

# **State of Delaware**

## **FFY 2013 Combined Behavioral Health Services Implementation Report**

**November, 2013**



Delaware Department of Health and Social Services

Division of Substance Abuse and Mental Health

1901 North DuPont Highway

New Castle, Delaware 19720

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## I: State Information

### State Information

#### State DUNS Number

Number

1133446633

Expiration Date

#### I. State Agency to be the Grantee for the Block Grant

Agency Name

Delaware Health & Social Services

Organizational Unit

Division of Substance Abuse and Mental Health

Mailing Address

1901 N. Dupont HWY Main Administration Building

City

New Castle

Zip Code

19720

#### II. Contact Person for the Grantee of the Block Grant

First Name

Kevin

Last Name

Huckshorn

Agency Name

Division of Substance Abuse and Mental Health

Mailing Address

1901 N. Dupont HWY Main Administration Building

City

New Castle

Zip Code

19720

Telephone

302-255-9358

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#### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From

7/1/2012

To

6/30/2013

#### IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date

Revision Date

V. Contact Person Responsible for Application Submission

First Name

Cliffvon

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Footnotes:

Draft

## II: Annual Report

Table 1 - State Priorities

Number	Title	Description
1	Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.	Consumers throughout Delaware's behavioral health system become the focus of a service system that is designed to provide person-centered services throughout.
2	Ensure access to effective culturally and linguistically competent services for underserved populations including Tribes, racial and ethnic minorities, and LBGTO individuals	Consumers throughout Delaware's behavioral health system will have access to a system of care that is culturally and linguistically competent.
3	Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.	Consumers throughout Delaware's behavioral health system receive services in a manner that promotes hope, recovery, and resiliency and community integration as components to their recovery planning process.
4	Increased accountability for behavioral health services through uniform reporting on access, quality, and outcomes of services.	Delaware's behavioral health system agencies employ increased accountability standards for behavioral health services through uniform reporting on access, quality, and outcomes of services.
5	Prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.	Delaware's behavioral health system agencies and provider organizations provide services to prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.
6	Conduct outreach to encourage individuals injecting or using illicit and/or licit drugs to seek and receive treatment.	Delaware's behavioral health system agencies and provider organizations conduct outreach to encourage individuals injecting or using illicit and/or licit drugs to seek and receive treatment.
7	Provide HIV prevention as early intervention services at the sites at which individuals receive substance use disorder treatment services.	Delaware's behavioral health system agencies and provider organizations provide HIV prevention as early intervention services at the sites at which individuals receive substance use disorder treatment services.
8	Increased accountability for prevention, early identification, treatment and recovery support activities through uniform reporting regarding substance use and abstinence, criminal justice involvement, education, employment, housing, and recovery supp	Delaware's behavioral health system agencies and provider organizations employ increased accountability standards for prevention, early identification, treatment and recovery support activities through uniform reporting regarding substance use and abstinence, criminal justice involvement, education, employment, housing, and recovery support services.
9	Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.	Delaware's behavioral health system agencies and provider organizations ensure access to a comprehensive system of care, including education, employment housing, case management, rehabilitation, dental services, and health services, as well as behavioral health services and supports.

footnote:

## II: Annual Report

Table 2 - Priority Area by Goal, Strategy, and Performance Indicator

Priority:	Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.
Goal of the priority area:	Ensure that the service providers contracted through DPH for HIV Early Intervention Services submit the required reporting information for FY12 performance indicators.
Strategies to attain the goal:	Work with DPH to collect data from the contracted service providers for HIV early intervention services, that is required for the FY12 reporting requirements. Specifically number of persons tested, referred to care, number of HIV positives, etc.
<b>Annual Performance Indicators to measure goal success</b>	
Indicator:	Collection and monitoring of performance reporting requirements for the annual FY12 SAPT BG report.
Description of Collecting and Measuring Changes in Performance Indicator:	Number of programs funded with SAPT funds in the state. Number of persons tested. Number of tests conducted. Number of persons testing positive and referred for treatment. Number of persons who did not know they were positive for HIV prior to FY12. Identify barriers, including state laws and regulations that allow for HIV testing services.
Achieved:	N/A
Proposed Changes:	

Reason Not Achieved:

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Ensure treatment and recovery support agencies are versed on referral and access to other health and social services available to substance abuse clients.

Strategies to attain the goal:

Work with provider agencies to determine their current level of knowledge on sister agency services. Coordinate educational opportunities and outreach material to service providers for other agency services. Incorporate referral and outreach services for other health and support service agencies into service provider contracts

Annual Performance Indicators to measure goal success

Indicator: 100% of all provider agencies currently licensed to provide substance abuse treatment services (50 in Fy2011) are educated on referral and access to other health and social services available to their clients.

Description of Collecting and Measuring Changes in Performance Indicator:

Identify service providers currently licensed to provide substance abuse treatment by the State of Delaware. Survey substance abuse and treatment service providers for current capacity for referral and access to other health and social services; track participation of provider representatives in educational opportunities; survey substance abuse and treatment service providers for capacity for referral and access to other health and social services at the end of the project period.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Hire 24 Peer Specialist

Strategies to attain the goal:

#### Implementation Strategies

Teach families skills and strategies for better supporting their family members' treatment and recovery in the community. Supports include training on identifying a crisis and connecting people in crisis to services, as well as education about mental illness and about available ongoing community-based services.

Family supports can be provided in individual and group settings.

Peer supports are services delivered by trained individuals who have personal experience with mental illness and recovery to help people develop skills, in managing and coping with symptoms of illness, self-advocacy identifying and using natural supports.

Peer supports can be provided in individual and group settings, in person or by phone.

- By July 1, 2012 the State will provide family or peer supports to 250 individuals per year.
- By July 1, 2013 the State will provide family or peer supports to 250 additional individuals per year.

#### Annual Performance Indicators to measure goal success

Indicator: Increase family or peer supports to serve 500 individuals

Description of Collecting and Measuring Changes in Performance Indicator:

Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131•12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the Parties intend that the principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and services to support individuals at risk of institutionalization are achieved.

As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction over the agreement.

The fore stated goal was established within the agreement and will be evaluated at least twice annually with its findings recorded in a report submitted to the Parties and the Court as comprehensive public report on the State's compliance including recommendations, if any, to facilitate or sustain compliance.

Measure:

DSAMH MIS databases will be used to substantiate progress towards the goal and activities listed above.

Achieved: Yes

Proposed Changes:

[Empty text box for proposed changes]

Reason Not Achieved:

[Empty text box for reason not achieved]

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Increase by 1% the number of consumers who respond positively to questions on the Consumer Satisfaction Survey regarding their role in setting goals and treatment strategies

Strategies to attain the goal:

- Evaluate the annual Consumer Satisfaction Survey to determine changes in those measures that reflect consumers as managing partners.
- Provide a variety of trainings to staff, contractor organizations and consumers that focus on recovery and the consumers' role in recovery.
- Infuse, through a focused clinical supervision program in each of the CMHCs, the concept of recovery, consumer strength focused treatment and outcomes.

Annual Performance Indicators to measure goal success

Indicator: The percentage of consumers receiving community-based services who actively participate in their own treatment planning.

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS) administered Consumer Satisfaction Survey (CSS).

Measure:

Numerator: Number of survey participants reporting active involvement in treatment planning. Denominator: Total valid responses on customer satisfaction survey items. Specific items include consumer comfort with asking questions about treatment and consumer determination of their own treatment goals.

Achieved: No

Proposed Changes:

This objective missed the intended performance goal by 3%. It is possible that this performance measure will actually be achieved once all collected data has been recorded in the system. To combat this issue in future years, DSAMH is taking necessary steps to ensure that FY' data will be collected and entered by the middle of November annually. These steps include, but are not limited to:

- Employing additional staff to administer the CSS at service sites.
- Starting the data collection process earlier.
- Requesting provider sites make adjustments to access schedules to permit an increased ease of access for surveyors.

Reason Not Achieved:

This performance measure is tracked and recorded via the Division of Substance Abuse & Mental Health's (DSAMH) Consumers Satisfaction Survey (CSS). At the time of this report 100% of the State's FY2013 data has been collected, but only 80% of the data has been entered into the database for analysis. It is anticipated that the full entry of data will be complete by December 10th, 2013. This report is due in advance of that date. At the present, DSAMH is reporting that this performance measure has not been achieved because that is what is reflected by the available data.

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Increase by 1% those consumers responding positively to the consumer satisfaction survey regarding satisfaction with the type, location, frequency, timeliness, and level of services.

Strategies to attain the goal:

Implementation Strategies:

- Develop clinic procedures that reflect the organization and philosophy of the Division's redesigned CMH clinic system.
- Develop clinic forms that streamline paperwork, support engagement of new clients and assist clinical and administrative staff in managing service delivery.
- Continue the use of the LOCUS criteria throughout the clinic system and integrate this tool into the clinic service operations.
- As a part of the Division's Technology Plan, select a vendor for MIS supports required by clinic staff to support clinical and administrative activities.
- Refine performance outcome measures for clinic services; begin collecting data to establish a performance base line for clinic services.
- Implement a statewide clinical supervision program.
- Expand the role of the RN in clinics to include the provision of a wide range of educational services including forums about primary health concerns, sexually transmitted diseases, nutritional awareness classes, etc. The goal is to provide consumers and their families with more general medical and nutritional information that can directly influence the consumer's quality of life.

Annual Performance Indicators to measure goal success

Indicator: The percentage of consumers responding positively to the Division's Consumer Satisfaction Survey on questions regarding satisfaction with the type, location, frequency, timeliness, and level of services.

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS) administered Consumer Satisfaction Survey (CSS).

Measure:  
Numerator: # surveys who marked  
"agree" or "strongly agree" on specific items.

Denominator: Total valid responses  
on consumer satisfaction survey items

Achieved: No

Proposed Changes:

This objective missed the intended performance goal by 1%. It is possible that this performance measure will actually be achieved once all collected data has been recorded in the system. To combat this issue in future years, DSAMH is taking necessary steps to ensure that FY' data will be collected and entered by the middle of November annually. These steps include, but are not limited to:

- Employing additional staff to administer the CSS at service sites.
- Starting the data collection process earlier.
- Requesting provider sites make adjustments to access schedules to permit an increased ease of access for surveyors.

Reason Not Achieved:

This performance measure is tracked and recorded via the Division of Substance Abuse & Mental Health's (DSAMH) Consumers Satisfaction Survey (CSS). At the time of this report 100% of the State's FY2013 data has been collected, but only 80% of the data has been entered into the database for analysis. It is anticipated that the full entry of data will be complete by December 10th, 2013. This report is due in advance of that date. At the present, DSAMH is reporting that this performance measure has not been achieved because that is what is reflected by the available data.

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Increase by 1% those individuals responding positively in the Consumer Satisfaction Survey to the summary question categories regarding access, quality, appropriateness, participation in treatment planning, and overall adequacy of services provided.

Strategies to attain the goal:

Implementation Strategies:

- Continue to implement the functions of the centralized Eligibility and Enrollment Unit (EEU) as a single portal for eligibility determination/re-determination for DSAMH long-term mental health and substance abuse programs; integrating the LOCUS level of need criteria into the eligibility and re-determination process; and

conducting utilization review of individuals receiving services in the Division's high intensity community-based programs.

- Continue to monitor the implementation of LOCUS within the Division's intensive community programs to ensure its use in assessing need and determining need-focused programmatic supports;
- Implement and routinely use both the LOCUS and the Addiction Severity Index (ASI) assessment in the community mental health centers.

#### Annual Performance Indicators to measure goal success

Indicator: Percentage of consumers reporting positively regarding perception of care.

#### Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS) administered Consumer Satisfaction Survey (CSS).

Measure:

Measure: Percentage survey participants reporting satisfaction with outcomes.

Numerator: # surveys who marked "agree" or "strongly agree" on specific items.

Denominator: Total valid responses on consumer satisfaction survey items.

Achieved: No

#### Proposed Changes:

This objective missed the intended performance goal by 1%. It is possible that this performance measure will actually be achieved once all collected data has been recorded in the system. To combat this issue in future years, DSAMH is taking necessary steps to ensure that FY' data will be collected and entered by the middle of November annually. These steps include, but are not limited to:

- Employing additional staff to administer the CSS at service sites.
- Starting the data collection process earlier.
- Requesting provider sites make adjustments to access schedules to permit an increased ease of access for surveyors.

#### Reason Not Achieved:

This performance measure is tracked and recorded via the Division of Substance Abuse & Mental Health's (DSAMH) Consumers Satisfaction Survey (CSS). At the time of this report 100% of the State's FY2013 data has been collected, but only 80% of the data has been entered into the database for analysis. It is anticipated that the full entry of data will be complete by December 10th, 2013. This report is due in advance of that date. At the present, DSAMH is reporting that this performance measure has not been achieved because that is what is reflected by the available data.

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-

centered planning, and self direction of their services and supports.

Goal of the priority area:

Increase the number of consumers responding positively about level of functioning by 2%

Strategies to attain the goal:

\*\*\*\*NEED DATA\*\*\*\*

Annual Performance Indicators to measure goal success

Indicator: Percentage of consumers who are satisfied with their level of functioning.

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS) administered Consumer Satisfaction Survey (CSS).

Measure:

Numerator: Number of surveys marked "agree or "strongly agree" on specific items relative to level of functioning

Denominator: Total number of consumers that complete the survey

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Increase the number of consumers responding positively about social supports/social connectedness by 2%

Strategies to attain the goal:

\*\*\*\*\*NEED DATA\*\*\*\*\*

Annual Performance Indicators to measure goal success

Indicator: Positive responses regarding social supports/social connectedness

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via DSAMH Management Information System (MIS), Consumer Status Survey (CSS)

Measure:

Numerator: Persons reporting satisfaction with their level of social supports/social connectedness

Denominator: Total number of consumers that complete the survey

Achieved: No

Proposed Changes:

This objective missed the intended performance goal by 2%. It is possible that this performance measure will actually be achieved once all collected data has been recorded in the system. To combat this issue in future years, DSAMH is taking necessary steps to ensure that FY' data will be collected and entered by the middle of November annually. These steps include, but are not limited to:

- Employing additional staff to administer the CSS at service sites.
- Starting the data collection process earlier.
- Requesting provider sites make adjustments to access schedules to permit an increased ease of access for surveyors.

Reason Not Achieved:

This performance measure is tracked and recorded via the Division of Substance Abuse & Mental Health's (DSAMH) Consumers Satisfaction Survey (CSS). At the time of this report 100% of the State's FY2013 data has been collected, but only 80% of the data has been entered into the database for analysis. It is anticipated that the full entry of data will be complete by December 10th, 2013. This report is due in advance of that date. At the present, DSAMH is reporting that this performance measure has not been achieved because that is what is reflected by the available data.

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Maintain 36% of children not re arrested in 2012 attendance

Strategies to attain the goal:

DPBHS has been following these measures as they develop. DCMHS has invested 50,000 last year alone to be able to report on SED/ Juvenile Justice Recidivism rate. Our Departments strategic plan contains a well-balanced combination of initiatives to transform our Juvenile justice system. Continuing to look into ways to report this indicator.

Annual Performance Indicators to measure goal success

Indicator: Decrease Criminal Justice Involvement (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Number of SED children involved in Juvenile Justice (1 arrested)  
Division of Youth Rehabilitation Services, FACTS System, Department of Education

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Support family/youth participation in the Advisory/Advocacy council, evaluation

Strategies to attain the goal:

Work with family organization to identify methods of increasing family participation across DPBHS programs and activities. Utilize lessons learned from teen client involvement in development of anti-stigma campaign to increase teen involvement in additional program and planning areas. Include family members in DPBHS evaluation projects, building on training from parent/support groups. Provide additional opportunities for DPBHS staff to learn from FF projects and collaborate in encouraging all families and youth to participate.

Annual Performance Indicators to measure goal success

Indicator: Recruit youth and family partnership at all levels annually

Description of Collecting and Measuring Changes in Performance Indicator:

Number of families participating in Advisory/Advocacy council/planning. CSMT reports, report from family organization, satisfaction survey re: involvement in planning, advisory council roster.

Achieved: No

Proposed Changes:

The Division of Prevention and Behavioral Health Services has created three family advocate positions. Currently one has been hired and the other two should be hired in 2014. Additionally, Delaware currently has a Federation of Families that works closely with the Division in identifying youth and families.

Reason Not Achieved:

We have not been able to recruit adults however we have been able to recruit and maintain youth to work with the Division. In-fact we have been able to send those youth to the CADCA youth leadership training.

Priority: Ensure access to effective culturally and linguistically competent services for underserved populations including Tribes, racial and ethnic minorities, and LBGTO individuals

Goal of the priority area:

Ensure cultural competency through all substance abuse prevention programs, policies, and practices to reduce health disparities among diverse populations related to substance abuse.

Strategies to attain the goal:

Work with the prevention community providers, both contracted and otherwise, to determine current level of knowledge on cultural competence as well as the level of cultural competence being implemented in their programs.

Engage faith based resources relevant for the community planning and service delivery of substance abuse prevention; Develop culturally competent training programs for faith based agencies, coalitions and staff of agencies providing services; Develop media campaign that promotes prevention strategies that are specific to the community needs; Work with colleges and universities to mentor and recruit bi-lingual students interested in providing substance abuse prevention services; Ensure that all prevention materials are available in multiple languages and multiple forms of communication as needed by the target group.

Annual Performance Indicators to measure goal success

Indicator: All contracted organizations and community prevention providers are educated on cultural competence to ensure community members have access to culturally sensitive programs/services.

Description of Collecting and Measuring Changes in Performance Indicator:

Survey substance abuse prevention service providers for level of knowledge attained during cultural competence trainings through pre- and post tests instruments; implement assessment surveys on a regular basis to providers implementing prevention surveys to assess the current level of cultural competence (semi-annually) and any changes in cultural sensitivity.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to effective culturally and linguistically competent services for underserved populations including Tribes, racial and ethnic minorities, and LBGTO individuals

Goal of the priority area:

To develop a relationship between (DSAMH) Single State Agency and the state recognized Delaware Nanticoke Indian Tribe.

Strategies to attain the goal:

Enhance communication and participation of the Tribe in our Delaware Prevention Advisory Committee (DPAC).

Annual Performance Indicators to measure goal success

Indicator: Dissemination of information regularly to the tribal contact on substance abuse and misuse. DSAMH will assist in identifying technical assistance opportunities and other resources.

Description of Collecting and Measuring Changes in Performance Indicator:

Number of communications with the Nanticoke Indian Tribe and the number of individuals in attendance at the DPAC meetings.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Goal of the priority area:

Establish (4) crisis apartments throughout the state

Strategies to attain the goal:

Implementation Strategies:

- Stabilize individuals as quickly as possible and assist them in returning to their pre-crisis level of functioning.

- Establish apartments where individuals experiencing a psychiatric crisis can stay, up to seven days to receive support in stabilization prior to returning home to the community.
- By July 1, 2012, the state will make operational two crisis apartments.
- By July 1, 2013, the state will make operational a minimum of two additional crisis apartments, ensuring that the four apartments total are spread throughout the state.

Annual Performance Indicators to measure goal success

Indicator: Establish 4 crisis apartments throughout the state

Description of Collecting and Measuring Changes in Performance Indicator:

Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131•12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the Parties intend that the principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and services to support individuals at risk of institutionalization are achieved.

As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction over the agreement.

The fore stated goal was established within the agreement and will be evaluated at least twice annually with its findings recorded in a report submitted to the Parties and the Court as comprehensive public report on the State's compliance including recommendations, if any, to facilitate or sustain compliance.

Measure:

State and local service provider databases pertinent to the data required to satisfy the adequate tracking of the information will be used to substantiate progress towards the goals and activities listed above.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Goal of the priority area:

Establish 2 Crisis walk-in clinics statewide

Strategies to attain the goal:

Implementation Activities:

In addition to the crisis walk-in center in New Castle County serving the northern region of the State, by July 1, 2012, the State will make best efforts to make operational one crisis walk-in center in Ellendale to serve the southern region of the State. The crisis center in Ellendale shall be operational no later than September 1, 2012.

Annual Performance Indicators to measure goal success

Indicator: Establish (2) Crisis walk-in clinics statewide

Description of Collecting and Measuring Changes in Performance Indicator:

Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131•12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the Parties intend that the principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and services to support individuals at risk of institutionalization are achieved.

As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction over the agreement.

The fore stated goal was established within the agreement and will be evaluated at least twice with its findings recorded in a report submitted to the Parties and the Court as comprehensive public report on the State's compliance including recommendations, if any, to

facilitate or sustain compliance.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Goal of the priority area:

Increase the number of individuals served in the DSAMH Mental Health System by 3%.

Strategies to attain the goal:

In Accordance with (State Strategic Goal #2: Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness)

Implementation Strategies: Continue to improve the CMHC front door screening and triage process to ensure that:

- The CMHCs continue to practice "open access" services regardless of individual need.
- Continue to expedite the Eligibility and Enrollment Unit (EEU) review for "carve out" services and meet the 3-day response time to individuals seeking these services.

Annual Performance Indicators to measure goal success

Indicator: Increased access to services

Description of Collecting and Measuring Changes in Performance Indicator:

Delaware Division of Substance Abuse and Mental Health (DSAMH) will collect data via the Management Information System (MIS) Consumer database (DAMART) and DSAMH Clinical Care Information System (CCIS).

The goal will be measured by the total number of all persons receiving services in programs provided or funded by DSAMH.

Achieved: No

Proposed Changes:

This objective missed the intended performance goal by 11%. It is possible that this performance measure will actually be achieved once all collected data has been recorded in the system. To combat this issue in future years, DSAMH is taking necessary steps to ensure that FY' data will be collected and entered by the middle of November annually. These steps include, but are not limited to:

- Employing additional staff to administer the CSS at service sites.
- Starting the data collection process earlier.
- Requesting provider sites make adjustments to access schedules to permit an increased ease of access for surveyors.

