

# Delaware

## UNIFORM APPLICATION

### FY 2017 BEHAVIORAL HEALTH REPORT

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 09/01/2016 - Expires 12/01/2016  
(generated on 11/18/2016 2.35.50 PM)

Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

# I: State Information

## State Information

### I. State Agency for the Block Grant

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Organizational Unit Division of Substance Abuse & Mental Health

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City New Castle

Zip Code 19720

### II. Contact Person for the Block Grant

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### III. Expenditure Period

State Expenditure Period

From 7/1/2015

To 6/30/2016

Block Grant Expenditure Period

From 10/1/2013

To 9/30/2015

### IV. Date Submitted

Submission Date

Revision Date

### V. Contact Person Responsible for Report Submission

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Footnotes:

## II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1  
Priority Area: Person-Centered Service Delivery System  
Priority Type: SAT, MHS  
Population(s): SMI, PWWDC, IVDUs, HIV EIS

Goal of the priority area:

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.

Strategies to attain the goal:

Consumers throughout the State of Delaware's behavioral health system will become the focus of a service system that is designed to provide person-centered services throughout by teaching 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.

### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Peer Support Specialists and Recovery Coaches Employed by Behavioral Health Agencies  
Baseline Measurement: 24 Peer Specialists employed by the Division of Substance Abuse and Mental Health  
First-year target/outcome measurement: 40 Peer Specialists and Recovery Coaches employed by Behavioral Health Agencies  
Second-year target/outcome measurement: 45 Peer Specialists and Recovery Coaches employed by Behavioral Health Agencies  
New Second-year target/outcome measurement (if needed):

Data Source:

Staffing information collected by Behavioral Health agencies under contract with the Division of Substance Abuse and Mental Health and reports from Peer Support programs.

New Data Source (if needed):

Description of Data:

By virtue of the Voluntary Settlement Agreement between Delaware and the United States Department of Justice, DHSS/DSAMH agreed to hire 24 Peer Specialist throughout the Community Behavioral Health System by July 1, 2012 and maintain them throughout the life span of the Settlement Agreement (July 1, 2016). The success and lessons learned in the implementation of this measure of the Settlement Agreement, the Division was able to articulate employment expectations for peer support specialists and recovery coaches in peer support programs and within behavioral health agencies.

Agencies under contract for the provision of behavioral health treatment and peer support services will provide staffing information to support this measure.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Staffing is a fluid number, so the number of peer support specialists and recovery coaches will be collected as a point in time figure.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved *(if not achieved, explain why)*

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

As of report submission, a total of 28 peer support specialists and recovery coaches are employed by behavioral health agencies on contract with DSAMH. Most of these agencies had plans in progress to hire additional peer support specialists and recovery coaches in the SFY 17 year. Delaware expects to achieve the year 2 target by next reporting cycle.

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

Indicator #:

2

Indicator:

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

Baseline Measurement:

82%

First-year target/outcome measurement:

90%

Second-year target/outcome measurement:

92%

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

Data Source:

DSAMH Consumer Satisfaction Survey

New Data Source *(if needed)*:

Description of Data:

Increase by 2% the number of consumers who respond positively to questions on the Consumer Satisfaction Survey regarding their role in setting goals and treatment strategies

Numerator: # of surveys marked "agree" on specific items

Denominator: Total valid responses on consumer satisfaction item

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved *(if not achieved, explain why)*

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

The target for this measure was 90%. The actual measure was recorded at 85.6%

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

Indicator #:

3

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.

Baseline Measurement:

83%

First-year target/outcome measurement:

90%

Second-year target/outcome measurement:

92%



Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

DSAMH did not meet this target during the previous reporting year (73.9%) or the current year data target (74%). Recent restructuring of community-based service delivery locations and consumer reaction to the changes is believed to be a substantial reason this target was not achieved. Access to program participants was also impacted by the restructuring of services, yielding the lowest number of survey respondents since 2009.

DSAMH is confident that direct feedback from program participants is the most impactful way to positively affect service delivery and information in a way that increases the likelihood that consumers will respond positively towards survey questions related to their satisfaction level. DSAMH will also use this data to hold discussions with the clinical staff of the service sites and consumer advisory groups to find ways to expand on the consumer driven recovery plans of all program participants throughout the service system.

