9	
3. Disapproval of Using Marijuana Experimentally	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2016 - 2017	80.1	
4. Disapproval of Using Marijuana Regularly	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2016 - 2017	81.5	
5. Disapproval of Alcohol	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2016 - 2017		

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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	<p>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]"</p> <p>Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 15 - 17 - CY 2016 - 2017	24.7	
	Age 18+ - CY 2016 - 2017	27.2	

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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	<p>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.</p> <p>Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2016	94.9	

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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	<p>Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System</p> <p>Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.</p>		
	CY 2017	26.4	

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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 2017	30.7	

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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)	<p>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]"</p> <p>Outcome Reported: Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2016 - 2017	62.4	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p>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]"</p> <p>Outcome Reported: Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2016 - 2017	90.3	

[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 2016 - 2017	91.0	

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context
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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	1/1/2017	12/31/2017
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies? Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2017	12/31/2017
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	1/1/2017	12/31/2017
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	1/1/2017	12/31/2017
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	10/1/2016	9/30/2018

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).

New Jersey's web-based Prevention Outcomes Management System (POMS) and manual process

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

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

Those participants are only included in the more than one race category.

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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	136560
0-4	7662
5-11	62798
12-14	19400
15-17	14229
18-20	4460
21-24	2586
25-44	16560
45-64	4378
65 and over	4487
Age Not Known	0
B. Gender	136560
Male	62818
Female	73742
Gender Not Known	0
C. Race	136560
White	49162
Black or African American	35838
Native Hawaiian/Other Pacific Islander	123
Asian	5736
American Indian/Alaska Native	137
More Than One Race (not OMB required)	7647

Race Not Known or Other (not OMB required)	37917
D. Ethnicity	136560
Hispanic or Latino	31408
Not Hispanic or Latino	105152
Ethnicity Unknown	0

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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	412300
0-4	7300
5-11	41000
12-14	92500
15-17	69300
18-20	43450
21-24	30000
25-44	79500
45-64	42050
65 and over	7200
Age Not Known	0
B. Gender	412300
Male	202027
Female	210273
Gender Not Known	0
C. Race	412300
White	226765
Black or African American	92214
Native Hawaiian/Other Pacific Islander	185
Asian	37107
American Indian/Alaska Native	240
More Than One Race (not OMB required)	24738

Race Not Known or Other (not OMB required)	31051
D. Ethnicity	412300
Hispanic or Latino	127813
Not Hispanic or Latino	284487
Ethnicity Unknown	0

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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	103786	N/A
2. Universal Indirect	N/A	412300
3. Selective	18497	N/A
4. Indicated	14277	N/A
5. Total	136560	412300

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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.

All prevention programs and strategies must meet at least one of the criteria above.

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

Contracts with funded agencies and coalitions specify the program or strategy being used.

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	12	6	18	13	6	37
2. Total number of Programs and Strategies Funded	12	6	18	13	6	37
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %

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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 # 12	\$ 2561980.00
Universal Indirect	Total # 6	\$ 4099171.00
Selective	Total # 13	\$ 3842976.00
Indicated	Total # 6	\$ 2305783.00
Unspecified	Total # 0	\$ 0.00
	Total EBPs: 37	Total Dollars Spent: \$12809910.00

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Prevention Attachments

Submission Uploads

FFY 2020 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2020 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2020 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2020 Prevention Attachment Category D:		
File	Version	Date Added

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