Reason Not Achieved:

This performance measure is tracked and recorded via the Division of Substance Abuse & Mental Health's (DSAMH) Consumers Satisfaction Survey (CSS). At the time of this report 100% of the State's FY2013 data has been collected, but only 80% of the data has been entered into the database for analysis. It is anticipated that the full entry of data will be complete by December 10th, 2013. This report is due in advance of that date. At the present, DSAMH is reporting that this performance measure has not been achieved because that is what is reflected by the available data.

Priority: Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Goal of the priority area:

Reduce the number of readmissions to the State psychiatric hospital within 180 days by .5%.

Strategies to attain the goal:

- Evaluate the annual Consumer Satisfaction Survey to determine changes in those measures that reflect consumers as managing partners.
- Provide a variety of trainings to staff, contractor organizations and consumers that focus on recovery and the consumers' role in recovery.
- Infuse, through a focused clinical supervision program in each of the CMHCs, the concept of recovery, consumer strength focused treatment and outcomes.
- Continue to strengthen the discharge planning process among all providers for individuals who are hospitalized.
- Increase medication and treatment continuity between hospital and community providers through physician-to-physician contacts.
- Continue the role of the DSAMH Crisis programs in evaluating individuals for inpatient and seeking community alternatives.
- Support the development of community based crisis respite capability by integrating respite services into Staffed Apartment programs.
- Continue to develop and evaluate the DSAMH "High-end" program. This program, targeting individuals who are the highest users of in-patient care, coordinates hospital and community care, provides individuals with specialized inpatient services and emphasizes continuity of care in all aspects of client care and recovery.

Annual Performance Indicators to measure goal success

Indicator: Reduce the number of readmissions to the State psychiatric hospital within 180

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via the Delaware Division of Substance Abuse and Mental Health (DSAMH) Management Information System (MIS) Consumer Information Manager (CIM), CRF MH Master Table and DPC Episode Table.

Numerator: Total number of adults with SMI who were readmitted within 180 days

Denominator: Total number of adults with SMI who were discharged during the fiscal year

Achieved: No

Proposed Changes:

This objective missed the intended performance goal by 4.7%. It is possible that this performance measure will actually be achieved once all collected data has been recorded in the system. To combat this issue in future years, DSAMH is taking necessary steps to ensure that FY' data will be collected and entered by the middle of November annually. These steps include, but are not limited to:

- Employing additional staff to administer the CSS at service sites.
- Starting the data collection process earlier.
- Requesting provider sites make adjustments to access schedules to permit an increased ease of access for surveyors.

Reason Not Achieved:

This performance measure is tracked and recorded via the Division of Substance Abuse & Mental Health's (DSAMH) Consumers Satisfaction Survey (CSS). At the time of this report 100% of the State's FY2013 data has been collected, but only 80% of the data has been entered into the database for analysis. It is anticipated that the full entry of data will be complete by December 10th, 2013. This report is due in advance of that date. At the present, DSAMH is reporting that this performance measure has not been achieved because that is what is reflected by the available data.

Priority: Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Goal of the priority area:

Reduce the number of readmissions to the State psychiatric hospital within 30 days by .5%.

Strategies to attain the goal:

Implementation Strategies:

- Provide a variety of trainings to staff, contractor organizations and consumers that focus on recovery and the consumers' role in recovery.
- Infuse, through a focused clinical supervision program in each of the CMHCs, the concept of recovery, consumer strength focused treatment and outcomes.
- Continue to strengthen the discharge planning process among all providers for individuals who are hospitalized.
- Increase medication and treatment continuity between hospital and community providers through physician-to-physician contacts.
- Continue the role of the DSAMH Crisis programs in evaluating individuals for inpatient and seeking community alternatives.
- Support the development of community based crisis respite capability by integrating respite services into Staffed Apartment programs.
- Continue to develop and evaluate the DSAMH "High-end" program. Promote continuum of care between inpatient facilities and all community based programs targeting individuals who are the highest users of in-patient care, coordinates hospital and community care, provides individuals with specialized in-patient services and emphasizes continuity of care in all aspects of client care and recovery.
- Continue efforts to establish a crisis unit modeled on the Wilmington Hospital's CAPES unit, in southern Delaware.

Annual Performance Indicators to measure goal success

Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via Delaware Division of Substance Abuse and Mental Health (DSAMH) Management Information System (MIS) Consumer Information Manager (CIM), CRF MH Master Table and DPC Episode Table.

Numerator: Total number of adults with SMI who were readmitted within 30 days  
Denominator: Total number of adults with SMI who were discharged during the fiscal year.

Achieved: No

Proposed Changes:

This objective missed the intended performance goal by 6.8%. It is possible that this performance measure will actually be achieved once all collected data has been recorded in the system. To combat this issue in future years, DSAMH is taking necessary steps to ensure that FY' data will be collected and entered by the middle of November annually. These steps include, but are not limited to:

- Employing additional staff to administer the CSS at service sites.
- Starting the data collection process earlier.
- Requesting provider sites make adjustments to access schedules to permit an increased ease of access for surveyors.

Reason Not Achieved:

This performance measure is tracked and recorded via the Division of Substance Abuse & Mental Health's (DSAMH) Consumers Satisfaction Survey (CSS). At the time of this report 100% of the State's FY2013 data has been collected, but only 80% of the data has been entered into the database for analysis. It is anticipated that the full entry of data will be complete by December 10th, 2013. This report is due in advance of that date. At the present, DSAMH is reporting that this performance measure has not been achieved because that is what is reflected by the available data.

Priority: Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Goal of the priority area:

Reduce utilization of inpatient hospitalization by 25%

Strategies to attain the goal:

Study success factors in reduction of hospital readmissions from 2010 to 2011, Identify client and service factors associated with multiple readmissions, e.g., adequacy of discharge planning with family and local providers, gaps in continuity of care when clients move from DPBHS services to private sector services. Study patterns of hospitalization from residential treatment centers outside Delaware.

Annual Performance Indicators to measure goal success

Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Total number of children readmitted with 30 days. Denominator: Total number of children discharged within the fiscal year. Use of the Family and Child Tracking System (FACTS)

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Goal of the priority area:

Reduce utilization of inpatient hospitalization by 15%

Strategies to attain the goal:

Identify client and service factors associated with multiple readmissions, e.g., adequacy of discharge planning with family and local providers, gaps in continuity of care when clients move from DCMHS services to private sector services. •Study patterns of hospitalization from residential treatment centers outside Delaware.

Annual Performance Indicators to measure goal success

Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Total number of children readmitted with 30 days. Denominator: Total number of children discharged within the fiscal year. Use of the Family and Child Tracking System (FACTS)

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Increased accountability for behavioral health services through uniform reporting on access, quality, and outcomes of services.

Goal of the priority area:

Complete 100% of the DIG Data Tables (19 total)

Strategies to attain the goal:

Implementation Strategies:

- Continue DSAMH data mart (DAMART) and consumer/client satisfaction survey initiatives in order to further develop the decision support system. In addition, the Division will work with CMHS and other States in refining a uniform reporting format that will allow the State to describe system components and track its progress on various outcomes over time.
- Continue to develop and refine the Division's information system infrastructure for related processes needed for decision support in a managed care environment.
- Continue to maintain HIPAA compliance and implement the National Provider Identifier for all programs.
- Review current clinical data base systems available to staff with the goal of developing a comprehensive system that assists in the provision of State provided services; can provide assessment, utilization review, pre-authorization and case/contract monitoring as a part of the Division's move toward centralized managed care oversight and management and; is integrated into existing data base systems via the MCI. The current project plan calls for an operational system effective January 2008.
- Continue to assist in the implementation of LOCUS system wide by providing technical support.

Annual Performance Indicators to measure goal success

Indicator: Completion of the Basic and Developmental Tables under the Data Infrastructure

Description of Collecting and Measuring Changes in Performance Indicator:

Data collected via CMHS Block Grant Basic and Developmental Tables under the Data Infrastructure

Measure:

Numerator: CMHS Block Grant, Section V Report

Denominator: DSAMH Data

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Increased accountability for behavioral health services through uniform reporting on access, quality, and outcomes of services.

Goal of the priority area:

Ensure priority access to treatment services for pregnant women and women with dependent children.

Strategies to attain the goal:

Ensure a process is in place for reporting pregnant women and women with dependent children, as it relates to time between application for treatment and admission into services. Work with the EEU (admissions unit) and the quality improvement unit to identify how best to monitor waiting times for women who are pregnant and women with dependent children. Develop reporting guidelines/requirements and ensure they are entered into service provider contracts. Develop a process for reporting any deficiencies in wait times for this population into performance improvement reports issued by the Quality Improvement Unit.

Annual Performance Indicators to measure goal success

Indicator: 100% of admissions of pregnant women and women with dependent children are admitted into treatment services within statute required timelines.

Description of Collecting and Measuring Changes in Performance Indicator:

Collecting data on all pregnant women and women with dependent children admitted into treatment services each year. Analyze and evaluate the data twice each year by comparing wait times to those required by federal statute. Report any deficiencies to SAMHSA, the Director of DSAMH, and the Quality Improvement Unit for improvement measures in the next performance period for the service provider.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Increased accountability for behavioral health services through uniform reporting on access, quality, and outcomes of services.

Goal of the priority area:

Ensure that all behavioral health services funded by the State are of good quality and are sufficient to help individuals achieve positive outcomes, including increased integration and independence, and self-determination in all life domains.

Strategies to attain the goal:

Implementation Activities:

The State will -use Quality Service Reviews (QSRs) to evaluate the quality of services at an individual, provider and system-wide level.

QSRs will collect information through a sample of face-to-face interviews of the consumer, relevant professional staff, and other people involved in the consumer's life and through review of individual treatment plans, at least once each year.

QSRs will evaluate, among other things; whether individuals' needs are being identified, whether supports and services are meeting individuals' needs, and whether supports and services are designed around individuals' strengths and meeting individuals' goals.

The State will design a process for implementing QSRs in conjunction with the independent monitor, with input from SAMHSA as needed.

Annual Performance Indicators to measure goal success

Indicator: Implement Quality Service Reviews (QSRs) system-wide at least once each year with each service provider licensed by DSAMH (50 licensed providers in Fy11).

Description of Collecting and Measuring Changes in Performance Indicator:

Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131•12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the Parties intend that the principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and services to support individuals at risk of institutionalization are achieved.

As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction over the agreement.

The fore stated goal was established within the agreement and will be evaluated at least twice with its findings recorded in a report submitted to the Parties and the Court as comprehensive public report on the State's compliance including recommendations, if any, to facilitate or sustain compliance.

Achieved: N/A

Proposed Changes:

[Empty box for Proposed Changes]

Reason Not Achieved:

[Empty box for Reason Not Achieved]

Priority: Increased accountability for behavioral health services through uniform reporting on access, quality, and outcomes of services.

Goal of the priority area:

Monitor and evaluate the effectiveness of programs and services funded through the SAPT BG and utilize outcome measures to drive decision making for prevention services through-out Delaware.

Strategies to attain the goal:

Develop an online system utilizing KIT Solutions Utilize, to monitor program activities, process, and outcomes of prevention strategies. KIT Solutions allows providers to upload all relevant prevention information, including a work plan and assessment/evaluation reports onto a web-based system to track community change.

Delaware will continue to utilize the State Epidemiological Outcomes Workgroup (SEOW), also known as the Delaware Drug and Alcohol Tracking Alliance (DDATA) to monitor effectiveness and evaluate programs and services. In addition, DSAMH will outreach to new institutions of higher education, community organizations, and faith-based agencies to participate in the evaluation process for understanding the outcomes of programs and services.

Annual Performance Indicators to measure goal success

Indicator: All contracted providers will utilize KIT Solutions to monitor program process and outcomes. DDATA will continue to develop annual state and substate Epidemiological Profiles.

Description of Collecting and Measuring Changes in Performance Indicator:

KIT Solutions program will identify contractor programs and outcomes. Pre/Post tests for activities and programs will be developed and uploaded to the system to monitor program outcomes.

The annual state and substate Epidemiological Profiles will identify data trends in relation so substance abuse consumption and consequence patters. Comparison reports from year to year will be analyzed to determine change.

Achieved: N/A

Proposed Changes:

Empty text box for proposed changes.

Reason Not Achieved:

Empty text box for reason not achieved.

Priority: Prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.

Goal of the priority area:

10% reduction in the misuse of prescription opiates and use of illegal narcotics across the life course

Strategies to attain the goal:

Use a variety of evidence-based principles, programs and practices as well as environmental strategies to dissuade use of opiates. Recognize that environmental strategies and harm reduction approaches to address opiate misuse and abuse can be part of a comprehensive priority strategy.

Use information Dissemination/Raising Awareness--support media campaigns and provide information in public settings targeting parents to reduce youth; provide information to legislators and state and community decision-makers concerning prevalence and risks associated with youth abuse; collaborate with other state agencies to provide timely and accurate information concerning state laws and policies concerning abuse of opiates;

Education--provide professional development opportunities for state and community-based prevention workers (CADCA and other trainings) and support and promote parent trainings and trainings of volunteers;

Alternative Activities--support and promote events and regular activities contraindicative to youth substance abuse;

Use contracts and other Community-Based Processes to promote and support community engagement and involvement in strategic planning, leveraging of resources, collaborative activities (grants to and support of community coalitions);

Environmental Strategies--work with legislators and state and community-based decision-makers to provide timely and accurate information on evidence-based environmental policies and practices; support use of evidence-based environmental strategies at community and state levels;

Problem Identification and Referral--support and promote and provide training in SBIRT for use in community settings to include judicial, school-based health centers and private health-based practices

#### Annual Performance Indicators to measure goal success

Indicator: Misuse of prescription opiates and use of illegal narcotics (Youth Prevention)

Description of Collecting and Measuring Changes in Performance Indicator:

Repeated measures of the Performance Indicators updated quarterly for short term measures and at least annually for long term measures

Changes in laws, policies and operating procedures

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.

Goal of the priority area:

Build state and community capacity to implement and sustain professional development through training and technical assistance for substance abuse prevention programs, policies, and practices throughout the goals outlined in the state prevention plan

Strategies to attain the goal:

Develop and maintain a set of core competencies for prevention providers to adhere to.

Provide training and technical assistance at the community level (programmatic assistance and building of a community-level prevention infrastructure) to obtain and sustain credentialed prevention providers (Certified Prevention Specialists).

Facilitate a workforce development workgroup to assess the training and technical assistance needs within the state to develop and implement appropriate and adequate trainings.

Niether harm reduction approaches or SBIRT are included in the State's calculation of funding for Primary Prevention in connection with the 20% or greater set-aside for Primary Prevention.

Partner with state and community agencies to leverage current capacity building resources to develop the current prevention workforce.

Annual Performance Indicators to measure goal success

Indicator: Relevant substance abuse prevention trainings and technical assistance are provided to both contracted and

additional community agencies to build the prevention workforce in order to enhance the prevention services being provided throughout the state.

Description of Collecting and Measuring Changes in Performance Indicator:

Number of core competencies for prevention providers; Number of Certified Prevention Specialists (CPS); number of Trainings provided; number of individuals served at prevention trainings.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.

Goal of the priority area:

Decrease alcohol use, misuse, and abuse by 10% for those underage and 5% for young adults

Strategies to attain the goal:

Use a variety of evidence-based principles, programs and practices as well as environmental strategies to dissuade youth use of alcohol. Recognize that environmental strategies and harm reduction approaches to address binge drinking can be part of a comprehensive priority strategy.

Use Information Dissemination/Raising Awareness--support media campaigns and provide information in public settings targeting parents to reduce youth access to alcohol (Town Hall Meetings, Step Up Campaign); provide information to legislators and state and community decision-

makers concerning prevalence and risks associated with youth consumption and young adult abuse;

Collaborate with other state agencies to provide timely and accurate information concerning state laws and policies concerning underage use and abuse of alcohol and provision of alcohol to minors;

Education--provide professional development opportunities for state and community-based prevention workers (CADCA and other trainings) and support and promote parent trainings and trainings of volunteers;

Alternative Activities--support and promote events and regular activities contraindicative to underage drinking (Youth Summit, extra hours at community centers, curfew center, school-based activities and after-hours access);

Use contracts and other Community-Based Processes to promote and support community engagement and involvement in strategic planning, leveraging of resources, collaborative activities (grants to and support of community coalitions)

Environmental Strategies--work with legislators and state and community-based decision-makers to provide timely and accurate information on evidence-based environmental policies and practices; support use of evidence-based environmental strategies at community and state levels

Problem Identification and Referral--support and promote and provide training in SBIRT for use in community settings to include judicial, school-based health centers and private health-based practices

Annual Performance Indicators to measure goal success

Indicator: Underage alcohol use and misuse prevention (Youth Prevention)

Description of Collecting and Measuring Changes in Performance Indicator:

Repeated measures of the Performance Indicators updated quarterly for short term measures and at least annually for long term measures

Changes in laws, policies and operating procedures

Achieved: N/A

Proposed Changes:

Empty box for proposed changes.

Reason Not Achieved:

Empty box for reason not achieved.

Priority: Prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.

Goal of the priority area:

Engage prevention stakeholders and coordinate substance abuse prevention services in Delaware through the implementation of State and Community-level Strategic Prevention Plans supported by state funded community contracts.

Strategies to attain the goal:

Support a comprehensive theory/promising practices and evidence-based prevention programs, policies, and practices (EBPs) through community-based contracts.

Implement community prevention contracts utilizing the Strategic Prevention Framework (SPF); assessment, capacity, planning, implementation, evaluation, cultural competence, and sustainability. Contracted organizations will provide a comprehensive implementation plan, based on the needs identified within their communities, including the following six CSAP prevention strategies: Information Dissemination; Prevention Education; Alternative Activities; Community-Based Process; Environmental Approaches; and Problem Identification & Referral.

Annual Performance Indicators to measure goal success

Indicator: Development and implementation of community-based substance abuse prevention contracts.

Description of Collecting and Measuring Changes in Performance Indicator:

Number of DSAMH prevention contracts; number of individuals served by contracts; number of prevention activities, strategies, and events.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.

Goal of the priority area:

Reduction in marijuana use, for youth and young adults by 10%

Strategies to attain the goal:

Use a variety of evidence-based principles, programs and practices as well as environmental strategies to dissuade youth use of marijuana. Recognize that environmental strategies and harm reduction approaches to address marijuana use can be part of a comprehensive priority strategy.

Use information Dissemination/Raising Awareness--support media campaigns and provide information in public settings; provide information to legislators and state and community decision-makers concerning prevalence and risks associated with youth consumption and risks associated with initiation of medical marijuana policies and practices;

Collaborate with other state agencies to provide timely and accurate information concerning state laws and policies concerning underage use Education--provide professional development opportunities for state and community-based prevention workers (CADCA and other trainings) and support and promote parent trainings and trainings of volunteers;

Alternative Activities--support and promote events and regular activities contraindicative to underage use;

Use contracts and other Community-Based Processes to promote and support community engagement and involvement in strategic planning, leveraging of resources, collaborative activities (grants to and support of community coalitions);

Environmental Strategies--work with legislators and state and community-based decision-makers to provide timely and accurate information on evidence-based environmental policies and practices as Delaware initiates policies on medical marijuana; support use of evidence-based environmental strategies at community and state levels;

Problem Identification and Referral--support and promote and provide training in SBIRT for use in community settings to include judicial, school-based health centers and private health-based practices

Annual Performance Indicators to measure goal success

Indicator: Marijuana use, for youth and young adults (Youth Prevention)

Description of Collecting and Measuring Changes in Performance Indicator:

Repeated measures of the Performance Indicators updated quarterly for short term measures and at least annually for long term measures  
Changes in laws, policies and operating procedures

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Conduct outreach to encourage individuals injecting or using illicit and/or licit drugs to seek and receive treatment.

Goal of the priority area:

Increase the number of participants in the needle exchange program

Strategies to attain the goal:

Work with the needle exchange program service provider to increase the outreach opportunities for the program. Provide funding to increase the number of syringes purchased for the program. Collect data on the number of different participants in the program. Ensure outreach material is available for distribution with syringes.

Annual Performance Indicators to measure goal success

Indicator: Number of participants in the needle exchange program

Description of Collecting and Measuring Changes in Performance Indicator:

Identify monthly statistics of needle exchange usage; identify number of individuals utilizing these services; compare monthly statistics from previous project period with statistics collected during current project period.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Conduct outreach to encourage individuals injecting or using illicit and/or licit drugs to seek and receive treatment.

Goal of the priority area:

Increase the number of participants in treatment for illicit and/or licit drugs

Strategies to attain the goal:

Provide outreach material to HIV early intervention programs throughout the state. Ensure that HIV early intervention programs are versed on methods for accessing the treatment system throughout the state. Ensure social service agencies, courts, and correctional agencies are provided with outreach materials for accessing the drug treatment system in the state. Track the number of outreach materials that are used for distribution to known drug users.

Annual Performance Indicators to measure goal success

Indicator: Number of participants in treatment for illicit and/or licit drugs.

Description of Collecting and Measuring Changes in Performance Indicator:

Identify number of participants currently in treatment for illicit and/or licit drugs; collect statistics from Consumer Reporting Form (CRF) for project period; compare project period statistics with previous project period statistics.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Provide HIV prevention as early intervention services at the sites at which individuals receive substance use disorder treatment services.

Goal of the priority area:

Ensure HIV prevention educational material is available at every licensed substance use treatment provider throughout the state.