How first year target was achieved (optional):

Indicator #: 5

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

Baseline Measurement: 82%

First-year target/outcome measurement: 84%

Second-year target/outcome measurement: 86%

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

Data Source:

DSAMH Consumer Satisfaction Survey

New Data Source (if needed):

Description of Data:

DSAMH Consumer Satisfaction Survey

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

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

Numerator: # of surveys marked "agree" on specific items

Denominator: Total valid responses on consumer satisfaction item

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

The baseline for this performance indicator was derived by taking the highest achievement percentage towards this goal (80%) during the previous 5 years. The intent to increase the performance indicator representing the highest achievement level towards the indicator 86%

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in recent history is great in concept, but it's proving to be academically unrealistic because every other year between 2009-present has yielded an achievement percentage between 75.1% (2009) and 78.8% (current). More recently, the figures have been 78% (2014), and 78.7% (2015). The average indicator percentage over the previous 3 years has proven to be 78.5%. For this reason DSAMH will reevaluate

the baseline and goal for this indicator in future years. DSAMH will also utilize direct interaction from program participants to help develop strategies to increase consumer perception towards their level of functioning.

How first year target was achieved (optional):

Indicator #: 6

Indicator: Positive responses regarding social supports/social connectedness

Baseline Measurement: 82%

First-year target/outcome measurement: 84%

Second-year target/outcome measurement: 86%

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

Data Source:

DSAMH Consumer Satisfaction Survey

New Data Source (if needed):

Description of Data:

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

Numerator: # of surveys marked "agree" on specific items

Denominator: Total valid responses on consumer satisfaction item

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

The baseline for this performance indicator was derived by taking the highest achievement percentage towards this goal (80.9% - FY2011) during the previous 5 years. The intent to increase the performance indicator to represent the highest achievement level towards the indicator in recent history is a great concept, but it's proving to be academically unrealistic because all years between 2009-present, excluding 2011, has yielded an achievement percentage between 76.9% (2009) and 80.2% (2010). More recently, the figures have been 78.3% (2014), and 79% (2015). The average indicator percentage over the previous 3 years is 77.9%. For this reason DSAMH will reevaluate

the baseline and goal for this indicator in future years. The 2016 performance level was 79.2% which is well below the ambitious goal of 86% that was listed for year-two of the Plan. The 2016 percentage is above the 3-year average for the indicator. DSAMH will also utilize direct interaction from program participants to help develop strategies to increase consumer perception towards their social connectedness.

Access to program participants was also impacted by the restructuring of services, yielding the lowest number of survey respondents since 2009.

DSAMH is confident that direct feedback from program participants is the most impactful way to positively affect service delivery and information in a way that increases the likelihood that consumers will respond positively towards survey questions related to their satisfaction level. DSAMH will also use this data to hold discussions with the clinical staff of the service sites and consumer advisory groups to find ways to expand on the consumer-driven recovery plans of all program participants throughout the service system.

How first year target was achieved (optional):

Priority #: 2

Priority Area: Culturally Competent System of Care

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Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB, Other (Adolescents w/SA and/or MH, LGBTQ, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

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

Strategies to attain the goal:

Consumers throughout Delaware's behavioral health system will have access to a system of care that is culturally and linguistically competent by requiring contracts with service providers contain cultural competency plans that are updated annually and reflect the populations they serve.

Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Number of contracted providers requiring a cultural competency plan  
Baseline Measurement: Agencies will be contractually obligated to provide agency-based cultural competency plans in the SFY 17 contracts.  
First-year target/outcome measurement: 80% of contracted agencies will complete training and internal measures for employee demonstration of cultural competency by the end of the year.  
Second-year target/outcome measurement: 90% of contracted agencies are educated as per their cultural competency plans  
New Second-year target/outcome measurement (if needed):

Data Source:

Agency reports to DSAMH.

New Data Source(if needed):

Description of Data:

Agencies will be required in the SFY 17 contracts to develop cultural competency plans to include training and employee level demonstration of cultural competencies.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Cultural Competence Plans are a required component of 100% of community behavioral health contracts. Providers are required to submit them with their executed contract.

Priority #: 3

Priority Area: Mental Health Early Intervention and Treatment Services

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

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

Strategies to attain the goal:

Consumers throughout Delaware's behavioral health system receive services in a manner that promotes hope, recovery, resiliency and community integration as components to their recovery planning process that is created through a person-centered approach that promotes client participation in the development, implementation and execution of the plan.

Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Maintain (4) crisis apartments throughout the state  
Baseline Measurement: 4  
First-year target/outcome measurement: 4  
Second-year target/outcome measurement: 4  
New Second-year target/outcome measurement (if needed):

Data Source:

USDOJ Settlement Agreement Tracking Form

New Data Source (if needed):

Description of Data:

The U.S. Department of Justice (USDOJ) began its three-year investigation of the Delaware Psychiatric Center in November, 2007. The investigation culminated in a letter to the State, dated November 9, 2010, citing the USDOJ findings. Based on the findings, the State of Delaware was sued by the USDOJ because of the lack of compliance with the Americans with Disabilities Act (ADA) and the Supreme Court's Olmstead decision. During the following eight months, the USDOJ and the State of Delaware negotiated a settlement and signed the Settlement Agreement in July, 2011. Numerous targets were outlined in this Settlement Agreement to establish a community system of care for persons with Severe and Persistent Mental Illness. Among these targets, the creation and maintenance of 4 crisis apartments was established.

Pursuant to the binding language of the Voluntary Settlement Agreement between the State of Delaware and the United States Department of Justice: "Delaware will maintain compliance with all regulations stated within the following: Title II of the American Disabilities Act (ADA), 42 U.S.C. § 12101, and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. Compliance will be monitored by an independent third-party that reports to the US District Court; evaluation of findings will be conducted twice per year. In sum, 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 State will ensure 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."

The performance indicator "Maintain (4) crisis apartments throughout the state" is a requirement expressly outlined in the Settlement Agreement. To this end, Delaware was required to establish the (4) crisis apartments by 7/1/2012, and maintain or increase the number of crisis apartments throughout the lifespan of the Settlement Agreement which expires 7/1/2016. The DHSS/DSAMH created the crisis apartments by 7/1/2012 and the DHSS/DSAMH will continue to maintain the existence of the crisis apartments through 7/1/2016 via MHBG resources.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The performance indicator "Maintain (4) crisis apartments throughout the state" is a requirement expressly outlined in the Settlement Agreement between Delaware and the United States department of Justice. To this end, Delaware is required to establish the (4) crisis apartments by 7/1/2012, and maintain or increase the number of crisis apartments throughout the lifespan of the Settlement Agreement which expires 7/1/2016. The DHSS/DSAMH created the crisis apartments by 7/1/2012 and the DHSS/DSAMH will continue to maintain the existence of the crisis apartments through 7/1/2016 via MHBG resources. Delaware was released from the Settlement Agreement on 10/11/2016. The (4) crisis apartments will continue to be supported via CMHBG through the end of this 2-year Plan. At the conclusion of this Plan, the goal will be removed from future consideration.

Indicator #: 2

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

Baseline Measurement: 2

First-year target/outcome measurement: 2

Second-year target/outcome measurement: 2

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

Data Source:

USDOJ Data Settlement Agreement tracking of compliance and annual report

New Data Source (if needed):

Description of Data:

The U.S. Department of Justice (USDOJ) began its three-year investigation of the Delaware Psychiatric Center in November, 2007. The investigation culminated in a letter to the State, dated November 9, 2010, citing the USDOJ findings. Based on the findings, the State of Delaware was sued by the USDOJ because of the lack of compliance with the Americans with Disabilities Act (ADA) and the Supreme Court's Olmstead decision. During the following eight months, the USDOJ and the State of Delaware negotiated a settlement and signed the Settlement Agreement in July, 2011. Numerous targets were outlined in this Settlement Agreement to establish a community system of care for persons with Severe and Persistent Mental Illness. Among these targets, the creation and maintenance of 2 crisis walk-in centers was established.

Pursuant to the binding language of the Voluntary Settlement Agreement between the State of Delaware and the United States Department of Justice: "Delaware will maintain compliance with all regulations stated within the following: Title II of the American Disabilities Act (ADA), 42 U.S.C. § 12101, and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. Compliance will be monitored by an independent third-party that reports to the US District Court; evaluation of findings will be conducted twice per year. In sum, 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 State will ensure 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."