Strategies to attain the goal:

Work with the Division of Public Health to distribute educational material for HIV prevention to all substance use treatment providers throughout the state. Ensure service providers are versed in methods for accessing HIV prevention services. Work with substance use service providers to ensure they are aware of access to HIV early intervention services.

Annual Performance Indicators to measure goal success

Indicator: HIV prevention educational material is available at every DSAMH licensed substance use treatment provider (50 licensed in FY2011) throughout the state.

Description of Collecting and Measuring Changes in Performance Indicator:

Meet with the Division of Public Health and develop a memorandum of understanding for distributing educational material; Review educational or instructional content provided to substance abuse treatment providers to ensure applicability to project; meet with substance abuse providers and evaluate their ability to relate subject matter to the substance abuse population.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Increased accountability for prevention, early identification, treatment and recovery support activities through uniform reporting regarding substance use and abstinence, criminal justice involvement, education, employment, housing, and recovery supp

Goal of the priority area:

Create a annual report to comply with DOJ requirements

Strategies to attain the goal:

MIS will work with DSAMH Executive staff and Planning staff to develop an annual report format, develop data requirements, and create a narrative section. This report will reflect the progress made by DSAMH toward the requirements agreed to in the US DOJ v The State of Delaware Settlement Agreement.

Annual Performance Indicators to measure goal success

Indicator: DSAMH will complete a draft of this report by June 30th 2013

Description of Collecting and Measuring Changes in Performance Indicator:

DSAMH is not currently reporting on the status of the requirements listed in the US DOJ Settlement Agreement.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Increased accountability for prevention, early identification, treatment and recovery support activities through uniform reporting regarding substance use and abstinence, criminal justice involvement, education, employment, housing, and recovery supp

Goal of the priority area:

Implement KIT Solutions web reporting software to track reporting for prevention outcomes

Strategies to attain the goal:

DSAMH and DPBHS will provide providers access to this Web Based Reporting software. This software will collect data on Evidence Based Practices (EBPs), Primary Prevention activities, Institute of Medicine (IOM) strategies, and expenditures for each of these items. During State Fiscal Year (SFY) 2012, the providers will begin reporting data into this system. This data will help with our annual reporting duties.

Annual Performance Indicators to measure goal success

Indicator: Increase the number of providers using this system from 0% in FFY 2012 to 100% during FFY 2013

Description of Collecting and Measuring Changes in Performance Indicator:

DSAMH and DPBHS will track the number of providers reporting during FFY 2012 and during FFY 2013 to determine if this goal was achieved.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Completion of one prevalence estimation

Strategies to attain the goal:

Implementation Strategies:

- Using Delaware's 2000 census data and the Delaware Population Consortium estimates for 2010, determine the prevalence of SMI in the State of Delaware, using the standard estimation methodology published by SAMHSA in the June 24, 1999 Federal Register, Vol. 64, No. 121.

Annual Performance Indicators to measure goal success

Indicator: Determination of prevalence estimate of SMI and SPMI for adults

Description of Collecting and Measuring Changes in Performance Indicator:

Delaware's 2000 census data and the Delaware Population Consortium estimates for 2010, determine the prevalence of SMI in the State of Delaware, using the standard estimation methodology published by SAMHSA in the June 24, 1999 Federal Register, Vol. 64, No. 121.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Decrease the percentage of people needing treatment for drug and alcohol dependency and not receiving services

Strategies to attain the goal:

Ensure that treatment access information is made available through all state service centers and service agency providers; evaluate outreach mechanisms employed by service agency providers; assess referral services so that they are effective

Annual Performance Indicators to measure goal success

Indicator: Percentage of people needing treatment but not receiving it decreasing

Description of Collecting and Measuring Changes in Performance Indicator:

Compare statistics for people needing treatment and not receiving services for the project period with prior years statistics.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Ensure sister health and social service agencies under the Department of Health and Social Services are versed and knowledgeable of methods for accessing the treatment and recovery support system.

Strategies to attain the goal:

Coordinate educational opportunities with sister agencies for providing outreach for treatment and recovery services. Ensure outreach materials are available for sister agencies to provide to their clientele. Coordinate agreements with sister health and social service agencies to provide outreach and educational information to their clientele. Ensure sister agencies are informed of the requirement of priority treatment for women who are pregnant and women with dependent children.

Annual Performance Indicators to measure goal success

Indicator: Education is provided to other DHSS service agencies for accessing treatment and recovery support services.

Description of Collecting and Measuring Changes in Performance Indicator:

Track participation of service agencies in educational opportunities; Track the amount of outreach material distributed to other DHSS service agencies; Add soliciting questions to the Consumer Satisfaction Survey regarding information and access to other social services while using substance abuse treatment services.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Ensure support to prevention stakeholders to allow access to prevention and behavioral health system resources.

Strategies to attain the goal:

Provide regular communication and access to and with communicate with prevention stakeholders.

Annual Performance Indicators to measure goal success

Indicator: Disseminate information regularly on emerging trends and issues within the behavioral health field; provide access to information on supports and resources for individuals to take advantage of within the state.

Description of Collecting and Measuring Changes in Performance Indicator:

Number of emails and correspondence made with community to promote prevention and additional behavioral health strategies, initiatives, events, and activities.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Improve the appropriateness of treatment

Strategies to attain the goal:

Participate in defining evidence-based processes and practices for children's behavioral health services through NASMHPD and NRI work groups. Provided training in evidence-based practice as part of annual DPBHS training plan. Define evidence-based practice protocols with participation of case management and direct provider staff members. Evaluate any available tool kits and fidelity scales. Develop protocols for evaluation of outcome of treatment approaches that constitutes "promising practices". Include measures of evidence-based practice in provider monitoring protocols. Continue building an electronic library of information on evidence-based practice and fidelity measurement.

Annual Performance Indicators to measure goal success

Indicator: Increase the number of EBP practices provided bi-annually (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Number of EBP practices provided.  
Provider survey and monitoring reports Family and Children Tracking System (FACTS)

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Improvement in school attendance.

Strategies to attain the goal:

DPBHS continues to strengthen this NOM. Our FACTS system currently can report on attendance: Regular, Sporadic, Not at all, Expelled/not enrolled or dropped out. With additional funding we are enhancing our data system to provide more data for use. DPBHS is currently working with The Department of Education (DOE) to create a system where this information will come directly out of DOE and into our system. DOE has implemented a new statewide tracking system which is currently up and running. DPBHS has been following this NOM while in development phases and will be prepared to fully report in the future.

Annual Performance Indicators to measure goal success

Indicator: % of children in DPBHS services who reported improvement in their school (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Number of children attending school and reporting improvement  
FACTS System, Department of Education.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase access through outreach and prevention activities for special populations

Strategies to attain the goal:

Coordinate with DYRS and DFS training schedule. Cross-train sister divisions train the trainer. Provide information on DPBHS services and access to mobile crisis services to targeted programs and facilities. Track and analyze referral and service patterns related to identified programs and facilities. Expand outreach and prevention activities to include HIV and suicide prevention and coordinate with DSCYF and community organizations.

Annual Performance Indicators to measure goal success

Indicator: Implement at 2 new outreach activities to special populations (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Number of activities/trainings conducted.  
DPBHS FACTS System. DFS and DYRS program administrators. DPBHS outreach database and community partners. Communication and Outreach Plan.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase by 1% the number of adults with SMI receiving services that reside in Kent and Sussex counties

Strategies to attain the goal:

- Provide services in conjunction with DPH primary health care Clinic in

Georgetown targeting monolingual Hispanic populations.  
• Continue to expand outreach activities and enhance engagement and access services for individuals in Kent and Sussex Counties via Front-Door teams and the Federally Supported PATH program.

Annual Performance Indicators to measure goal success

Indicator: Percentage of adults with SMI residing in Kent and Sussex Counties who receive publicly funded mental health services provided by the Division of Substance Abuse and Mental Health, Delaware Physicians Care, Inc. (DPCI), and the Diamond State Health Plan (

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via DSAMH MIS CIM service files and provider files.

Measure:

Numerator: DSAMH MIS CIM service files and provider files

Denominator: Division estimate of number of adults with SMI residing in Kent and Sussex counties.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase by 1% the number of persons who report receiving one or more EBP

Strategies to attain the goal:

Implementation Strategies:

- Continue to "roll-out" the integration of evidence based services for individuals with co-occurring mental illness and substance abuse diagnoses within all community based programs.
- Continue to include language that requires the use of EBPs in SA outpatient/Day Treatment/IOP contracts.
- Continue to include language that requires the use of EBPS in MH services contracts.
- Review the use of EBPs during program monitoring visits
- Continue to provide training opportunities both for core EBPs and promising practices.
- Develop an evaluative mechanism to monitor the outcomes of services for cooccurring disorders.

Annual Performance Indicators to measure goal success

Indicator:           Number of persons receiving evidence based practices (system-wide)

Description of Collecting and Measuring Changes in Performance Indicator:

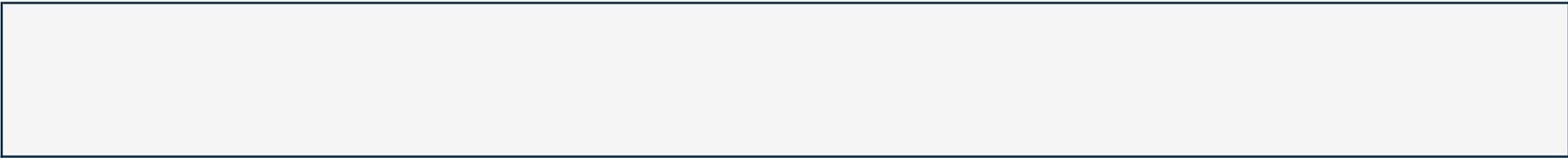
Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS) administered Consumer Satisfaction Survey (CSS).

Measure:  
Number of consumers who report receiving one or more EBP provided by the State.

Achieved:           Yes

Proposed Changes:

Reason Not Achieved:



Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase by 50% the number of adults w/ SMI that receive Evidence Based Supported Employment

Strategies to attain the goal:

- Implement activities that will allow operation of a statewide employment project that applies a more flexible approach to employment services within the context of the CCCP model.
- Support statewide initiative to reduce barriers to employment for persons with disabilities through the implementation of benefits counseling services based on the Delaware Division of Vocational rehabilitation's (DVR) Project CLIMB.
- Provide training opportunities to providers regarding employment Evidence Based Practices.
- Collect and analyze employment data among the Division's CCCP providers to establish employment benchmarks to be used in developing incentive targets among contracted providers.
- By July 1, 2012, the State will provide supported employment to 100 individuals per year.
- By July 11, 2013, the State will provide supported employment to 300 individuals per year.

Annual Performance Indicators to measure goal success  
Indicator: Adults with SMI or COD receiving Evidence Based Supportive Employment as part of their recovery plan.

Description of Collecting and Measuring Changes in Performance Indicator:  
Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131•12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the Parties intend that the principles of self-determination and choice are honored and that the goals of community integration,

appropriate planning, and services to support individuals at risk of institutionalization are achieved. As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction over the agreement.

The fore stated goal was established within the agreement and will be evaluated at least twice with its findings recorded in a report submitted to the Parties and the Court as comprehensive public report on the State's compliance including recommendations, if any, to facilitate or sustain compliance.

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS) database.

Numerator: Number of CSP consumers employed.

Denominator: Total CSP caseload as of 6/30/11.

Achieved: Yes

Proposed Changes:

[Empty text box for Proposed Changes]

Reason Not Achieved:

[Empty text box for Reason Not Achieved]

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase permanent housing opportunities for persons served via the Delaware behavioral health service system

Strategies to attain the goal:

Implementation Strategies:

• In conjunction with local providers in New Castle and Sussex Counties, continue to implement one grant funded by the Department of Housing and Urban Development's (HUD) Supportive Housing Program, currently providing transitional housing and support services for 30 homeless adults with cooccurring severe and persistent mental illness and other disorders residing in New Castle County, Kent County and Sussex County.

Annual Performance Indicators to measure goal success

Indicator: Adults receiving permanent housing assistance via the Delaware behavioral health service system

Description of Collecting and Measuring Changes in Performance Indicator:

In accordance with the DHSS/USDOJ Settlement Agreement data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS).

Measure:

The number of individuals receiving supported housing via HUD funded Supported Housing Program (HUD-SHP) or the Delaware State Housing Authority (DSHA) funded Statewide Rental Assistance Program (SRAP) for persons with disabilities.

Achieved: Yes

Proposed Changes:

Empty text box for proposed changes.

Reason Not Achieved:

Empty text box for reason not achieved.

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase the number of available permanent and permanent supported housing opportunities for persons with SMI by 50%

Strategies to attain the goal:

Implementation Strategies:

- Continue to explore opportunities to increase the number of available permanent and permanent supported housing services for homeless adults with SMI.
- DSAMH will continue to fund a total of eight supervised apartment programs.
- By July 11, 2011, the State will provide housing vouchers or subsidies and bridge funding to 150 individuals.
- By July 1, 2012, the State will provide housing vouchers or subsidies and bridge funding to 250 individuals.
- By July 1, 2012, the State will provide housing vouchers or subsidies and bridge funding to 250 individuals.
- By July 1, 2013, the State will provide housing vouchers or subsidies and bridge funding to 450 individuals.
- As part of the state's client assistance funding, provide housing assistance, such as security deposits, first month's rent and assistance with utility costs for homeless persons with serious mental illness.
- In conjunction with the National Alliance Mentally Ill in Delaware, Connections CSP Inc., and other service providers implement two grants funded by the Department of Housing and Urban Development's (HUD) Supportive Housing Program, currently providing permanent housing and support services for 13 homeless adults with severe and persistent mental illness.

Annual Performance Indicators to measure goal success

Indicator: Permanent and permanent supported housing opportunities for homeless and disabled persons with SMI

Description of Collecting and Measuring Changes in Performance Indicator:

Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131•12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the Parties intend that the principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and services to support individuals at risk of institutionalization are achieved.

As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction

over the agreement.

The fore stated goal was established within the agreement and will be evaluated at least twice with its findings recorded in a report submitted to the Parties and the Court as comprehensive public report on the State's compliance including recommendations, if any, to facilitate or sustain compliance.

Measure:

Number of Statewide Rental Assistance Vouchers and (HUD SHP) funded units for homeless or disabled adults with SMI receiving public mental health services during the fiscal year.

Data will be collected via DSAMH MIS CIM service files, CMHC referral records, PATH provider records; denominator: Division estimate of homeless adults with SMI and/or dual diagnosis in the State.

Achieved: Yes

Proposed Changes:

Empty text box for proposed changes.

Reason Not Achieved:

Empty text box for reason not achieved.

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase the number of consumers receiving ACT by 1%

Strategies to attain the goal:

- ACT teams deliver comprehensive, fudividualized, and flexible support, services, and rehabilitation to individuals in their homes and communities.
- By July 1, 2012 the State will expand its 8 ACT teams to bring them into fidelity with the Dartmouth model.
- Continue developing a relationship with local hospitals in the southern Delaware region to establish an ACT Team presence at one of the local hospitals. By September 1, 2013 the State will add 1 additional ACT team that is in fidelity with the Dartmouth model.

Annual Performance Indicators to measure goal success

Indicator: Adults w/ SPMI receiving ACT in the DSAMH behavioral health system

Description of Collecting and Measuring Changes in Performance Indicator:

Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131•12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the Parties intend that the principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and services to support individuals at risk of institutionalization are achieved.

As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction over the agreement.

The fore stated goal was established within the agreement and will be evaluated at least twice with its findings recorded in a report submitted to the Parties and the Court as comprehensive public report on the State's compliance including recommendations, if any, to facilitate or sustain compliance.

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS)

Measure:

Numerator: # of consumers who received ACT services

Denominator: Total DSAMH service population.

Achieved: No

Proposed Changes:

This objective missed the intended performance goal by 15.4%. It is possible that this performance measure will actually be achieved once all collected data has been recorded in the system. To combat this issue in future years, DSAMH is taking necessary steps to ensure that FY' data will be collected and entered by the middle of November annually. These steps include, but are not limited to:

- Employing additional staff to administer the CSS at service sites.
- Starting the data collection process earlier.
- Requesting provider sites make adjustments to access schedules to permit an increased ease of access for surveyors.

Reason Not Achieved:

This performance measure is tracked and recorded via the Division of Substance Abuse & Mental Health's (DSAMH) Consumers Satisfaction Survey (CSS). At the time of this report 100% of the State's FY2013 data has been collected, but only 80% of the data has been entered into the database for analysis. It is anticipated that the full entry of data will be complete by December 10th, 2013. This report is due in advance of that date. At the present, DSAMH is reporting that this performance measure has not been achieved because that is what is reflected by the available data.

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase the number of consumers treated for COD by 2%.

Strategies to attain the goal:

MUST DEVELOP

Annual Performance Indicators to measure goal success

Indicator: Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders (Percentage)

Description of Collecting and Measuring Changes in Performance Indicator:

Data is collected via the DSAMH CO-SIG Coordinator and the UPenn Delaware COD Database

Measure:

Numerator: the # of persons treated for co-occurring disorders

Denominator: the # of persons screened for for COD upon admission at 11 front door sites.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase the number of staff participating in training opportunities by 1-2%.

Strategies to attain the goal:

\*\*\*\*NEED INFORMATION HERE\*\*\*\*

Annual Performance Indicators to measure goal success

Indicator: Percentage of staff of community support programs participating in training

Description of Collecting and Measuring Changes in Performance Indicator:

DSAMH Training Department Database

Measure:

Numerator: Number of staff from community support programs participating in training opportunities during fiscal year. Denominator:

Cumulative number of staff

registered in training database.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increased access to services provided by DCMHS by 5%.

Strategies to attain the goal:

Target SED children and youth eligible for DPBHS services through outreach and education and collaboration.

Annual Performance Indicators to measure goal success

Indicator: Increased to Assess to Services (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Family and Child Tracking System (FACTS)

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Maintain 80% of families reporting improved functioning in their child.

Strategies to attain the goal:

elements and once the measure is defined, we will be able to query the appropriate data. DPBHS currently survey for consumer functioning from both the parent and the child. Some of the areas include: need for constant supervision, unable to function in almost all areas, moderate degree of interference in functioning, some difficulty in a single area just to name a few. As we report on this measure there may be changes as our Division grows and enhances its data sets.

Annual Performance Indicators to measure goal success

Indicator: Improved functioning of children and youth (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Parents/caregivers reporting positively about their child's functioning.  
Number of positives responses reported in the functioning domain using the Ohio Scales. FACTS system, Ohio Scales

Achieved: Yes

Proposed Changes:

[Empty text box for proposed changes]

Reason Not Achieved:

[Empty text box for reason not achieved]

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Maintain a total of six EBPs provided by the State service system.

Strategies to attain the goal:

Implementation Strategies:

- Transformation activity- the Division will continue to move research into practice through an existing contract with the University of Pennsylvania for an evaluation of the EBP's provided through the CCCP's.
- Additional efforts in moving research to practice include ongoing support and technical assistance in the continued operation of the Supported Employment EBP.
- Continue to "roll-out" the integration of evidence based services for individuals with co-occurring mental illness and substance abuse diagnoses within all community based programs.
- Continue to include language that requires the use of co-occurring disorders (COD) in SA outpatient/Day Treatment/IOP contracts.
- Continue to include language that requires the use of EBPs in MH services contracts.
- Review the use of EBPs during program monitoring visits
- Continue to provide training opportunities both for core EBPs and promising practices.
- Monitor the outcomes of services for co-occurring disorders.
- Monitor protocols for the continued operation of the EBP Illness Management and Recovery in the four CCCP programs and the contracted day programs.

Measure:

This measure is defined by the number of evidence based practices fully implemented in the state service system.

Annual Performance Indicators to measure goal success

Indicator: Number of Evidence Based Practices (system-wide)

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS) administered Consumer Satisfaction Survey (CSS).

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Maintain the current number of training programs and seminars provided (18)

Strategies to attain the goal:

Implementation Strategies:

- Identify and train a cadre of health and social service professionals statewide in Crisis Counseling and Critical Incident Stress Debriefing techniques as part of the State's emergency management planning and preparedness.
- Provide mental health training component offered as part of the Emergency Medical Technicians/Paramedic training curriculum offered throughout the state.
- Provide mental health trainings and debriefings to police, fire and other emergency services workers throughout the state.
- Coordinate with Division of Public Health to identify and provide training on mental health issues to health professionals working with persons HIV, Hepatitis and Tuberculosis.
- An increase in future disaster-related trainings will be attributed to an increase in funding for such programs.

Annual Performance Indicators to measure goal success

Indicator: Mental health training for emergency, health and human services professionals

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via CMHC Emergency Services Director and DSAMH Training Office

Measure:

The number of mental health training programs and seminars for emergency

health services professionals and other first responder and human services professionals during fiscal year.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Promote State-wide Suicide Prevention Activities

Strategies to attain the goal:

Implement statewide prevention activities in collaboration with schools, community partners and Delaware families, youth and children

Annual Performance Indicators to measure goal success

Indicator: To identify youth at risk for suicide (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

University of Delaware, evaluates and monitors training programs, Contract with providers and contract outcome.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Footnotes:

Draft

### III: State Agency Expenditure Reports

Table 4 (URS Table 7) - Profile of Mental Health Service Expenditures and Sources of Funding

Start Year:

End Year:

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment	\$	\$	\$	\$	\$	\$	\$
2. Primary Prevention	\$	<input type="text" value="23,000"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Tuberculosis Services	\$	\$	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$	\$	\$	\$	\$	\$	\$
5. State Hospital	\$	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Other 24 Hour Care	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Ambulatory/Community Non-24 Hour Care	\$	<input type="text" value="891,390"/>	<input type="text" value="5,111,300"/>	<input type="text"/>	<input type="text" value="64,542,700"/>	<input type="text"/>	<input type="text"/>
8. Administration (Excluding Program and Provider Level)	\$	<input type="text" value="38,590"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Subtotal (Rows 1, 2, 3, 4, and 8)	\$	\$61,590	\$	\$	\$	\$	\$
10. Subtotal (Rows 5, 6, 7, and 8)	\$	\$929,980	\$5,111,300	\$	\$64,542,700	\$	\$
11. Total	\$	\$952,980	\$5,111,300	\$	\$64,542,700	\$	\$

Please indicate the expenditures are actual or estimated.

Actual  Estimated

Footnotes:

### III: State Agency Expenditure Reports

Table 5 - MHBG Expenditures By Service

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

Service	Unduplicated Individuals	Units	Expenditures
Prevention (Including Promotion)			\$23,000
Screening, Brief Intervention and Referral to Treatment			\$
Brief Motivational Interviews			\$
Screening and Brief Intervention for Tobacco Cessation			\$
Parent Training			\$
Facilitated Referrals			\$
Relapse Prevention/Wellness Recovery Support			\$23,000
Warm Line			\$
Engagement Services			\$
Assessment			\$
Specialized Evaluations (Psychological and Neurological)			\$
Service Planning (including crisis planning)			\$
Consumer/Family Education			\$
Outreach			\$
Outpatient Services			\$
Individual evidenced based therapies			\$
Group therapy			\$
Family therapy			\$
Multi-family therapy			\$
Consultation to Caregivers			\$
Medication Services			\$
Medication management			\$

Pharmacotherapy (including MAT)			\$
Laboratory services			\$
Community Support (Rehabilitative)			\$253,492
Parent/Caregiver Support			\$
Skill building (social, daily living, cognitive)			\$
Case management			\$253,492
Continuing Care			\$
Behavior management			\$
Supported employment			\$
Permanent supported housing			\$
Recovery housing			\$
Therapeutic mentoring			\$
Traditional healing services			\$
Recovery Supports			\$102,423
Peer Support			\$102,423
Recovery Support Coaching			\$
Recovery Support Center Services			\$
Supports for Self Directed Care			\$
Other Supports (Habilitative)			\$
Personal care			\$
Homemaker			\$
Respite			\$
Supported Education			\$
Transportation			\$
Assisted living services			\$
Recreational services			\$

Trained behavioral health interpreters			\$
Interactive communication technology devices			\$
Intensive Support Services			\$535,475
Substance abuse intensive outpatient (IOP)			\$
Partial hospital			\$
Assertive Community Treatment			\$535,475
Intensive home based services			\$
Multi-systemic therapy			\$
Intensive Case Management			\$
Out-of-Home Residential Services			\$
Crisis residential/stabilization			\$
Adult Substance Abuse Residential			\$
Adult Mental Health Residential			\$
Youth Substance Abuse Residential Services			\$
Children's Residential Mental Health Services			\$
Therapeutic foster care			\$
Acute Intensive Services			\$
Mobile crisis			\$
Peer based crisis services			\$
Urgent care			\$
23 hr. observation bed			\$
Medically Monitored Intensive Inpatient			\$
24/7 crisis hotline services			\$
Other (please list)			\$

footnote:

### III: State Agency Expenditure Reports

Table 6 - Primary Prevention Expenditures Checklist

Start Year:

End Year:

Strategy	IOM Target	MHBG Block Grant	Other Federal	State	Local	Other
Information Dissemination	Universal	\$ <input type="text"/>				
Information Dissemination	Selective	\$ <input type="text"/>				
Information Dissemination	Indicated	\$ <input type="text"/>				
Information Dissemination	Unspecified	\$ <input type="text"/>				
Information Dissemination	Total	\$	\$	\$	\$	\$
Education	Universal	\$ <input type="text"/>				
Education	Selective	\$ 23,000	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Indicated	\$ <input type="text"/>				
Education	Unspecified	\$ <input type="text"/>				
Education	Total	\$ 23,000	\$	\$	\$	\$
Alternatives	Universal	\$ <input type="text"/>				
Alternatives	Selective	\$ <input type="text"/>				
Alternatives	Indicated	\$ <input type="text"/>				
Alternatives	Unspecified	\$ <input type="text"/>				
Alternatives	Total	\$	\$	\$	\$	\$
Problem Identification and Referral	Universal	\$ <input type="text"/>				
Problem Identification and Referral	Selective	\$ <input type="text"/>				
Problem Identification and Referral	Indicated	\$ <input type="text"/>				
Problem Identification and Referral	Unspecified	\$ <input type="text"/>				
Problem Identification and Referral	Total	\$	\$	\$	\$	\$

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

Footnotes:

### III: State Agency Expenditure Reports

Table 9 - Maintenance of Effort for State Expenditures on Mental Health Services

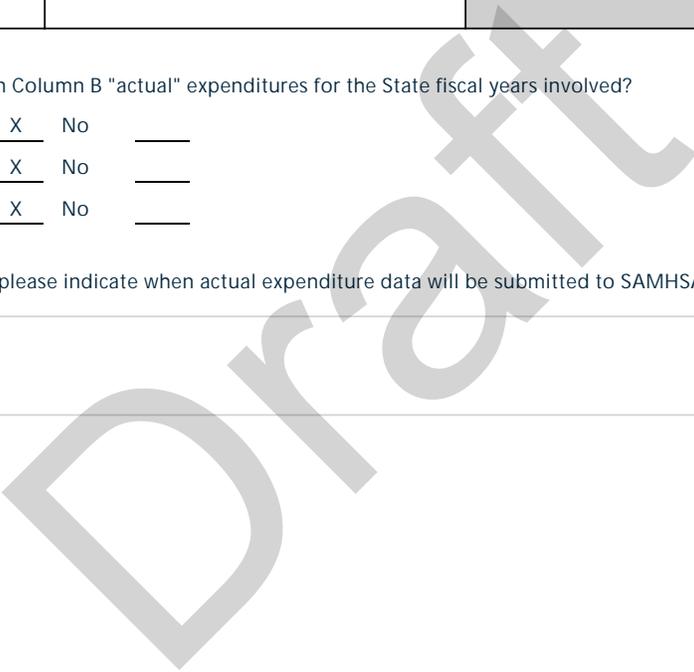
Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2011) + B2(2012)</u> 2 (C)
SFY 2011 (1)	\$67,987,100	
SFY 2012 (2)	\$69,654,000	\$68,820,550
SFY 2013 (3)	\$78,516,700	

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

SFY 2011      Yes      X      No    \_\_\_\_\_  
 SFY 2012      Yes      X      No    \_\_\_\_\_  
 SFY 2013      Yes      X      No    \_\_\_\_\_

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

footnote:



### III: State Agency Expenditure Reports

Table 10 - Report on Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2012	Estimated/Actual SFY 2013
\$35,690,000	\$40,000	\$46,131

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

footnote:

Draft

# I: State Information

## State Information

### I. State Agency for the Block Grant

Agency Name	Delaware Health & Social Services
Organizational Unit	Division of Substance Abuse & Mental Health
Mailing Address	1901 N. Dupont HWY Main Administration Building
City	New Castle
Zip Code	19720

### II. Contact Person for the Block Grant

First Name	Kevin
Last Name	Huckshorn
Agency Name	Division of Substance Abuse & Mental Health
Mailing Address	1901 N. Dupont HWY Main Administration Building
City	New Castle
Zip Code	19720
Telephone	302-255-9398
Fax	302-255-4427
Email Address	Kevin.Huckshorn@state.de.us

### III. Expenditure Period

State Expenditure Period	
From	7/1/2012
To	6/30/2013
Block Grant Expenditure Period	
From	10/1/2010
To	9/30/2012

### IV. Date Submitted

Submission Date	
Revision Date	

### V. Contact Person Responsible for Report Submission

First Name	Joseph
Last Name	Hughes
Telephone	302-255-9420
Fax	302-255-4428
Email Address	joseph.hughes@state.de.us

### VI. Contact Person Responsible for Substance Abuse Data

First Name	Joseph
Last Name	Hughes

Telephone 302-255-9420

Email Address joseph.hughes@state.de.us

footnote:

Draft

## II: Annual Report

Table 2 - State Priorities

Number	Title	Description
1	Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.	Consumers throughout Delaware's behavioral health system become the focus of a service system that is designed to provide person-centered services throughout.
2	Ensure access to effective culturally and linguistically competent services for underserved populations including Tribes, racial and ethnic minorities, and LBGTO individuals	Consumers throughout Delaware's behavioral health system will have access to a system of care that is culturally and linguistically competent.
3	Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.	Consumers throughout Delaware's behavioral health system receive services in a manner that promotes hope, recovery, and resiliency and community integration as components to their recovery planning process.
4	Increased accountability for behavioral health services through uniform reporting on access, quality, and outcomes of services.	Delaware's behavioral health system agencies employ increased accountability standards for behavioral health services through uniform reporting on access, quality, and outcomes of services.
5	Prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.	Delaware's behavioral health system agencies and provider organizations provide services to prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.
6	Conduct outreach to encourage individuals injecting or using illicit and/or licit drugs to seek and receive treatment.	Delaware's behavioral health system agencies and provider organizations conduct outreach to encourage individuals injecting or using illicit and/or licit drugs to seek and receive treatment.
7	Provide HIV prevention as early intervention services at the sites at which individuals receive substance use disorder treatment services.	Delaware's behavioral health system agencies and provider organizations provide HIV prevention as early intervention services at the sites at which individuals receive substance use disorder treatment services.
8	Increased accountability for prevention, early identification, treatment and recovery support activities through uniform reporting regarding substance use and abstinence, criminal justice involvement, education, employment, housing, and recovery supp	Delaware's behavioral health system agencies and provider organizations employ increased accountability standards for prevention, early identification, treatment and recovery support activities through uniform reporting regarding substance use and abstinence, criminal justice involvement, education, employment, housing, and recovery support services.
9	Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.	Delaware's behavioral health system agencies and provider organizations ensure access to a comprehensive system of care, including education, employment housing, case management, rehabilitation, dental services, and health services, as well as behavioral health services and supports.

footnote:

## II: Annual Report

Table 3 - Objectives, Strategies and Performance Indicators

Priority:	Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.
Goal of the priority area:	Ensure that the service providers contracted through DPH for HIV Early Intervention Services submit the required reporting information for FY12 performance indicators.
Strategies to attain the goal:	Work with DPH to collect data from the contracted service providers for HIV early intervention services, that is required for the FY12 reporting requirements. Specifically number of persons tested, referred to care, number of HIV positives, etc.
<b>Annual Performance Indicators to measure goal success</b>	
Indicator:	Collection and monitoring of performance reporting requirements for the annual FY12 SAPT BG report.
Description of Collecting and Measuring Changes in Performance Indicator:	Number of programs funded with SAPT funds in the state. Number of persons tested. Number of tests conducted. Number of persons testing positive and referred for treatment. Number of persons who did not know they were positive for HIV prior to FY12. Identify barriers, including state laws and regulations that allow for HIV testing services.
Achieved:	Yes
Proposed Changes:	

Reason Not Achieved:

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Ensure treatment and recovery support agencies are versed on referral and access to other health and social services available to substance abuse clients.

Strategies to attain the goal:

Work with provider agencies to determine their current level of knowledge on sister agency services. Coordinate educational opportunities and outreach material to service providers for other agency services. Incorporate referral and outreach services for other health and support service agencies into service provider contracts

Annual Performance Indicators to measure goal success

Indicator: 100% of all provider agencies currently licensed to provide substance abuse treatment services (50 in Fy2011) are educated on referral and access to other health and social services available to their clients.

Description of Collecting and Measuring Changes in Performance Indicator:

Identify service providers currently licensed to provide substance abuse treatment by the State of Delaware. Survey substance abuse and treatment service providers for current capacity for referral and access to other health and social services; track participation of provider representatives in educational opportunities; survey substance abuse and treatment service providers for capacity for referral and access to other health and social services at the end of the project period.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Hire 24 Peer Specialist

Strategies to attain the goal:

#### Implementation Strategies

Teach families skills and strategies for better supporting their family members' treatment and recovery in the community. Supports include training on identifying a crisis and connecting people in crisis to services, as well as education about mental illness and about available ongoing community-based services.

Family supports can be provided in individual and group settings.

Peer supports are services delivered by trained individuals who have personal experience with mental illness and recovery to help people develop skills, in managing and coping with symptoms of illness, self-advocacy identifying and using natural supports.

Peer supports can be provided in individual and group settings, in person or by phone.

- By July 1, 2012 the State will provide family or peer supports to 250 individuals per year.
- By July 1, 2013 the State will provide family or peer supports to 250 additional individuals per year.

#### Annual Performance Indicators to measure goal success

Indicator: Increase family or peer supports to serve 500 individuals

Description of Collecting and Measuring Changes in Performance Indicator:

Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131•12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the Parties intend that the principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and services to support individuals at risk of institutionalization are achieved.

As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction over the agreement.

The fore stated goal was established within the agreement and will be evaluated at least twice annually with its findings recorded in a report submitted to the Parties and the Court as comprehensive public report on the State's compliance including recommendations, if any, to facilitate or sustain compliance.

Measure:

DSAMH MIS databases will be used to substantiate progress towards the goal and activities listed above.

Achieved: N/A

Proposed Changes:

[Empty box for proposed changes]

Reason Not Achieved:

[Empty box for reason not achieved]

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Increase by 1% the number of consumers who respond positively to questions on the Consumer Satisfaction Survey regarding their role in setting goals and treatment strategies

Strategies to attain the goal:

- Evaluate the annual Consumer Satisfaction Survey to determine changes in those measures that reflect consumers as managing partners.
- Provide a variety of trainings to staff, contractor organizations and consumers that focus on recovery and the consumers' role in recovery.
- Infuse, through a focused clinical supervision program in each of the CMHCs, the concept of recovery, consumer strength focused treatment and outcomes.

Annual Performance Indicators to measure goal success

Indicator: The percentage of consumers receiving community-based services who actively participate in their own treatment planning.

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS) administered Consumer Satisfaction Survey (CSS).

Measure:

Numerator: Number of survey participants reporting active involvement in treatment planning. Denominator: Total valid responses on customer satisfaction survey items. Specific items include consumer comfort with asking questions about treatment and consumer determination of their own treatment goals.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Increase by 1% those consumers responding positively to the consumer satisfaction survey regarding satisfaction with the type, location, frequency, timeliness, and level of services.

Strategies to attain the goal:

Implementation Strategies:

- Develop clinic procedures that reflect the organization and philosophy of the Division's redesigned CMH clinic system.
- Develop clinic forms that streamline paperwork, support engagement of new clients and assist clinical and administrative staff in managing service delivery.
- Continue the use of the LOCUS criteria throughout the clinic system and integrate this tool into the clinic service operations.
- As a part of the Division's Technology Plan, select a vendor for MIS supports required by clinic staff to support clinical and administrative activities.
- Refine performance outcome measures for clinic services; begin collecting data to establish a performance base line for clinic services.
- Implement a statewide clinical supervision program.
- Expand the role of the RN in clinics to include the provision of a wide range of educational services including forums about primary health concerns, sexually transmitted diseases, nutritional awareness classes, etc. The goal is to provide consumers and their families with more general medical and nutritional information that can directly influence the consumer's quality of life.

Annual Performance Indicators to measure goal success

Indicator: The percentage of consumers responding positively to the Division's Consumer Satisfaction Survey on questions regarding satisfaction with the type, location, frequency, timeliness, and level of services.

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS) administered Consumer Satisfaction Survey (CSS).

Measure:

Numerator: # surveys who marked "agree" or "strongly agree" on specific items.

Denominator: Total valid responses  
on consumer satisfaction survey items

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Increase by 1% those individuals responding positively in the Consumer Satisfaction Survey to the summary question categories regarding access, quality, appropriateness, participation in treatment planning, and overall adequacy of services provided.

Strategies to attain the goal:

Implementation Strategies:

- Continue to implement the functions of the centralized Eligibility and Enrollment Unit (EEU) as a single portal for eligibility determination/re-determination for DSAMH long-term mental health and substance abuse programs; integrating the LOCUS level of need criteria into the eligibility and re-determination process; and conducting utilization review of individuals receiving services in the Division's high intensity community-based programs.
- Continue to monitor the implementation of LOCUS within the Division's intensive community programs to ensure its use in assessing need and determining need-focused programmatic supports;
- Implement and routinely use both the LOCUS and the Addiction Severity Index

(ASI) assessment in the community mental health centers.

Annual Performance Indicators to measure goal success

Indicator: Percentage of consumers reporting positively regarding perception of care.

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS) administered Consumer Satisfaction Survey (CSS).

Measure:

Measure: Percentage survey participants reporting satisfaction with outcomes.

Numerator: # surveys who marked "agree" or "strongly agree" on specific items.

Denominator: Total valid responses on consumer satisfaction survey items.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Increase the number of consumers responding positively about level of functioning by 2%

Strategies to attain the goal:

\*\*\*\*NEED DATA\*\*\*\*

Annual Performance Indicators to measure goal success

Indicator: Percentage of consumers who are satisfied with their level of functioning.

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS) administered Consumer Satisfaction Survey (CSS).

Measure:

Numerator: Number of surveys marked "agree or "strongly agree" on specific items relative to level of functioning

Denominator: Total number of consumers that complete the survey

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Increase the number of consumers responding positively about social supports/social connectedness by 2%

Strategies to attain the goal:

\*\*\*\*\*NEED DATA\*\*\*\*\*

Annual Performance Indicators to measure goal success

Indicator: Positive responses regarding social supports/social connectedness

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via DSAMH Management Information System (MIS), Consumer Status Survey (CSS)

Measure:

Numerator: Persons reporting satisfaction with their level of social supports/social connectedness

Denominator: Total number of consumers that complete the survey

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Maintain 36% of children not re arrested in 2012 attendance

Strategies to attain the goal:

DPBHS has been following these measures as they develop. DCMHS has invested 50,000 last year alone to be able to report on SED/ Juvenile Justice Recidivism rate. Our Departments strategic plan contains a well-balanced combination of initiatives to transform our Juvenile justice system. Continuing to look into ways to report this indicator.

Annual Performance Indicators to measure goal success

Indicator: Decrease Criminal Justice Involvement (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Number of SED children involved in Juvenile Justice (1 arrested)  
Division of Youth Rehabilitation Services, FACTS System, Department of Education

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Promote participation by people with mental health and substance abuse disorders in shared decision making person-centered planning, and self direction of their services and supports.

Goal of the priority area:

Support family/youth participation in the Advisory/Advocacy council, evaluation

Strategies to attain the goal:

Work with family organization to identify methods of increasing family participation across DPBHS programs and activities. Utilize lessons learned from teen client involvement in development of anti-stigma campaign to increase teen involvement in additional program and planning areas. Include family members in DPBHS evaluation projects, building on training from parent/support groups. Provide additional opportunities for DPBHS staff to learn from FF projects and collaborate in encouraging all families and youth to participate.

Annual Performance Indicators to measure goal success

Indicator: Recruit youth and family partnership at all levels annually

Description of Collecting and Measuring Changes in Performance Indicator:

Number of families participating in Advisory/Advocacy council/planning. CSMT reports, report from family organization, satisfaction survey re: involvement in planning, advisory council roster.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to effective culturally and linguistically competent services for underserved populations including Tribes, racial and ethnic minorities, and LBGTO individuals

Goal of the priority area:

Ensure cultural competency through all substance abuse prevention programs, policies, and practices to reduce health disparities among diverse populations related to substance abuse.

Strategies to attain the goal:

Work with the prevention community providers, both contracted and otherwise, to determine current level of knowledge on cultural competence as well as the level of cultural competence being implemented in their programs.

Engage faith based resources relevant for the community planning and service delivery of substance abuse prevention; Develop culturally competent training programs for faith based agencies, coalitions and staff of agencies providing services; Develop media campaign that promotes prevention strategies that are specific to the community needs; Work with colleges and universities to mentor and recruit bi-lingual students interested in providing substance abuse prevention services; Ensure that all prevention materials are available in multiple languages and multiple forms of communication as needed by the target group.

Annual Performance Indicators to measure goal success

Indicator: All contracted organizations and community prevention providers are educated on cultural competence to ensure community members have access to culturally sensitive programs/services.

Description of Collecting and Measuring Changes in Performance Indicator:

Survey substance abuse prevention service providers for level of knowledge attained during cultural competence trainings through pre- and post tests instruments; implement assessment surveys on a regular basis to providers implementing prevention surveys to assess the current level of cultural competence (semi-annually) and any changes in cultural sensitivity.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to effective culturally and linguistically competent services for underserved populations including Tribes, racial and ethnic minorities, and LBGTO individuals

Goal of the priority area:

To develop a relationship between (DSAMH) Single State Agency and the state recognized Delaware Nanticoke Indian Tribe.

Strategies to attain the goal:

Enhance communication and participation of the Tribe in our Delaware Prevention Advisory Committee (DPAC).

Annual Performance Indicators to measure goal success

Indicator: Dissemination of information regularly to the tribal contact on substance abuse and misuse. DSAMH will assist in identifying technical assistance opportunities and other resources.

Description of Collecting and Measuring Changes in Performance Indicator:

Number of communications with the Nanticoke Indian Tribe and the number of individuals in attendance at the DPAC meetings.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Goal of the priority area:

Establish (4) crisis apartments throughout the state

Strategies to attain the goal:

Implementation Strategies:

- Stabilize individuals as quickly as possible and assist them in returning to their pre-crisis level of functioning.
- Establish apartments where individuals experiencing a psychiatric crisis can stay, up to seven days to receive support in stabilization prior to returning home to the community.
- By July 1, 2012, the state will make operational two crisis apartments.
- By July 1, 2013, the state will make operational a minimum of two additional crisis apartments, ensuring that the four apartments total are spread throughout the state.

Annual Performance Indicators to measure goal success

Indicator: Establish 4 crisis apartments throughout the state

Description of Collecting and Measuring Changes in Performance Indicator:

Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131•12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the Parties intend that the principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and services to support individuals at risk of institutionalization are achieved.

As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction over the agreement.

The fore stated goal was established within the agreement and will be evaluated at least twice annually with its findings recorded in a report submitted to the Parties and the Court as comprehensive public report on the State's compliance including recommendations, if any, to facilitate or sustain compliance.

Measure:

State and local service provider databases pertinent to the data required to satisfy the adequate tracking of the information will be used to substantiate progress towards the goals and activities listed above.

Achieved: N/A

Proposed Changes:

[Empty text box for Proposed Changes]

Reason Not Achieved:

[Empty text box for Reason Not Achieved]

Priority: Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Goal of the priority area:

Establish 2 Crisis walk-in clinics statewide

Strategies to attain the goal:

Implementation Activities:

In addition to the crisis walk-in center in New Castle County serving the northern region of the State, by July 1, 2012, the State will make best efforts to make operational one crisis walk-in center in Ellendale to serve the southern region of the State. The crisis center in Ellendale shall be operational no later than September 1, 2012.

Annual Performance Indicators to measure goal success

Indicator: Establish (2) Crisis walk-in clinics statewide

Description of Collecting and Measuring Changes in Performance Indicator:

Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131•12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the Parties intend that the principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and services to support individuals at risk of institutionalization are achieved.

As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction over the agreement.

The fore stated goal was established within the agreement and will be evaluated at least twice with its findings recorded in a report submitted to the Parties and the Court as comprehensive public report on the State's compliance including recommendations, if any, to facilitate or sustain compliance.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Goal of the priority area:

Increase the number of individuals served in the DSAMH Mental Health System by 3%.

Strategies to attain the goal:

In Accordance with (State Strategic Goal #2: Delawareans receive mental health, substance abuse and gambling prevention and treatment services in continuum of overall health and wellness)

Implementation Strategies: Continue to improve the CMHC front door screening and triage process to ensure that:

- The CMHCs continue to practice "open access" services regardless of individual need.
- Continue to expedite the Eligibility and Enrollment Unit (EEU) review for "carve out" services and meet the 3-day response time to individuals seeking these services.

Annual Performance Indicators to measure goal success

Indicator: Increased access to services

Description of Collecting and Measuring Changes in Performance Indicator:

Delaware Division of Substance Abuse and Mental Health (DSAMH) will collect data via the Management Information System (MIS) Consumer database (DAMART) and DSAMH Clinical Care Information System (CCIS).

The goal will be measured by the total number of all persons receiving services in programs provided or funded by DSAMH.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Goal of the priority area:

Reduce the number of readmissions to the State psychiatric hospital within 180 days by .5%.

Strategies to attain the goal:

- Evaluate the annual Consumer Satisfaction Survey to determine changes in those measures that reflect consumers as managing partners.
  - Provide a variety of trainings to staff, contractor organizations and consumers that focus on recovery and the consumers' role in recovery.
  - Infuse, through a focused clinical supervision program in each of the CMHCs, the concept of recovery, consumer strength focused treatment and outcomes.
  - Continue to strengthen the discharge planning process among all providers for individuals who are hospitalized.
  - Increase medication and treatment continuity between hospital and community providers through physician-to-physician contacts.
  - Continue the role of the DSAMH Crisis programs in evaluating individuals for inpatient and seeking community alternatives.
  - Support the development of community based crisis respite capability by integrating respite services into Staffed Apartment programs.

• Continue to develop and evaluate the DSAMH "High-end" program. This program, targeting individuals who are the highest users of in-patient care, coordinates hospital and community care, provides individuals with specialized inpatient services and emphasizes continuity of care in all aspects of client care and recovery.

Annual Performance Indicators to measure goal success

Indicator: Reduce the number of readmissions to the State psychiatric hospital within 180

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via the Delaware Division of Substance Abuse and Mental Health (DSAMH) Management Information System (MIS) Consumer Information Manager (CIM), CRF MH Master Table and DPC Episode Table.

Numerator: Total number of adults with SMI who were readmitted within 180 days

Denominator: Total number of adults with SMI who were discharged during the fiscal year

Achieved: N/A

Proposed Changes:

Empty text box for proposed changes.

Reason Not Achieved:

Empty text box for reason not achieved.

Priority: Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Goal of the priority area:

Reduce the number of readmissions to the State psychiatric hospital within 30 days by .5%.

Strategies to attain the goal:

Implementation Strategies:

- Provide a variety of trainings to staff, contractor organizations and consumers that focus on recovery and the consumers' role in recovery.
- Infuse, through a focused clinical supervision program in each of the CMHCs, the concept of recovery, consumer strength focused treatment and outcomes.
- Continue to strengthen the discharge planning process among all providers for individuals who are hospitalized.
- Increase medication and treatment continuity between hospital and community providers through physician-to-physician contacts.
- Continue the role of the DSAMH Crisis programs in evaluating individuals for inpatient and seeking community alternatives.
- Support the development of community based crisis respite capability by integrating respite services into Staffed Apartment programs.
- Continue to develop and evaluate the DSAMH "High-end" program. Promote continuum of care between inpatient facilities and all community based programs targeting individuals who are the highest users of in-patient care, coordinates hospital and community care, provides individuals with specialized in-patient services and emphasizes continuity of care in all aspects of client care and recovery.
- Continue efforts to establish a crisis unit modeled on the Wilmington Hospital's CAPES unit, in southern Delaware.

Annual Performance Indicators to measure goal success  
 Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

Description of Collecting and Measuring Changes in Performance Indicator:  
 Data will be collected via Delaware Division of Substance Abuse and Mental Health (DSAMH) Management Information System (MIS) Consumer Information Manager (CIM), CRF MH Master Table and DPC Episode Table.  
 Numerator: Total number of adults with SMI who were readmitted within 30 days  
 Denominator: Total number of adults with SMI who were discharged during the fiscal year.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Goal of the priority area:

Reduce utilization of inpatient hospitalization by 25%

Strategies to attain the goal:

Study success factors in reduction of hospital readmissions from 2010 to 2011, Identify client and service factors associated with multiple readmissions, e.g., adequacy of discharge planning with family and local providers, gaps in continuity of care when clients move from DPBHS services to private sector services. Study patterns of hospitalization from residential treatment centers outside Delaware.

Annual Performance Indicators to measure goal success

Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Total number of children readmitted with 30 days. Denominator: Total number of children discharged within the fiscal year. Use of the Family and Child Tracking System (FACTS)

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Promote hope, recovery, resiliency and community integration for adults with serious mental illness and children with serious emotional disturbances and their families.

Goal of the priority area:

Reduce utilization of inpatient hospitalization by 15%

Strategies to attain the goal:

Identify client and service factors associated with multiple readmissions, e.g., adequacy of discharge planning with family and local providers, gaps in continuity of care when clients move from DCMHS services to private sector services. •Study patterns of hospitalization from residential treatment centers outside Delaware.

Annual Performance Indicators to measure goal success

Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Total number of children readmitted with 30 days. Denominator: Total number of children discharged within the fiscal year. Use of the Family and Child Tracking System (FACTS)

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Increased accountability for behavioral health services through uniform reporting on access, quality, and outcomes of services.

Goal of the priority area:

Complete 100% of the DIG Data Tables (19 total)

Strategies to attain the goal:

Implementation Strategies:

- Continue DSAMH data mart (DAMART) and consumer/client satisfaction survey initiatives in order to further develop the decision support system. In addition, the Division will work with CMHS and other States in refining a uniform reporting format that will allow the State to describe system components and track its progress on various outcomes over time.
- Continue to develop and refine the Division's information system infrastructure for related processes needed for decision support in a managed care environment.
- Continue to maintain HIPAA compliance and implement the National Provider Identifier for all programs.
- Review current clinical data base systems available to staff with the goal of

developing a comprehensive system that assists in the provision of State provided services; can provide assessment, utilization review, pre-authorization and case/contract monitoring as a part of the Division's move toward centralized managed care oversight and management and; is integrated into existing data base systems via the MCI. The current project plan calls for an operational system effective January 2008.

- Continue to assist in the implementation of LOCUS system wide by providing technical support.

Annual Performance Indicators to measure goal success

Indicator: Completion of the Basic and Developmental Tables under the Data Infrastructure

Description of Collecting and Measuring Changes in Performance Indicator:

Data collected via CMHS Block Grant Basic and Developmental Tables under the Data Infrastructure

Measure:

Numerator: CMHS Block Grant, Section V Report

Denominator: DSAMH Data

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Increased accountability for behavioral health services through uniform reporting on access, quality, and outcomes of services.

Goal of the priority area:

Ensure priority access to treatment services for pregnant women and women with dependent children.

Strategies to attain the goal:

Ensure a process is in place for reporting pregnant women and women with dependent children, as it relates to time between application for treatment and admission into services. Work with the EEU (admissions unit) and the quality improvement unit to identify how best to monitor waiting times for women who are pregnant and women with dependent children. Develop reporting guidelines/requirements and ensure they are entered into service provider contracts. Develop a process for reporting any deficiencies in wait times for this population into performance improvement reports issued by the Quality Improvement Unit.

Annual Performance Indicators to measure goal success

Indicator: 100% of admissions of pregnant women and women with dependent children are admitted into treatment services within statute required timelines.

Description of Collecting and Measuring Changes in Performance Indicator:

Collecting data on all pregnant women and women with dependent children admitted into treatment services each year. Analyze and evaluate the data twice each year by comparing wait times to those required by federal statute. Report any deficiencies to SAMHSA, the Director of DSAMH, and the Quality Improvement Unit for improvement measures in the next performance period for the service provider.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Increased accountability for behavioral health services through uniform reporting on access, quality, and outcomes of services.

Goal of the priority area:

Ensure that all behavioral health services funded by the State are of good quality and are sufficient to help individuals achieve positive outcomes, including increased integration and independence, and self-determination in all life domains.

Strategies to attain the goal:

Implementation Activities:

The State will -use Quality Service Reviews (QSRs) to evaluate the quality of services at an individual, provider and system-wide level.

QSRs will collect information through a sample of face-to-face interviews of the consumer, relevant professional staff, and other people involved in the consumer's life and through review of individual treatment plans, at least once each year.

QSRs will evaluate, among other things; whether individuals' needs are being identified, whether supports and services are meeting individuals' needs, and whether supports and services are designed around individuals' strengths and meeting individuals' goals.

The State will design a process for implementing QSRs in conjunction with the independent monitor, with input from SAMHSA as needed.

#### Annual Performance Indicators to measure goal success

Indicator: Implement Quality Service Reviews (QSRs) system-wide at least once each year with each service provider licensed by DSAMH (50 licensed providers in FY11).

#### Description of Collecting and Measuring Changes in Performance Indicator:

Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131-12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the Parties intend that the principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and services to support individuals at risk of institutionalization are achieved.

As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction over the agreement.

The fore stated goal was established within the agreement and will be evaluated at least twice with its findings recorded in a report submitted to the Parties and the Court as comprehensive public report on the State's compliance including recommendations, if any, to facilitate or sustain compliance.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Increased accountability for behavioral health services through uniform reporting on access, quality, and outcomes of services.

Goal of the priority area:

Monitor and evaluate the effectiveness of programs and services funded through the SAPT BG and utilize outcome measures to drive decision making for prevention services through-out Delaware.

Strategies to attain the goal:

Develop an online system utilizing KIT Solutions Utilize, to monitor program activities, process, and outcomes of prevention strategies. KIT Solutions allows providers to upload all relevant prevention information, including a work plan and assessment/evaluation reports onto a web-based system to track community change.

Delaware will continue to utilize the State Epidemiological Outcomes Workgroup (SEOW), also known as the Delaware Drug and Alcohol Tracking Alliance (DDATA) to monitor effectiveness and evaluate programs and services. In addition, DSAMH will outreach to new institutions of higher education, community organizations, and faith-based agencies to participate in the evaluation process for understanding the outcomes of programs and services.

Annual Performance Indicators to measure goal success

Indicator: All contracted providers will utilize KIT Solutions to monitor program process and outcomes. DDATA will continue to develop annual state and substate Epidemiological Profiles.

Description of Collecting and Measuring Changes in Performance Indicator:

KIT Solutions program will identify contractor programs and outcomes. Pre/Post tests for activities and programs will be developed and uploaded to the system to monitor program outcomes.

The annual state and substate Epidemiological Profiles will identify data trends in relation so substance abuse consumption and consequence patters. Comparison reports from year to year will be analyzed to determine change.

Achieved: No

Proposed Changes:

New state prevention staff (DSAMH & DPBHS) will be trained by KIT Solutions by November 2013. By December 2013, all prevention SAPT BG prevention contracted providers will have approved work plans in KIT Solutions, which will allow for ongoing program process and outcome data to be input into the system. DSAMH & DPBHS prevention staff will monitor provider level data on a monthly basis to ensure utilization of the KIT Solutions system. Full utilization of the KIT Solution System will be in force by the end of the calendar year 2013. DSAMH & DPBHS prevention staff will utilize KIT Solutions data to monitor program processes and outcomes for evaluation, reporting, and strategic prevention planning.

Reason Not Achieved:

Currently, SAPT BG contracted providers have started to utilize KIT Solutions to input preliminary work plan data into the system [66% of the contracted providers have input preliminary data into KIT Solutions]. Monthly reporting or program level data has not been input into the KIT Solutions system yet by the contracted providers. Initial training and technical assistance has been facilitated by DSAMH & DPBHS with the support of KIT Solutions Staff; however, due to personnel changes and vacancies at the State level, monitoring and technical assistance was not able to be provided on a regular basis to the service providers, therefore, full utilization of KIT Solutions to monitor program processes and outcomes has not commenced.

Priority: Prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.

Goal of the priority area:

10% reduction in the misuse of prescription opiates and use of illegal narcotics across the life course

Strategies to attain the goal:

Use a variety of evidence-based principles, programs and practices as well as environmental strategies to dissuade use of opiates. Recognize that environmental strategies and harm reduction approaches to address opiate misuse and abuse can be part of a comprehensive priority strategy.

Use information Dissemination/Raising Awareness--support media campaigns and provide information in public settings targeting parents to reduce youth; provide information to legislators and state and community decision-makers concerning prevalence and risks associated with youth abuse; collaborate with other state agencies to provide timely and accurate information concerning state laws and policies concerning abuse of opiates;

Education--provide professional development opportunities for state and community-based prevention workers (CADCA and other trainings) and support and promote parent trainings and trainings of volunteers;

Alternative Activities--support and promote events and regular activities contraindicative to youth substance abuse;

Use contracts and other Community-Based Processes to promote and support community engagement and involvement in strategic planning, leveraging of resources, collaborative activities (grants to and support of community coalitions);

Environmental Strategies--work with legislators and state and community-based decision-makers to provide timely and accurate information on evidence-based environmental policies and practices; support use of evidence-based environmental strategies at community and state levels;

Problem Identification and Referral--support and promote and provide training in SBIRT for use in community settings to include judicial, school-based health centers and private health-based practices

#### Annual Performance Indicators to measure goal success

Indicator: Misuse of prescription opiates and use of illegal narcotics (Youth Prevention)

#### Description of Collecting and Measuring Changes in Performance Indicator:

Repeated measures of the Performance Indicators updated quarterly for short term measures and at least annually for long term measures

Changes in laws, policies and operating procedures

Achieved: No

#### Proposed Changes:

DSAMH & DPBHS are working with an evaluation team to identify current consumption and consequence patterns to establish baseline measures. Once appropriate baseline measures are established; DSAMH & DPBHS will identify new goals to address the needs in the State. In addition, once KIT Solutions (the prevention web-based evaluation tracking system) is fully utilized by the prevention providers, DSAMH and DPBHS will be able to better monitor and track performance and outcome measures.

#### Reason Not Achieved:

The strategies indicated to address this goal were accomplished by the community based providers (Delaware Prevention Coalition); however, an accurate base line has not been established to address whether a 10% reduction has occurred.

Priority: Prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.

Goal of the priority area:

Build state and community capacity to implement and sustain professional development through training and technical assistance for substance abuse prevention programs, policies, and practices throughout the goals outlined in the state prevention plan

Strategies to attain the goal:

Develop and maintain a set of core competencies for prevention providers to adhere to.

Provide training and technical assistance at the community level (programmatic assistance and building of a community-level prevention infrastructure) to obtain and sustain credentialed prevention providers (Certified Prevention Specialists).

Facilitate a workforce development workgroup to assess the training and technical assistance needs within the state to develop and implement appropriate and adequate trainings.

Niether harm reduction approaches or SBIRT are included in the State's calculation of funding for Primary Prevention in connection with the 20% or greater set-aside for Primary Prevention.

Partner with state and community agencies to leverage current capacity building resources to develop the current prevention workforce.

#### Annual Performance Indicators to measure goal success

Indicator: Relevant substance abuse prevention trainings and technical assistance are provided to both contracted and additional community agencies to build the prevention workforce in order to enhance the prevention services being provided throughout the state.

Description of Collecting and Measuring Changes in Performance Indicator:

Number of core competencies for prevention providers; Number of Certified Prevention Specialists (CPS); number of Trainings provided; number of individuals served at prevention trainings.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.

Goal of the priority area:

Decrease alcohol use, misuse, and abuse by 10% for those underage and 5% for young adults

Strategies to attain the goal:

Use a variety of evidence-based principles, programs and practices as well as environmental strategies to dissuade youth use of alcohol. Recognize that environmental strategies and harm reduction approaches to address binge drinking can be part of a comprehensive priority strategy.

Use Information Dissemination/Raising Awareness--support media campaigns and provide information in public settings targeting parents to reduce youth access to alcohol (Town Hall Meetings, Step Up Campaign); provide information to legislators and state and community decision-makers concerning prevalence and risks associated with youth consumption and young adult abuse;

Collaborate with other state agencies to provide timely and accurate information concerning state laws and policies concerning underage use and abuse of alcohol and provision of alcohol to minors;

Education--provide professional development opportunities for state and community-based prevention workers (CADCA and other trainings) and support and promote parent trainings and trainings of volunteers;

Alternative Activities--support and promote events and regular activities contraindicative to underage drinking (Youth Summit, extra hours at community centers, curfew center, school-based activities and after-hours access);

Use contracts and other Community-Based Processes to promote and support community engagement and involvement in strategic planning, leveraging of resources, collaborative activities (grants to and support of community coalitions)

Environmental Strategies--work with legislators and state and community-based decision-makers to provide timely and accurate information on evidence-based environmental policies and practices; support use of evidence-based environmental strategies at community and state levels

Problem Identification and Referral--support and promote and provide training in SBIRT for use in community settings to include judicial, school-

based health centers and private health-based practices

Annual Performance Indicators to measure goal success

Indicator: Underage alcohol use and misuse prevention (Youth Prevention)

Description of Collecting and Measuring Changes in Performance Indicator:

Repeated measures of the Performance Indicators updated quarterly for short term measures and at least annually for long term measures  
Changes in laws, policies and operating procedures

Achieved: No

Proposed Changes:

DSAMH & DPBHS are working with an evaluation team to identify current consumption and consequence patterns to establish baseline measures. Once appropriate baseline measures are established; DSAMH & DPBHS will identify new goals to address the needs in the State. In addition, once KIT Solutions (the prevention web-based evaluation tracking system) is fully utilized by the prevention providers, DSAMH and DPBHS will be able to better monitor and track performance and outcome measures.

Reason Not Achieved:

The strategies indicated to address this goal were accomplished by the community based providers (Delaware Prevention Coalition); however, an accurate base line has not been established to address whether a 10% and 5% reduction has occurred during this reporting period.

Priority: Prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.

Goal of the priority area:

Engage prevention stakeholders and coordinate substance abuse prevention services in Delaware through the implementation of State and Community-level Strategic Prevention Plans supported by state funded community contracts.

Strategies to attain the goal:

Support a comprehensive theory/promising practices and evidence-based prevention programs, policies, and practices (EBPs) through community-

based contracts.

Implement community prevention contracts utilizing the Strategic Prevention Framework (SPF); assessment, capacity, planning, implementation, evaluation, cultural competence, and sustainability. Contracted organizations will provide a comprehensive implementation plan, based on the needs identified within their communities, including the following six CSAP prevention strategies: Information Dissemination; Prevention Education; Alternative Activities; Community-Based Process; Environmental Approaches; and Problem Identification & Referral.

Annual Performance Indicators to measure goal success

Indicator: Development and implementation of community-based substance abuse prevention contracts.

Description of Collecting and Measuring Changes in Performance Indicator:

Number of DSAMH prevention contracts; number of individuals served by contracts; number of prevention activities, strategies, and events.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Prevent the use, misuse, and abuse of alcohol, tobacco products, illicit drugs, and prescription medications.

Goal of the priority area:

Reduction in marijuana use, for youth and young adults by 10%

Strategies to attain the goal:

Use a variety of evidence-based principles, programs and practices as well as environmental strategies to dissuade youth use of marijuana. Recognize that environmental strategies and harm reduction approaches to address marijuana use can be part of a comprehensive priority strategy.

Use information Dissemination/Raising Awareness--support media campaigns and provide information in public settings; provide information to legislators and state and community decision-makers concerning prevalence and risks associated with youth consumption and risks associated with initiation of medical marijuana policies and practices;

Collaborate with other state agencies to provide timely and accurate information concerning state laws and policies concerning underage use Education--provide professional development opportunities for state and community-based prevention workers (CADCA and other trainings) and support and promote parent trainings and trainings of volunteers;

Alternative Activities--support and promote events and regular activities contraindicative to underage use;

Use contracts and other Community-Based Processes to promote and support community engagement and involvement in strategic planning, leveraging of resources, collaborative activities (grants to and support of community coalitions);

Environmental Strategies--work with legislators and state and community-based decision-makers to provide timely and accurate information on evidence-based environmental policies and practices as Delaware initiates policies on medical marijuana; support use of evidence-based environmental strategies at community and state levels;

Problem Identification and Referral--support and promote and provide training in SBIRT for use in community settings to include judicial, school-based health centers and private health-based practices

Annual Performance Indicators to measure goal success

Indicator: Marijuana use, for youth and young adults (Youth Prevention)

Description of Collecting and Measuring Changes in Performance Indicator:

Repeated measures of the Performance Indicators updated quarterly for short term measures and at least annually for long term measures

Changes in laws, policies and operating procedures

Achieved: No

Proposed Changes:

DSAMH & DPBHS are working with an evaluation team to identify current consumption and consequence patterns to establish baseline measures. Once appropriate baseline measures are established; DSAMH & DPBHS will identify new goals to address the needs in the State. In addition, once KIT Solutions (the prevention web-based evaluation tracking system) is fully utilized by the prevention providers, DSAMH and

DPBHS will be able to better monitor and track performance and outcome measures.

Reason Not Achieved:

The strategies indicated to address this goal were accomplished by the community based providers (Delaware Prevention Coalition); however, an accurate base line has not been established to address whether a 10% reduction has occurred during this reporting period.

Priority: Conduct outreach to encourage individuals injecting or using illicit and/or licit drugs to seek and receive treatment.

Goal of the priority area:

Increase the number of participants in the needle exchange program

Strategies to attain the goal:

Work with the needle exchange program service provider to increase the outreach opportunities for the program. Provide funding to increase the number of syringes purchased for the program. Collect data on the number of different participants in the program. Ensure outreach material is available for distribution with syringes.

Annual Performance Indicators to measure goal success

Indicator: Number of participants in the needle exchange program

Description of Collecting and Measuring Changes in Performance Indicator:

Identify monthly statistics of needle exchange usage; identify number of individuals utilizing these services; compare monthly statistics from previous project period with statistics collected during current project period.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Conduct outreach to encourage individuals injecting or using illicit and/or licit drugs to seek and receive treatment.

Goal of the priority area:

Increase the number of participants in treatment for illicit and/or licit drugs

Strategies to attain the goal:

Provide outreach material to HIV early intervention programs throughout the state. Ensure that HIV early intervention programs are versed on methods for accessing the treatment system throughout the state. Ensure social service agencies, courts, and correctional agencies are provided with outreach materials for accessing the drug treatment system in the state. Track the number of outreach materials that are used for distribution to known drug users.

Annual Performance Indicators to measure goal success

Indicator: Number of participants in treatment for illicit and/or licit drugs.

Description of Collecting and Measuring Changes in Performance Indicator:

Identify number of participants currently in treatment for illicit and/or licit drugs; collect statistics from Consumer Reporting Form (CRF) for project period; compare project period statistics with previous project period statistics.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Provide HIV prevention as early intervention services at the sites at which individuals receive substance use disorder treatment services.

Goal of the priority area:

Ensure HIV prevention educational material is available at every licensed substance use treatment provider throughout the state.

Strategies to attain the goal:

Work with the Division of Public Health to distribute educational material for HIV prevention to all substance use treatment providers throughout the state. Ensure service providers are versed in methods for accessing HIV prevention services. Work with substance use service providers to ensure they are aware of access to HIV early intervention services.

Annual Performance Indicators to measure goal success

Indicator: HIV prevention educational material is available at every DSAMH licensed substance use treatment provider (50 licensed in Fy2011) throughout the state.

Description of Collecting and Measuring Changes in Performance Indicator:

Meet with the Division of Public Health and develop a memorandum of understanding for distributing educational material; Review educational or instructional content provided to substance abuse treatment providers to ensure applicability to project; meet with substance abuse providers and evaluate their ability to relate subject matter to the substance abuse population.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Increased accountability for prevention, early identification, treatment and recovery support activities through uniform reporting regarding substance use and abstinence, criminal justice involvement, education, employment, housing, and recovery supp

Goal of the priority area:

Create aa annual report to comply with DOJ requirements

Strategies to attain the goal:

MIS will work with DSAMH Executive staff and Planning staff to develop an annual report format, develop data requirements, and create a narrative section. This report will reflect the progress made by DSAMH toward the requirements agreed to in the US DOJ v The State of Delaware Settlement Agreement.

Annual Performance Indicators to measure goal success

Indicator: DSAMH will complete a draft of this report by June 30th 2013

Description of Collecting and Measuring Changes in Performance Indicator:

DSAMH is not currently reporting on the status of the requirements listed in the US DOJ Settlement Agreement.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Increased accountability for prevention, early identification, treatment and recovery support activities through uniform reporting regarding substance use and abstinence, criminal justice involvement, education, employment, housing, and recovery supp

Goal of the priority area:

Implement KIT Solutions web reporting software to track reporting for prevention outcomes

Strategies to attain the goal:

DSAMH and DPBHS will provide providers access to this Web Based Reporting software. This software will collect data on Evidence Based Practices (EBPs), Primary Prevention activities, Institute of Medicine (IOM) strategies, and expenditures for each of these items. During State Fiscal Year (SFY) 2012, the providers will begin reporting data into this system. This data will help with our annual reporting duties.

Annual Performance Indicators to measure goal success

Indicator: Increase the number of providers using this system from 0% in FFY 2012 to 100% during FFY 2013

Description of Collecting and Measuring Changes in Performance Indicator:

DSAMH and DPBHS will track the number of providers reporting during FFY 2012 and during FFY 2013 to determine if this goal was achieved.

Achieved: No

Proposed Changes:

New state prevention staff (DSAMH & DPBHS) will be trained by KIT Solutions by November 2013. By December 2013, all prevention SAPT BG prevention contracted providers will have approved work plans in KIT Solutions, which will allow for ongoing program process and outcome data to be input into the system. DSAMH & DPBHS prevention staff will monitor provider level data on a monthly basis to ensure utilization of the KIT Solutions system. Full utilization of the KIT Solution System will be in force by the end of the calendar year 2013. DSAMH & DPBHS prevention staff will utilize KIT Solutions data to monitor program processes and outcomes for evaluation, reporting, and strategic prevention planning.

Reason Not Achieved:

Currently, SAPT BG contracted providers have started to utilize KIT Solutions to input preliminary work plan data into the system [66% of the contracted providers have input preliminary data into KIT Solutions]. Monthly reporting or program level data has not been input into the KIT Solutions system yet by the contracted providers. Initial training and technical assistance has been facilitated by DSAMH & DPBHS with the support of KIT Solutions Staff; however, due to personnel changes and vacancies at the State level, monitoring and technical assistance was not able to be provided on a regular basis to the service providers, therefore, full utilization of KIT Solutions to monitor program processes and outcomes has not commenced.

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Completion of one prevalence estimation

Strategies to attain the goal:

Implementation Strategies:

• Using Delaware's 2000 census data and the Delaware Population Consortium

estimates for 2010, determine the prevalence of SMI in the State of Delaware, using the standard estimation methodology published by SAMHSA in the June 24, 1999 Federal Register, Vol. 64, No. 121.

Annual Performance Indicators to measure goal success

Indicator: Determination of prevalence estimate of SMI and SPMI for adults

Description of Collecting and Measuring Changes in Performance Indicator:

Delaware's 2000 census data and the Delaware Population Consortium estimates for 2010, determine the prevalence of SMI in the State of Delaware, using the standard estimation methodology published by SAMHSA in the June 24, 1999 Federal Register, Vol. 64, No. 121.

Achieved: N/A

Proposed Changes:

Empty text box for proposed changes.

Reason Not Achieved:

Empty text box for reason not achieved.

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Decrease the percentage of people needing treatment for drug and alcohol dependency and not receiving services

Strategies to attain the goal:

Ensure that treatment access information is made available through all state service centers and service agency providers; evaluate outreach mechanisms employed by service agency providers; assess referral services so that they are effective

Annual Performance Indicators to measure goal success

Indicator: Percentage of people needing treatment but not receiving it decreasing

Description of Collecting and Measuring Changes in Performance Indicator:

Compare statistics for people needing treatment and not receiving services for the project period with prior years statistics.

Achieved: No

Proposed Changes:

DSAMH requested technical assistance in the form of a consultant to provide a range of targeted TA through on- and off-site consultation to address the substance abuse treatment infrastructure, service array and protocols; and to assist with the coordinated TA efforts of other SAMHSA sponsored TA. This technical assistance was requested by DSAMH because Delaware's community substance abuse services system is inefficient, lacks coordination and expert oversight, and rewards process versus outcomes.

The technical assistance will improve DSAMH's internal expertise in designing and transforming from an acute care model to a recovery-oriented system, with emphasis on peer-driven recovery supports and long-term client engagement and retention. The improved system intends to be integrated with the community mental health system and primary healthcare to address co-occurring disorders. The array of services, treatment protocols and payment mechanisms will be re-designed to allow for maximization of Medicaid reimbursement and the reinvestment of State/SAPTBG funds to support recovery, to prepare for state Medicaid expansion and ACA implementation.

Access to care and availability of services will improve through the technical assistance the State of Delaware will receive and the pending system enhancements. DSAMH will continue to receive technical assistance through FY14-15 as needed on these identified topics.

Reason Not Achieved:

The State of Delaware continues to identify access and availability to treatment as a barrier within the substance abuse treatment system. DSAMH, as well as community providers, continue to promote the availability of substance abuse treatment services through a variety of networks. While access and availability has improved, DSAMH still identifies individuals who are in need of treatment, but are either not seeking treatment or not receiving it.

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Ensure sister health and social service agencies under the Department of Health and Social Services are versed and knowledgeable of methods for accessing the treatment and recovery support system.

Strategies to attain the goal:

Coordinate educational opportunities with sister agencies for providing outreach for treatment and recovery services. Ensure outreach materials are available for sister agencies to provide to their clientele. Coordinate agreements with sister health and social service agencies to provide outreach and educational information to their clientele. Ensure sister agencies are informed of the requirement of priority treatment for women who are pregnant and women with dependent children.

Annual Performance Indicators to measure goal success

Indicator: Education is provided to other DHSS service agencies for accessing treatment and recovery support services.

Description of Collecting and Measuring Changes in Performance Indicator:

Track participation of service agencies in educational opportunities; Track the amount of outreach material distributed to other DHSS service agencies; Add soliciting questions to the Consumer Satisfaction Survey regarding information and access to other social services while using substance abuse treatment services.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Ensure support to prevention stakeholders to allow access to prevention and behavioral health system resources.

Strategies to attain the goal:

Provide regular communication and access to and with communicate with prevention stakeholders.

Annual Performance Indicators to measure goal success

Indicator: Disseminate information regularly on emerging trends and issues within the behavioral health field; provide access to information on supports and resources for individuals to take advantage of within the state.

Description of Collecting and Measuring Changes in Performance Indicator:

Number of emails and correspondence made with community to promote prevention and additional behavioral health strategies, initiatives, events, and activities.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Improve the appropriateness of treatment

Strategies to attain the goal:

Participate in defining evidence-based processes and practices for children's behavioral health services through NASMHPD and NRI work groups. Provided training in evidence-based practice as part of annual DPBHS training plan. Define evidence-based practice protocols with participation of case management and direct provider staff members. Evaluate any available tool kits and fidelity scales. Develop protocols for evaluation of outcome of treatment approaches that constitutes "promising practices". Include measures of evidence-based practice in provider monitoring protocols. Continue building an electronic library of information on evidence-based practice and fidelity measurement.

Annual Performance Indicators to measure goal success

Indicator: Increase the number of EBP practices provided bi-annually (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Number of EBP practices provided.  
Provider survey and monitoring reports Family and Children Tracking System (FACTS)

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Improvement in school attendance.

Strategies to attain the goal:

DPBHS continues to strengthen this NOM. Our FACTS system currently can report on attendance: Regular, Sporadic, Not at all, Expelled/not enrolled or dropped out. With additional funding we are enhancing our data system to provide more data for use. DPBHS is currently working with The Department of Education (DOE) to create a system where this information will come directly out of DOE and into our system. DOE has implemented a new statewide tracking system which is currently up and running. DPBHS has been following this NOM while in development phases and will be prepared to fully report in the future.

Annual Performance Indicators to measure goal success

Indicator: % of children in DPBHS services who reported improvement in their school (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Number of children attending school and reporting improvement  
FACTS System, Department of Education.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase access through outreach and prevention activities for special populations

Strategies to attain the goal:

Coordinate with DYRS and DFS training schedule. Cross-train sister divisions train the trainer. Provide information on DPBHS services and access to mobile crisis services to targeted programs and facilities. Track and analyze referral and service patterns related to identified programs and facilities. Expand outreach and prevention activities to include HIV and suicide prevention and coordinate with DSCYF and community organizations.

Annual Performance Indicators to measure goal success

Indicator: Implement at 2 new outreach activities to special populations (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Number of activities/trainings conducted.  
DPBHS FACTS System. DFS and DYRS program administrators. DPBHS outreach database and community partners. Communication and Outreach Plan.

Achieved: Yes

Proposed Changes:

[Empty text box for proposed changes]

Reason Not Achieved:

[Empty text box for reason not achieved]

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase by 1% the number of adults with SMI receiving services that reside in Kent and Sussex counties

Strategies to attain the goal:

- Provide services in conjunction with DPH primary health care Clinic in Georgetown targeting monolingual Hispanic populations.

• Continue to expand outreach activities and enhance engagement and access services for individuals in Kent and Sussex Counties via Front-Door teams and the Federally Supported PATH program.

Annual Performance Indicators to measure goal success

Indicator: Percentage of adults with SMI residing in Kent and Sussex Counties who receive publicly funded mental health services provided by the Division of Substance Abuse and Mental Health, Delaware Physicians Care, Inc. (DPCI), and the Diamond State Health Plan (

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via DSAMH MIS CIM service files and provider files.

Measure:

Numerator: DSAMH MIS CIM service files and provider files

Denominator: Division estimate of number of adults with SMI residing in Kent and Sussex counties.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase by 1% the number of persons who report receiving one or more EBP

Strategies to attain the goal:

Implementation Strategies:

- Continue to "roll-out" the integration of evidence based services for individuals with co-occurring mental illness and substance abuse diagnoses within all community based programs.
- Continue to include language that requires the use of EBPs in SA outpatient/Day Treatment/IOP contracts.
- Continue to include language that requires the use of EBPS in MH services contracts.
- Review the use of EBPs during program monitoring visits
- Continue to provide training opportunities both for core EBPs and promising practices.
- Develop an evaluative mechanism to monitor the outcomes of services for cooccurring disorders.

Annual Performance Indicators to measure goal success

Indicator: Number of persons receiving evidence based practices (system-wide)

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS) administered Consumer Satisfaction Survey (CSS).

Measure:

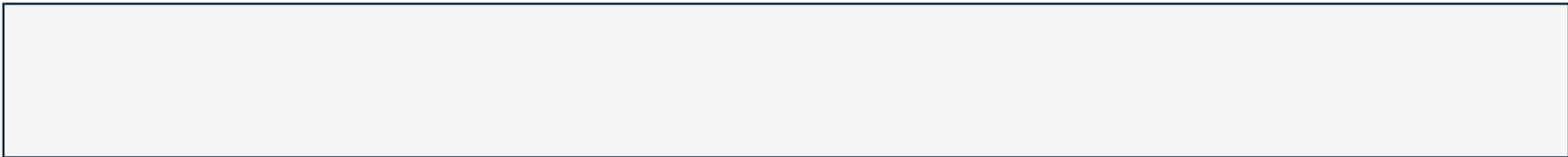
Number of consumers who report receiving one or more EBP provided by the State.

Achieved: N/A

Proposed Changes:

Empty box for proposed changes.

Reason Not Achieved:



Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase by 50% the number of adults w/ SMI that receive Evidence Based Supported Employment

Strategies to attain the goal:

- Implement activities that will allow operation of a statewide employment project that applies a more flexible approach to employment services within the context of the CCCP model.
- Support statewide initiative to reduce barriers to employment for persons with disabilities through the implementation of benefits counseling services based on the Delaware Division of Vocational rehabilitation's (DVR) Project CLIMB.
- Provide training opportunities to providers regarding employment Evidence Based Practices.
- Collect and analyze employment data among the Division's CCCP providers to establish employment benchmarks to be used in developing incentive targets among contracted providers.
- By July 1, 2012, the State will provide supported employment to 100 individuals per year.
- By July 11, 2013, the State will provide supported employment to 300 individuals per year.

Annual Performance Indicators to measure goal success

Indicator: Adults with SMI or COD receiving Evidence Based Supportive Employment as part of their recovery plan.

Description of Collecting and Measuring Changes in Performance Indicator:

Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131•12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the Parties intend that the principles of self-determination and choice are honored and that the goals of community integration,

appropriate planning, and services to support individuals at risk of institutionalization are achieved. As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction over the agreement.

The fore stated goal was established within the agreement and will be evaluated at least twice with its findings recorded in a report submitted to the Parties and the Court as comprehensive public report on the State's compliance including recommendations, if any, to facilitate or sustain compliance.

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS) database.

Numerator: Number of CSP consumers employed.

Denominator: Total CSP caseload as of 6/30/11.

Achieved: N/A

Proposed Changes:

Empty text box for proposed changes.

Reason Not Achieved:

Empty text box for reason not achieved.

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase permanent housing opportunities for persons served via the Delaware behavioral health service system

Strategies to attain the goal:

Implementation Strategies:

• In conjunction with local providers in New Castle and Sussex Counties, continue to implement one grant funded by the Department of Housing and Urban Development's (HUD) Supportive Housing Program, currently providing transitional housing and support services for 30 homeless adults with cooccurring severe and persistent mental illness and other disorders residing in New Castle County, Kent County and Sussex County.

Annual Performance Indicators to measure goal success

Indicator: Adults receiving permanent housing assistance via the Delaware behavioral health service system

Description of Collecting and Measuring Changes in Performance Indicator:

In accordance with the DHSS/USDOJ Settlement Agreement data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS).

Measure:

The number of individuals receiving supported housing via HUD funded Supported Housing Program (HUD-SHP) or the Delaware State Housing Authority (DSHA) funded Statewide Rental Assistance Program (SRAP) for persons with disabilities.

Achieved: N/A

Proposed Changes:

Empty text box for proposed changes.

Reason Not Achieved:

Empty text box for reason not achieved.

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase the number of available permanent and permanent supported housing opportunities for persons with SMI by 50%

Strategies to attain the goal:

Implementation Strategies:

- Continue to explore opportunities to increase the number of available permanent and permanent supported housing services for homeless adults with SMI.
- DSAMH will continue to fund a total of eight supervised apartment programs.
- By July 11, 2011, the State will provide housing vouchers or subsidies and bridge funding to 150 individuals.
- By July 1, 2012, the State will provide housing vouchers or subsidies and bridge funding to 250 individuals.
- By July 1, 2012, the State will provide housing vouchers or subsidies and bridge funding to 250 individuals.
- By July 1, 2013, the State will provide housing vouchers or subsidies and bridge funding to 450 individuals.
- As part of the state's client assistance funding, provide housing assistance, such as security deposits, first month's rent and assistance with utility costs for homeless persons with serious mental illness.
- In conjunction with the National Alliance Mentally Ill in Delaware, Connections CSP Inc., and other service providers implement two grants funded by the Department of Housing and Urban Development's (HUD) Supportive Housing Program, currently providing permanent housing and support services for 13 homeless adults with severe and persistent mental illness.

Annual Performance Indicators to measure goal success

Indicator: Permanent and permanent supported housing opportunities for homeless and disabled persons with SMI

Description of Collecting and Measuring Changes in Performance Indicator:

Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131•12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the Parties intend that the principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and services to support individuals at risk of institutionalization are achieved.

As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction

over the agreement.

The fore stated goal was established within the agreement and will be evaluated at least twice with its findings recorded in a report submitted to the Parties and the Court as comprehensive public report on the State's compliance including recommendations, if any, to facilitate or sustain compliance.

Measure:

Number of Statewide Rental Assistance Vouchers and (HUD SHP) funded units for homeless or disabled adults with SMI receiving public mental health services during the fiscal year.

Data will be collected via DSAMH MIS CIM service files, CMHC referral records, PATH provider records; denominator: Division estimate of homeless adults with SMI and/or dual diagnosis in the State.

Achieved: N/A

Proposed Changes:

[Empty text box for proposed changes]

Reason Not Achieved:

[Empty text box for reason not achieved]

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase the number of consumers receiving ACT by 1%

Strategies to attain the goal:

- ACT teams deliver comprehensive, fudividualized, and flexible support, services, and rehabilitation to individuals in their homes and communities.
- By July 1, 2012 the State will expand its 8 ACT teams to bring them into fidelity with the Dartmouth model.
- Continue developing a relationship with local hospitals in the southern Delaware region to establish an ACT Team presence at one of the local hospitals. By September 1, 2013 the State will add 1 additional ACT team that is in fidelity with the Dartmouth model.

Annual Performance Indicators to measure goal success

Indicator: Adults w/ SPMI receiving ACT in the DSAMH behavioral health system

Description of Collecting and Measuring Changes in Performance Indicator:

Pursuant to the settlement agreement between the United States of America vs. Delaware (28 U.S.C. § 1331; 28 U.R.C. § 1345; and, 42 U.S.C. §§ 12131•12132) The State of Delaware ("the State") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("the ADA"), 42 U.S.C. § 12101 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. The agreement is intended to ensure the State's compliance with the ADA, the Rehabilitation Act, and implementing regulations at 28 C.F.R. Part 35, and 45 C.F.R. Part 84 ("Section 504"), which require, among other provisions, that, to the extent the State offers services to individuals with disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, by virtue of the agreement, the Parties intend that the principles of self-determination and choice are honored and that the goals of community integration, appropriate planning, and services to support individuals at risk of institutionalization are achieved.

As part of the settlement agreement the State and the United States of America mutually agree that monitoring for compliance of the terms established by the agreement will be conducted by an independent third-party monitor that reports to the U.S. District court with jurisdiction over the agreement.

The fore stated goal was established within the agreement and will be evaluated at least twice with its findings recorded in a report submitted to the Parties and the Court as comprehensive public report on the State's compliance including recommendations, if any, to facilitate or sustain compliance.

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS)

Measure:

Numerator: # of consumers who received ACT services

Denominator: Total DSAMH service population.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase the number of consumers treated for COD by 2%.

Strategies to attain the goal:

MUST DEVELOP

Annual Performance Indicators to measure goal success

Indicator: Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders (Percentage)

Description of Collecting and Measuring Changes in Performance Indicator:

Data is collected via the DSAMH CO-SIG Coordinator and the UPenn Delaware COD Database

Measure:

Numerator: the # of persons treated for co-occurring disorders

Denominator: the # of persons screened for for COD upon admission at 11 front door sites.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increase the number of staff participating in training opportunities by 1-2%.

Strategies to attain the goal:

\*\*\*\*NEED INFORMATION HERE\*\*\*\*

Annual Performance Indicators to measure goal success

Indicator: Percentage of staff of community support programs participating in training

Description of Collecting and Measuring Changes in Performance Indicator:

DSAMH Training Department Database

Measure:

Numerator: Number of staff from community support programs participating in training opportunities during fiscal year. Denominator: Cumulative number of staff registered in training database.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Increased access to services provided by DCMHS by 5%.

Strategies to attain the goal:

Target SED children and youth eligible for DPBHS services through outreach and education and collaboration.

Annual Performance Indicators to measure goal success

Indicator: Increased to Assess to Services (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Family and Child Tracking System (FACTS)

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Maintain 80% of families reporting improved functioning in their child.

Strategies to attain the goal:

elements and once the measure is defined, we will be able to query the appropriate data. DPBHS currently survey for consumer functioning from both the parent and the child. Some of the areas include: need for constant supervision, unable to function in almost all areas, moderate degree of interference in functioning, some difficulty in a single area just to name a few. As we report on this measure there may be changes as our Division grows and enhances its data sets.

Annual Performance Indicators to measure goal success

Indicator: Improved functioning of children and youth (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

Parents/caregivers reporting positively about their child's functioning.  
Number of positives responses reported in the functioning domain using the Ohio Scales. FACTS system, Ohio Scales

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Maintain a total of six EBPs provided by the State service system.

Strategies to attain the goal:

Implementation Strategies:  
• Transformation activity- the Division will continue to move research into practice through an existing contract with the University of Pennsylvania for an evaluation

of the EBP's provided through the CCCP's.

- Additional efforts in moving research to practice include ongoing support and technical assistance in the continued operation of the Supported Employment EBP.
- Continue to "roll-out" the integration of evidence based services for individuals with co-occurring mental illness and substance abuse diagnoses within all community based programs.
- Continue to include language that requires the use of co-occurring disorders (COD) in SA outpatient/Day Treatment/IOP contracts.
- Continue to include language that requires the use of EBPs in MH services contracts.
- Review the use of EBPs during program monitoring visits
- Continue to provide training opportunities both for core EBPs and promising practices.
- Monitor the outcomes of services for co-occurring disorders.
- Monitor protocols for the continued operation of the EBP Illness Management and Recovery in the four CCCP programs and the contracted day programs.

Measure:

This measure is defined by the number of evidence based practices fully implemented in the state service system.

Annual Performance Indicators to measure goal success

Indicator: Number of Evidence Based Practices (system-wide)

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via Delaware Division of Substance Abuse and Mental Health Management Information System (MIS) administered Consumer Satisfaction Survey (CSS).

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Maintain the current number of training programs and seminars provided (18)

Strategies to attain the goal:

Implementation Strategies:

- Identify and train a cadre of health and social service professionals statewide in Crisis Counseling and Critical Incident Stress Debriefing techniques as part of the State's emergency management planning and preparedness.
- Provide mental health training component offered as part of the Emergency Medical Technicians/Paramedic training curriculum offered throughout the state.
- Provide mental health trainings and debriefings to police, fire and other emergency services workers throughout the state.
- Coordinate with Division of Public Health to identify and provide training on mental health issues to health professionals working with persons HIV, Hepatitis and Tuberculosis.
- An increase in future disaster-related trainings will be attributed to an increase in funding for such programs.

Annual Performance Indicators to measure goal success

Indicator: Mental health training for emergency, health and human services professionals

Description of Collecting and Measuring Changes in Performance Indicator:

Data will be collected via CMHC Emergency Services Director and DSAMH Training Office

Measure:  
The number of mental health training programs and seminars for emergency health services professionals and other first responder and human services professionals during fiscal year.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Ensure access to a comprehensive behavioral health system of care of prevention, early identification, treatment and recovery support services; including education, employment, housing, case management, rehab, dental and health services.

Goal of the priority area:

Promote State-wide Suicide Prevention Activities

Strategies to attain the goal:

Implement statewide prevention activities in collaboration with schools, community partners and Delaware families, youth and children

Annual Performance Indicators to measure goal success

Indicator: To identify youth at risk for suicide (KIDS)

Description of Collecting and Measuring Changes in Performance Indicator:

University of Delaware, evaluates and monitors training programs, Contract with providers and contract outcome.

[Empty text box]

Achieved: Yes

Proposed Changes:

[Empty text box]

Reason Not Achieved:

[Empty text box]

Footnotes:

[Empty text box]

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### III: Expenditure Reports

Table 4a - State Agency Expenditure Report

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

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment	\$ 3,778,212	\$	\$	\$	\$ 14,495,972	\$	\$
2. Primary Prevention	\$ 1,633,832	\$	\$	\$ 2,092,435	\$ 42	\$	\$
3. Tuberculosis Services	\$ 0	\$	\$	\$	\$ 121,181	\$	\$
4. HIV Early Intervention Services	\$ 183,643	\$	\$	\$	\$ 193,452	\$	\$
5. State Hospital	\$	\$	\$	\$	\$	\$	\$
6. Other 24 Hour Care	\$ 0	\$	\$	\$	\$	\$	\$
7. Ambulatory/Community Non-24 Hour Care	\$ 0	\$	\$	\$	\$	\$	\$
8. Administration (Excluding Program and Provider Level)	\$ 183,647	\$	\$	\$	\$	\$	\$
9. Subtotal (Rows 1, 2, 3, 4, and 8)	\$ 5,779,334	\$	\$	\$ 2,092,435	\$ 14,810,647	\$	\$
10. Subtotal (Rows 5, 6, 7, and 8)	\$ 183,647	\$	\$	\$	\$	\$	\$
11. Total	\$ 5,779,334	\$	\$	\$ 2,092,435	\$ 14,810,647	\$	\$

Please indicate the expenditures are actual or estimated.

Actual    Estimated

**Footnotes:**

As of January 1, 2014, Medicaid coverage will be expanded to include substance abuse services; DSAMH is currently working with Medicaid to identify the specific billing structure. However, for this reporting period DSAMH is unable to report planned substance abuse expenditures for Medicaid.  
Other federal funds include SPF SIG Year IV (SP015607) and SPE No Cost Extension (SP018655) funds.

### III: Expenditure Reports

Table 4b - State Agency SABG Expenditure Compliance Report

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

Category	FY 2011 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$4,474,474
2. Primary Prevention	\$1,693,780
3. Tuberculosis Services	\$
4. HIV Early Intervention Services**	\$334,247
5. Administration (excluding program/provider level)	\$182,445
6. Total	\$6,684,946

\*Prevention other than Primary Prevention

\*\*HIV Designated States

footnote:

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### III: Expenditure Reports

Table 5 - SAPT Block Grant Expenditure By Service

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

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$
General and specialized outpatient medical services			\$
Acute Primary care			\$
General Health Screens, Tests and Immunizations			\$
Comprehensive Care Management			\$
Care coordination and Health Promotion			\$
Comprehensive Transitional Care			\$
Individual and Family Support			\$
Referral to Community Services Dissemination			\$
Prevention (Including Promotion)			\$
Screening, Brief Intervention and Referral to Treatment			\$
Brief Motivational Interviews			\$
Screening and Brief Intervention for Tobacco Cessation			\$
Parent Training			\$
Facilitated Referrals			\$
Relapse Prevention/Wellness Recovery Support			\$
Warm Line			\$
Engagement Services			\$
Assessment			\$
Specialized Evaluations (Psychological and Neurological)			\$
Service Planning (including crisis planning)			\$
Consumer/Family Education			\$

Outreach			\$
Outpatient Services			\$
Individual evidenced based therapies			\$
Group therapy			\$
Family therapy			\$
Multi-family therapy			\$
Consultation to Caregivers			\$
Community Support (Rehabilitative)			\$
Parent/Caregiver Support			\$
Skill building (social, daily living, cognitive)			\$
Case management			\$
Behavior management			\$
Supported employment			\$
Permanent supported housing			\$
Recovery housing			\$
Therapeutic mentoring			\$
Traditional healing services			\$
Other Supports (Habilitative)			\$
Personal care			\$
Homemaker			\$
Respite			\$
Supported Education			\$
Transportation			\$
Assisted living services			\$
Recreational services			\$
Trained behavioral health interpreters			\$

Interactive communication technology devices			\$
Intensive Support Services			\$
Substance abuse intensive outpatient (IOP)			\$
Partial hospital			\$
Assertive Community Treatment			\$
Intensive home based services			\$
Multi-systemic therapy			\$
Intensive Case Management			\$
Out-of-Home Residential Services			\$
Crisis residential/stabilization			\$
Clinically Managed 24 Hour Care (SA)			\$
Clinically Managed Medium Intensity Care (SA)			\$
Adult Substance Abuse Residential			\$
Adult Mental Health Residential			\$
Youth Substance Abuse Residential Services			\$
Children's Residential Mental Health Services			\$
Therapeutic foster care			\$
Acute Intensive Services			\$
Mobile crisis			\$
Peer based crisis services			\$
Urgent care			\$
23 hr. observation bed			\$
Medically Monitored Intensive Inpatient			\$
24/7 crisis hotline services			\$
Recovery Supports			\$
Peer Support			\$
Recovery Support Coaching			\$

Recovery Support Center Services				\$
Supports for Self Directed Care				\$
Medication Services				\$
Medication management				\$
Pharmacotherapy (including MAT)				\$
Laboratory services				\$
Other (please list)				\$

footnote:

DSAMH is unable to complete the SABG Expenditures by Service for this table due to current data collection and reporting structures by the provider network. DSAMH is working to develop reporting systems to collect expenditures by service.

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### III: Expenditure Reports

Table 6a - 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	\$0	\$	\$	\$	\$
Information Dissemination	Indicated	\$0	\$	\$	\$	\$
Information Dissemination	Universal	\$241,634	\$	\$	\$	\$
Information Dissemination	Unspecified	\$0	\$	\$	\$	\$
Information Dissemination	Total	\$241,634	\$	\$	\$	\$
Education	Selective	\$157,764	\$	\$	\$	\$
Education	Indicated	\$82,134	\$	\$	\$	\$
Education	Universal	\$694,879	\$	\$	\$	\$
Education	Unspecified	\$52,960	\$	\$42	\$	\$
Education	Total	\$987,737	\$	\$42	\$	\$
Alternatives	Selective	\$0	\$	\$	\$	\$
Alternatives	Indicated	\$0	\$	\$	\$	\$
Alternatives	Universal	\$93,760	\$	\$	\$	\$
Alternatives	Unspecified	\$65,000	\$	\$	\$	\$
Alternatives	Total	\$158,760	\$	\$	\$	\$
Problem Identification and Referral	Selective	\$0	\$	\$	\$	\$
Problem Identification and Referral	Indicated	\$0	\$	\$	\$	\$
Problem Identification and Referral	Universal	\$8,604	\$	\$	\$	\$
Problem Identification and Referral	Unspecified	\$0	\$	\$	\$	\$
Problem Identification and Referral	Total	\$8,604	\$	\$	\$	\$
Community-Based Process	Selective	\$12,000	\$	\$	\$	\$

Community-Based Process	Indicated	\$0	\$	\$	\$	\$
Community-Based Process	Universal	\$125,749	\$	\$	\$	\$
Community-Based Process	Unspecified	\$0	\$	\$	\$	\$
Community-Based Process	Total	\$137,749	\$	\$	\$	\$
Environmental	Selective	\$0	\$	\$	\$	\$
Environmental	Indicated	\$0	\$	\$	\$	\$
Environmental	Universal	\$62,832	\$	\$	\$	\$
Environmental	Unspecified	\$96,463	\$	\$	\$	\$
Environmental	Total	\$159,295	\$	\$	\$	\$
Section 1926 Tobacco	Selective	\$0	\$	\$	\$	\$
Section 1926 Tobacco	Indicated	\$0	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$0	\$	\$	\$	\$
Section 1926 Tobacco	Unspecified	\$0	\$	\$	\$	\$
Section 1926 Tobacco	Total	\$0	\$	\$	\$	\$
Other	Selective	\$0	\$	\$	\$	\$
Other	Indicated	\$0	\$	\$	\$	\$
Other	Universal	\$0	\$	\$	\$	\$
Other	Unspecified	\$0	\$	\$	\$	\$
Other	Total	\$0	\$	\$	\$	\$

Footnotes:

### III: Expenditure Reports

Table 6b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date:

Expenditure Period End Date:

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$ <input type="text" value="971,062"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Universal Indirect	\$ <input type="text" value="470,820"/>	\$ <input type="text"/>	\$ <input type="text" value="42"/>	\$ <input type="text"/>	\$ <input type="text"/>
Selective	\$ <input type="text" value="169,764"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Indicated	\$ <input type="text" value="82,134"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Column Total	\$1,693,780.00	\$0.00	\$42.00	\$0.00	\$0.00

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### III: Expenditure Reports

Table 7 - Resource Development Expenditure Checklist

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

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment		\$89,944.66		\$0.00		\$89,944.66
2. Quality Assurance		\$0.00		\$0.00		\$0.00
3. Training (Post-Employment)		\$41,462.28		\$0.00		\$41,462.28
4. Program Development		\$6,910.38		\$0.00		\$6,910.38
5. Research and Evaluation		\$41,956.38		\$0.00		\$41,956.38
6. Information Systems		\$58,910.38		\$0.00		\$58,910.38
7. Education (Pre-Employment)		\$27,641.52		\$0.00		\$27,641.52
8. Total	\$0.00	\$266,825.60	\$0.00	\$0.00	\$0.00	\$266,825.60

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### III: Expenditure Reports

Table 8 - Statewide Entity Inventory

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

Entity Number	I-BHS ID (for SABG)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV	CMHS Block Grant - F. Adults serious mental illness	CMHS Block Grant - G. Children with a serious emotional disturbance
Total															

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
STATE CODE	Entity Number (State Provider Number)	Provider Name	Provider Address	Provider City	Provider Zip	I-BHS ID	Area Served (SPA)	Total Block Grant Funds	Prevention (other than primary prevention) and Treatment Services	Pregnant Women and Women with Dependent Children	Primary Prevention	HIV Early Intervention
DE	386	DSCYF - DPBHS MOU/Contracts	1825 Faulkland Road	Wilmington	19805	X	Statewide	\$1,336,989.20	\$334,247.30		\$1,002,741.90	
DE	388	Latin American Community Center, DSAMH	403 North Van Buren Street	Wilmington	19805	X	New Castle County & City of Wilmington	\$195,838.89			\$195,838.89	
DE	400	Brandywine Counseling and Community Services	2713 Lancaster Avenue	Wilmington	19805	DE100139	New Castle County & City of Wilmington	\$1,562,293.42	\$1,148,123.91	\$491,249.98	\$414,169.51	
DE	387	Division of Public Health (HIV)	417 Federal Street	Dover	19904	X	Statewide	\$334,246.99				\$334,246.99
DE	324	1212 Corporation	2700 Washington Street	Wilmington	19802	DE100306	New Castle County	\$22,280.00	\$22,280.00			
DE	350	Limen House Women	600 West 10th Street	Wilmington	19801	DE900587	City of Wilmington	\$39,922.80	\$39,922.80			
DE	138	Hudson Health	PO Box 1096	Salsbury	21802	DE100125	Sussex County	\$32,873.80	\$32,873.80			
DE	107	Serenity Place	327 Martin Street	Dover	19901	DE100634	Kent County	\$18,045.25	\$18,045.25			
DE	102	Fellowship Health Resources	22 Black Stone Valley Place	Lincoln	02865	DE100489	New Castle County	\$93,416.35	\$93,416.35			
DE	25	Kirkwood NET Detoxification Center	499 North 5th Street, Suite A	Philadelphia	19123	DE100022	New Castle County & City of Wilmington	\$530,933.05	\$530,933.05			
DE	401	Central DE Committee on Drug and Alcohol Abuse/ Kent Sussex Counseling Services (KSCS)	1241 College Park Drive	Dover	19904	DE100055	Kent County	\$374,572.24	\$374,572.24			
DE	402	Connections	500 West 10th Street	Wilmington	19801	DE100147	Statewide	\$133,882.56	\$133,882.56			
DE	340	Thresholds	20505 DuPont Boulevard, Unit 1	Georgetown	19947	DE100220	Sussex County	\$52,587.20	\$52,587.20			
DE	75	Gateway Foundation	55 East Jackson Boulevard	Chicago	60604	DE100286	New Castle County	\$800,461.92	\$967,736.15			
DE	74	Gaudenzia, Inc.	1901 North Second Street	Harrisburg	17102	DE100127	New Castle County	\$261,049.00	\$261,049.00			
DE	11	Dry Dock	508 South Cannon Street	Bridgeville	19933	DE900637	Statewide	\$26,155.26	\$26,155.26			
DE		Horizon House- ECHO						\$435,000.00	\$435,000.00			
DE	384	Oxford House	401 West 21st Street	Wilmington	19802	DE100415	Statewide	\$25,580.00	\$25,580.00			
DE	48	University of Delaware, Center for Drug and Alcohol Studies, School Survey	257 East Main Street, Suite 110	Newark	19716	X	Statewide	\$20,196.00	\$20,196.00			
DE	68	Redwood Toxicology Lab (TASC)	3650 Westwind Boulevard	Santa Rosa	95403	X	Statewide	\$17,387.50	\$17,387.50			
<b>Total</b>								<b>\$6,313,711.43</b>	<b>\$4,533,988.37</b>	<b>\$491,249.98</b>	<b>\$1,612,750.30</b>	<b>\$334,246.99</b>

### III: Expenditure Reports

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

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

Yes  No

If yes, specify the amount and the State fiscal year: \_\_\_\_\_

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

Yes  No

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2011) + B2(2012)</u> 2 (C)
SFY 2011 (1)	\$13,890,272	
SFY 2012 (2)	\$14,313,642	\$14,101,957
SFY 2013 (3)	\$14,495,972	

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

SFY 2011 Yes  No   
 SFY 2012 Yes  No   
 SFY 2013 Yes  No

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

footnote:

### III: Expenditure Reports

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

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment BASE				
Period	Total of All State Funds Spent on TB Services	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE)
	(A)	(B)	(C)	(D)
SFY 1991 (1)	\$395,937	10.00%	\$39,594	
SFY 1992 (2)	\$455,796	10.00%	\$45,580	\$42,587

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment MAINTENANCE				
Period	Total of All State Funds Spent on TB Services	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE)
	(A)	(B)	(C)	(D)
SFY 2013 (3)	\$708,182	18.10%	\$128,181	

footnote:

TB MOE data is pending DPH confirmation of State expenditures for TB Services

### III: Expenditure Reports

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

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

State Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment BASE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV  (A)	Average of Columns A1 and A2  $\frac{A1+A2}{2}$ (MOE Base) (B)
(1) SFY <u>1991</u>	\$82,500	
(2) SFY <u>1992</u>	\$91,305	\$86,903

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment MAINTENANCE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	
(3) SFY 2013		\$193,452

footnote:

HIV MOE data is pending DPH confirmation of State expenditures for HIV Early Intervention Services.

SFY 2013 MOE includes the one time DSAMH state expenditures for the SFY 2013 HIV EIS program as a result of program transition from DPH to DSAMH direct management (\$96,472).

### III: Expenditure Reports

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

Expenditures for Services to Pregnant Women and Women with Dependent Children		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$431,210	
SFY 2011		\$463,918
SFY 2012		\$492,000
SFY 2013		\$491,250
Enter the amount the State plans to expend in 2014 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>492000.00</u>		

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## IV: Populations and Services Reports

Table 10 - Prevention Strategy Report

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Economically disadvantaged	1. Information Dissemination	
	2. Resources directories	2
	3. Media campaigns	2
	4. Brochures	2
	2. Education	
	1. Parenting and family management	2
	2. Ongoing classroom and/or small group sessions	2
	3. Peer leader/helper programs	2
	3. Alternatives	
	1. Drug free dances and parties	2
	6. Recreation activities	2
	4. Problem Identification and Referral	
	4. Street Outreach / Problem Identification and Referral	2
	5. Community-Based Process	
	2. Systematic planning	2
	3. Multi-agency coordination and collaboration/coalition	2
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	2
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	2	
Adults 18-25 enrolled in Institutions of Higher Education	2. Education	
Adults living in Urban Communities	2. Ongoing classroom and/or small group sessions	1
	1. Information Dissemination	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	3. Alternatives	
Ethnic Minorities, Adults	1. Drug free dances and parties	1
	2. Youth/adult leadership activities	1
	1. Information Dissemination	
	3. Media campaigns	2
	4. Brochures	2

	6. Speaking engagements	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	2
	7. Education Prevention Summit	1
	3. Alternatives	
	6. Recreation activities	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	2
	2. Systematic planning	2
Federally Qualified Health Centers	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
Hispanic Adults and Hispanic Run Businesses	1. Information Dissemination	
	3. Media campaigns	1
	4. Brochures	1
	5. Radio and TV public service announcements	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	1
	3. Alternatives	
	2. Youth/adult leadership activities	1
	4. Problem Identification and Referral	
	4. Street outreach for Problem Identification and Referral	1
	5. Community-Based Process	
	2. Systematic planning	1
	3. Multi-agency coordination and collaboration/coalition	1
	4. Community team-building	1
High risk youth/Vulnerable adolescent populations	1. Information Dissemination	
	1. Clearinghouse/information resources centers	3
	3. Media campaigns	2
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	2. Education	
	3. Peer leader/helper programs	2
	4. Education programs for youth groups	2

	3. Alternatives	
	1. Drug free dances and parties	2
	2. Youth/adult leadership activities	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	2
	2. Systematic planning	2
	3. Multi-agency coordination and collaboration/coalition	2
	4. Community team-building	2
	5. Accessing services and funding	2
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	2
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	2
	3. Modifying alcohol and tobacco advertising practices	2
Homeless (adults)	2. Education	
	2. Ongoing classroom and/or small group sessions	1
Women of Childbearing Age	1. Information Dissemination	
	3. Media campaigns	1
	4. Brochures	1
	5. Radio and TV public service announcements	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	1
	3. Alternatives	
	4. Community service activities	1
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	5. Community-Based Process	
	2. Systematic planning	1
	3. Multi-agency coordination and collaboration/coalition	1
	4. Community team-building	1

footnote:

## IV: Populations and Services Reports

Table 11 - Treatment Utilization Matrix

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

Level of Care	Number of Admissions $\geq$ Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	0	0	\$	\$	\$
2. Free-Standing Residential	1770	1296	\$500	\$500	\$200
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$	\$	\$
4. Short-term (up to 30 days)	0	0	\$	\$	\$
5. Long-term (over 30 days)	447	412	\$5,000	\$4,000	\$3,500
AMBULATORY (OUTPATIENT)					
6. Outpatient	4448	3852	\$600	\$2,000	\$1,000
7. Intensive Outpatient	831	798	\$800	\$1,200	\$2,000
8. Detoxification	0	0	\$	\$	\$
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	1189	986	\$2,500	\$2,750	\$1,000
10. ORT Outpatient	0	0	\$	\$	\$

footnote:

IV: Populations and Services Reports

Table 12 - Unduplicated Count of Persons

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

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO		
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
1. 17 and Under	0																			
2. 18 - 24	2322	1045	509	514	130	18	5	13	2	20	7	17	4	6	32	1527	635	81	16	
3. 25 - 44	5571	2524	1343	1015	350	46	16	12	8	44	18	58	24	29	84	3411	1660	204	28	
4. 45 - 64	2158	887	457	510	221	5	1	2	3	12	3	16	2	29	10	1349	652	55	17	
5. 65 and Over	94	33	19	30	9	0	0	0	0	1	0	0	2	0	0	62	27	3	0	
6. Total	10145	4489	2328	2069	710	69	22	27	13	77	28	91	32	64	126	6349	2974	343	61	
7. Pregnant Women	62		52		9		1		0		0		0		0		61		1	
Number of persons served who were admitted in a period prior to the 12 month reporting period		4985																		
Number of persons served outside of the levels of care described on Table 11		1664																		

footnote:



## IV: Populations and Services Reports

Table 14 - HIV Designated States Early Intervention Services

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

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: <u>  4  </u>	Rural: <u>  2  </u>
2. Total number of individuals tested through SAPT HIV EIS funded programs	2155	
3. Total number of HIV tests conducted with SAPT HIV EIS funds	2155	
4. Total number of tests that were positive for HIV	5	
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection	3	
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period	3	
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

**footnote:**

Of the 2155 individuals tested through SAPT HIV EIS funded programs, 5 individuals tested positive for HIV. Of those 5 individuals, 2 reported their current HIV status as positive prior to receiving the test & 3 individuals reported prior to the 12-month reporting period that they were unaware of their HIV infection. All 5 individuals who tested positive were referred to medical care, including the 3 individuals who were diagnosed with the HIV infection through the SAPT HIV EIS program, as well as the 2 individuals who reported previously knowing their HIV status. 4 of the individuals who were referred to medical care attended their first medical care appointment within 90 days.

## IV: Populations and Services Reports

Table 15 - Charitable Choice

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

### Notice to Program Beneficiaries - Check all that apply:

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

### Referrals to Alternative Services - Check all that apply:

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

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

#### footnote:

This section is not applicable. The State of Delaware did not fund any religious organizations to provide services utilizing SAPT Block Grant funds requiring Notice to Program Beneficiaries or Referrals to Aternate Services under Charitable Choice.

## V: Performance Indicators and Accomplishments

Table 16 - 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]	7	7
Total number of clients with non-missing values on employment/student status [denominator]	17	17
Percent of clients employed or student (full-time and part-time)	41.2 %	41.2 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		49
Number of CY 2012 discharges submitted:		52
Number of CY 2012 discharges linked to an admission:		17
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		17
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		17

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

### 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]	7	7
Total number of clients with non-missing values on employment/student status [denominator]	31	31
Percent of clients employed or student (full-time and part-time)	22.6 %	22.6 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		396
Number of CY 2012 discharges submitted:		394
Number of CY 2012 discharges linked to an admission:		31

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	31
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	31

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

### 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]	273	255
Total number of clients with non-missing values on employment/student status [denominator]	822	822
Percent of clients employed or student (full-time and part-time)	33.2 %	31.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2012 admissions submitted:		4,987
Number of CY 2012 discharges submitted:		5,247
Number of CY 2012 discharges linked to an admission:		874
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		853
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		822

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

### 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]	52	39
Total number of clients with non-missing values on employment/student status [denominator]	127	127
Percent of clients employed or student (full-time and part-time)	40.9 %	30.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2012 admissions submitted:		463
Number of CY 2012 discharges submitted:		497
Number of CY 2012 discharges linked to an admission:		127

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	127
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	127

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

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## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	17	17
Total number of clients with non-missing values on living arrangements [denominator]	17	17
Percent of clients in stable living situation	100.0 %	100.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2012 admissions submitted:		49
Number of CY 2012 discharges submitted:		52
Number of CY 2012 discharges linked to an admission:		17
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		17
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		17

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	31	31
Total number of clients with non-missing values on living arrangements [denominator]	31	31
Percent of clients in stable living situation	100.0 %	100.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2012 admissions submitted:		396
Number of CY 2012 discharges submitted:		394
Number of CY 2012 discharges linked to an admission:		31

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	31
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	31

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	824	827
Total number of clients with non-missing values on living arrangements [denominator]	839	839
Percent of clients in stable living situation	98.2 %	98.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2012 admissions submitted:		4,987
Number of CY 2012 discharges submitted:		5,247
Number of CY 2012 discharges linked to an admission:		874
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		853
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		839

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	127	127
Total number of clients with non-missing values on living arrangements [denominator]	127	127
Percent of clients in stable living situation	100.0 %	100.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2012 admissions submitted:		463
Number of CY 2012 discharges submitted:		497
Number of CY 2012 discharges linked to an admission:		127

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	127
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	127

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

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## V: Performance Indicators and Accomplishments

Table 18 - 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]	8	11
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	17	17
Percent of clients without arrests	47.1 %	64.7 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		49
Number of CY 2012 discharges submitted:		52
Number of CY 2012 discharges linked to an admission:		17
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		17
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		17

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

### 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]	12	21
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	31	31
Percent of clients without arrests	38.7 %	67.7 %
Notes (for this level of care):		
Number of CY 2012 admissions submitted:		396
Number of CY 2012 discharges submitted:		394
Number of CY 2012 discharges linked to an admission:		31

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	31
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	31

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

### 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]	205	256
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	445	445
Percent of clients without arrests	46.1 %	57.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2012 admissions submitted:		4,987
Number of CY 2012 discharges submitted:		5,247
Number of CY 2012 discharges linked to an admission:		874
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		870
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		445

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

### 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]	67	83
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	127	127
Percent of clients without arrests	52.8 %	65.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2012 admissions submitted:		463
Number of CY 2012 discharges submitted:		497
Number of CY 2012 discharges linked to an admission:		127

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	127
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	127

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

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## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	6	6
All clients with non-missing values on at least one substance/frequency of use [denominator]	6	6
Percent of clients abstinent from alcohol	100.0 %	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]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

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

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

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

Notes (for this level of care):

Number of CY 2012 admissions submitted:	49
Number of CY 2012 discharges submitted:	52
Number of CY 2012 discharges linked to an admission:	17
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	17
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	6

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file

[Records received through 5/1/2013]

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]	10	12
All clients with non-missing values on at least one substance/frequency of use [denominator]	14	14
Percent of clients abstinent from alcohol	71.4 %	85.7 %

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
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		50.0 %

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]		10
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	10	
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 2012 admissions submitted:	396
Number of CY 2012 discharges submitted:	394
Number of CY 2012 discharges linked to an admission:	31
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	31
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	14

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file [Records received through 5/1/2013]

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	339	383
All clients with non-missing values on at least one substance/frequency of use [denominator]	547	547
Percent of clients abstinent from alcohol	62.0 %	70.0 %

#### 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]		49
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	208	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		23.6 %

#### 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]		334
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	339	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.5 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	4,987
Number of CY 2012 discharges submitted:	5,247
Number of CY 2012 discharges linked to an admission:	874
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	870
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	547

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

#### 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]	44	52

All clients with non-missing values on at least one substance/frequency of use [denominator]	58	58
Percent of clients abstinent from alcohol	75.9 %	89.7 %

**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]		8
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	14	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		57.1 %

**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]		44
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	44	
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 2012 admissions submitted:	463
Number of CY 2012 discharges submitted:	497
Number of CY 2012 discharges linked to an admission:	127
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	127
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	58

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

footnote:

## V: Performance Indicators and Accomplishments

Table 20 - 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]	0	1
All clients with non-missing values on at least one substance/frequency of use [denominator]	6	6
Percent of clients abstinent from drugs	0.0 %	16.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		16.7 %

#### 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]		0
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	49
Number of CY 2012 discharges submitted:	52
Number of CY 2012 discharges linked to an admission:	17
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	17
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	6

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file

[Records received through 5/1/2013]

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	5
All clients with non-missing values on at least one substance/frequency of use [denominator]	14	14
Percent of clients abstinent from drugs	14.3 %	35.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		3
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	12	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		25.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	396
Number of CY 2012 discharges submitted:	394
Number of CY 2012 discharges linked to an admission:	31
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	31
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	14

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

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]	124	167
All clients with non-missing values on at least one substance/frequency of use [denominator]	547	547
Percent of clients abstinent from drugs	22.7 %	30.5 %

**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]		46
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	423	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		10.9 %

**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]		121
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	124	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		97.6 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	4,987
Number of CY 2012 discharges submitted:	5,247
Number of CY 2012 discharges linked to an admission:	874
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	870
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	547

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

**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]	13	22

All clients with non-missing values on at least one substance/frequency of use [denominator]	58	58
Percent of clients abstinent from drugs	22.4 %	37.9 %

**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]		12
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	45	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		26.7 %

**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]		10
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	13	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.9 %

Notes (for this level of care):

Number of CY 2012 admissions submitted:	463
Number of CY 2012 discharges submitted:	497
Number of CY 2012 discharges linked to an admission:	127
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	127
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	58

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

footnote:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	0	0
Total number of clients with non-missing values on self-help attendance [denominator]	0	0
Percent of clients attending self-help programs	0.0 %	0.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
<b>Notes (for this level of care):</b>		
Number of CY 2012 admissions submitted:		49
Number of CY 2012 discharges submitted:		52
Number of CY 2012 discharges linked to an admission:		17
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		17
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	0	0
Total number of clients with non-missing values on self-help attendance [denominator]	0	0
Percent of clients attending self-help programs	0.0 %	0.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
<b>Notes (for this level of care):</b>		
Number of CY 2012 admissions submitted:		396
Number of CY 2012 discharges submitted:		394

Number of CY 2012 discharges linked to an admission:	31
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	31
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	0	0
Total number of clients with non-missing values on self-help attendance [denominator]	0	0
Percent of clients attending self-help programs	0.0 %	0.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	

Notes (for this level of care):

Number of CY 2012 admissions submitted:	4,987
Number of CY 2012 discharges submitted:	5,247
Number of CY 2012 discharges linked to an admission:	874
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	870
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	0	0
Total number of clients with non-missing values on self-help attendance [denominator]	0	0
Percent of clients attending self-help programs	0.0 %	0.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	

Notes (for this level of care):

Number of CY 2012 admissions submitted:	463
Number of CY 2012 discharges submitted:	497
Number of CY 2012 discharges linked to an admission:	127
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	127
Number of CY 2012 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2012 admissions file and CY 2012 linked discharge file  
[Records received through 5/1/2013]

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## V: Performance Indicators and Accomplishments

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

Manually Enter Data				
Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	0	0	0	0
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	24	21	27	28
5. Long-term (over 30 days)	58	34	38	52
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	117	56	93	155
7. Intensive Outpatient	108	54	93	157
8. Detoxification	0	0	0	0
<b>OPIOID REPLACEMENT THERAPY</b>				
9. Opioid Replacement Therapy	0	0	0	0
10. ORT Outpatient	0	0	0	0

Level of Care	2012 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	1828	0
<b>REHABILITATION/RESIDENTIAL</b>		

3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	52	17
5. Long-term (over 30 days)	394	31
AMBULATORY (OUTPATIENT)		
6. Outpatient	5247	874
7. Intensive Outpatient	497	127
8. Detoxification	0	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	0
10. ORT Outpatient	0	0

Source: SAMHSA/CBHSQ TEDS CY 2012 linked discharge file  
[Records received through 5/1/2013]

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## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2010 - 2011	15.0	<input type="text"/>
	Age 18+ - CY 2010 - 2011	58.2	<input type="text"/>
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2010 - 2011	8.8	<input type="text"/>
	Age 18+ - CY 2010 - 2011	26.8	<input type="text"/>
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] <sup>[1]</sup> ?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2010 - 2011	5.1	<input type="text"/>
	Age 18+ - CY 2010 - 2011	8.0	<input type="text"/>
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2010 - 2011	9.3	<input type="text"/>
	Age 18+ - CY 2010 - 2011	6.3	<input type="text"/>
5. 30-day Use of Illegal Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] <sup>[2]</sup> ? Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors' orders).		
	Age 12 - 17 - CY 2010 - 2011	4.2	<input type="text"/>
	Age 18+ - CY 2010 - 2011	3.9	<input type="text"/>

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

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## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2010 - 2011	79.1	<input type="text"/>
	Age 18+ - CY 2010 - 2011	78.6	<input type="text"/>
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2010 - 2011	88.9	<input type="text"/>
	Age 18+ - CY 2010 - 2011	95.4	<input type="text"/>
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2010 - 2011	73.6	<input type="text"/>
	Age 18+ - CY 2010 - 2011	68.6	<input type="text"/>

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## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.risk.		
	Age 12 - 17 - CY 2010 - 2011	13.4	<input type="text"/>
	Age 18+ - CY 2010 - 2011	17.2	<input type="text"/>
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2010 - 2011	12.8	<input type="text"/>
	Age 18+ - CY 2010 - 2011	15.7	<input type="text"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] <sup>[1]</sup> ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2010 - 2011	13.9	<input type="text"/>
	Age 18+ - CY 2010 - 2011	20.4	<input type="text"/>
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2010 - 2011	13.9	<input type="text"/>
	Age 18+ - CY 2010 - 2011	18.4	<input type="text"/>
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] <sup>[2]</sup> ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2010 - 2011	12.7	<input type="text"/>
	Age 18+ - CY 2010 - 2011	21.4	<input type="text"/>

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

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

footnote:

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2010 - 2011	89.6	<input type="text"/>
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2010 - 2011	85.2	<input type="text"/>
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2010 - 2011	78.2	<input type="text"/>
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2010 - 2011	78.9	<input type="text"/>
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2010 - 2011	86.6	<input type="text"/>

footnote:

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 18+ - CY 2010 - 2011	39.5	<input type="text"/>
	Age 12 - 17 - CY 2010 - 2011		<input type="text"/>

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## V: Performance Indicators and Accomplishments

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

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

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## V: Performance Indicators and Accomplishments

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

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

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## V: Performance Indicators and Accomplishments

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

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

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## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2010 - 2011	51.3	<input type="text"/>
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?^[1][Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2010 - 2011		<input type="text"/>

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

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## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ? Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2010 - 2011	91.2	<input type="text"/>

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

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## V: Performance Indicators and Accomplishments

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

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

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 33 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2011	6/30/2012
2. Table 34 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	7/1/2011	6/30/2012
3. Table 35 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	7/1/2011	6/30/2012
4. Table 36 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	7/1/2011	6/30/2012
5. Table 37 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	7/1/2011	6/30/2012

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

NOMs data is collected manually through monthly reports submitted by service providers and compiled by the DSAMH and DPBHS Prevention Staff funded by the SAPT Block Grant. The State of Delaware has started to utilize a web-based tracking system to collect and analyze program data (KIT Solutions); however, the system is currently not the sole data collection source. It is anticipated by FFY14 the web-based KIT Solutions data collection system will be the primary data collection system used to collect the NOMs data.

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

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

The state collects and reports on a participant's race through figures processed by the primary prevention service providers. For individual-based programs and strategies, participant race is collected through pre-test information for evidence based programs and other registration forms as applicable. Participants self-identify their race on reporting forms. A category is included for those who identify as more than one race.

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## V: Performance Indicators and Accomplishments

Table 33 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
<b>Age</b>	
0-4	12
5-11	1220
12-14	2070
15-17	1713
18-20	1222
21-24	786
25-44	1441
45-64	733
65 and over	118
Age Not Known	142
<b>Gender</b>	
Male	4939
Female	4052
Gender Unknown	466
<b>Race</b>	
White	2649
Black or African American	5060
Native Hawaiian/Other Pacific Islander	0
Asian	33
American indian/Alaska Native	5
More Than One Race (not OMB required)	535

Race Not Known or Other (not OMB required)	1175
Ethnicity	
Hispanic or Latino	2707
Not Hispanic or Latino	6750

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

NOMs data is collected manually through monthly reports submitted by service providers and compiled by the DSAMH and DPBHS Prevention Staff funded by the SAPT Block Grant. The State of Delaware has started to utilize a web-based tracking system to collect and analyze program data (KIT Solutions); however, the system is currently not the sole data collection source. It is anticipated by FFY14 the web-based KIT Solutions data collection system will be the primary data collection system used to collect the NOMs data.

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

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

The state collects and reports on a participant's race through figures processed by the primary prevention service providers. For individual-based programs and strategies, participant race is collected through pre-test information for evidence based programs and other registration forms as applicable. Participants self-identify their race on reporting forms. A category is included for those who identify as more than one race.

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## V: Performance Indicators and Accomplishments

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

Category	Total
<b>Age</b>	
0-4	125
5-11	149
12-14	20
15-17	75
18-20	28231
21-24	55183
25-44	103233
45-64	5730
65 and over	1910
Age Not Known	3063
<b>Gender</b>	
Male	99396
Female	91955
Gender Unknown	6368
<b>Race</b>	
White	166544
Black or African American	18378
Native Hawaiian/Other Pacific Islander	40
Asian	40
American indian/Alaska Native	1420
More Than One Race (not OMB required)	3245

Race Not Known or Other (not OMB required)	8052
Ethnicity	
Hispanic or Latino	143271
Not Hispanic or Latino	54448

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## V: Performance Indicators and Accomplishments

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

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	9457	N/A
2. Universal Indirect	N/A	197719
3. Selective		N/A
4. Indicated		N/A
5. Total	9457	197719

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## V: Performance Indicators and Accomplishments

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

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

The process the state will use to implement the guidelines included in the definition is through a monthly reporting review assuring the EBP is based on a theory of change that is documented in a clear logical and/or conceptual model. The EBP 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.

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

The state collected on the number of programs and strategies through the monthly reporting by the contracted providers. The source of the data is through the collection of the number of programming reported which is in alignment with the scope of service within the contract of the provider rendering the service. The number of programs and strategies reported is the total number of evidence-based program cycles implemented and the total number of other activities and events.

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

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	43	10	53	2	0	55
2. Total number of Programs and Strategies Funded	93	22	115	6	4	125
3. Percent of Evidence-Based Programs and Strategies	46.24 %	45.45 %	46.09 %	33.33 %	0.00 %	44.00 %

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## V: Performance Indicators and Accomplishments

Table 37 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # <input type="text" value="43"/>	\$ <input type="text" value="508031.61"/>
Universal Indirect	Total # <input type="text" value="10"/>	\$ <input type="text" value="246000.00"/>
Selective	Total # <input type="text" value="2"/>	\$ <input type="text" value="156000.00"/>
Indicated	Total # <input type="text" value="0"/>	\$ <input type="text" value="0.00"/>
	Total EBPs: 55	Total Dollars Spent: \$910031.61

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## V: Performance Indicators and Accomplishments

### Prevention Attachments

#### Submission Uploads

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