The performance indicator "Maintain (2) Crisis walk-in clinics statewide" is a requirement expressly outlined in the Settlement Agreement. To this end, Delaware was required to establish the (2) Crisis walk-in clinics by 7/1/2012, and maintain or increase the number of crisis clinics throughout the lifespan of the Settlement Agreement which expires 7/1/2016. The DHSS/DSAMH created the crisis clinics by 7/1/2012 and the DHSS/DSAMH will continue to maintain the existence of the crisis clinics through 7/1/2016 via MHBG resources.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The performance indicator "Maintain (2) crisis walk-in clinics throughout the state" is a requirement expressly outlined in the Settlement Agreement between Delaware and the United States department of Justice. To this end, Delaware is required to establish the (2) crisis walk-in clinics by 7/1/2012, and maintain or increase the number of crisis apartments throughout the lifespan of the Settlement Agreement which expires 7/1/2016. The DHSS/DSAMH created the crisis walk-in clinics by 7/1/2012 and the DHSS/DSAMH will continue to maintain the existence of the crisis walk-in clinics 7/1/2016 via MHBG resources. Delaware was released from the Settlement Agreement on 10/11/2016. The (2) crisis walk-in clinics will continue to be supported via CMHSBG resources through the end of this 2-year Plan. At the conclusion of this Plan, the goal will be removed from future consideration.

Indicator #: 3  
Indicator: Increased access to services  
Baseline Measurement: 7,501  
First-year target/outcome measurement: 7,651  
Second-year target/outcome measurement: 7,801  
New Second-year target/outcome measurement(*if needed*):

Data Source:

DSAMH MIS Unit

New Data Source(*if needed*):

Description of Data:

CMHC Front-Door clients

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Beginning in SFY 2015 Delaware stopped serving clients in (3) statewide mental health clinics in favor of a restructured community case management re-design which has resulted in a decrease in clients served.

## Report of Progress Toward Goal Attainment

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

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

Beginning in SFY 2015 Delaware stopped serving clients in (3) statewide mental health clinics in favor of a restructured community case management re-design which has resulted in a decrease in clients served. DSAMH served 6,368 persons during FY2016. That is down from 7,867 during FY2015.

The recent restructuring of community-based service delivery locations is believed to have impacted this target. A full year of service delivery under the current model should eliminate some of the factors that led to a decrease in persons served as consumers become more comfortable in the service offerings and ways to retain the full list of services previously offered at the mental health clinics via the new service delivery model that emphasizes case management throughout the community.

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

Indicator #: 4  
Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)  
Baseline Measurement: 8%  
First-year target/outcome measurement: 7.5%  
Second-year target/outcome measurement: 7%  
New Second-year target/outcome measurement(*if needed*):

Data Source:

MIS, Consumer Information Manager, MH CRF Master Table

New Data Source (if needed):

Description of Data:

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

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

The target for this measure was 7.5%. The actual measure was recorded at 8.2%  
In the not too distant past, this performance measure was adversely affected by the fact that DSAMH discharged a large number of individuals that had previously been receiving residential care at the Delaware Psychiatric Center for many years. Some of those residents had been receiving care at the Delaware Psychiatric Center upwards of a decade. DSAMH administration has been monitoring this measure's performance outcome for nearly 2 years in conjunction with the Court Monitor. It is strongly believed by both parties that this reverse in trend from previous years was to be expected, and that it should return to the previous trend (pre-FFY 2013) in upcoming years as the clients that have been experiencing re-hospitalization are now receiving more adequate community-based care to meet their individual recovery needs. This year's performance level fell short of the target, but is very much in line with the prediction that the data is returning to the previous performance levels prior to the discharge of long term residents from the Delaware Psychiatric Center.

How first year target was achieved (optional):

Indicator #: 5  
Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)  
Baseline Measurement: 10  
First-year target/outcome measurement: 9.5  
Second-year target/outcome measurement: 9  
New Second-year target/outcome measurement (if needed):

Data Source:

MIS, Consumer Information Manager, MH CRF Master Table

New Data Source (if needed):

Description of Data:

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

Numerator: # of adults with SMI who were readmitted within 180 days  
Denominator: # of adults with SMI who were discharged during fiscal year

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

The target for this measure was 9.5%. The actual measure was recorded at 16.5%

How first year target was achieved (optional):

Priority #: 4

Priority Area: Substance Abuse Prevention Services

Priority Type: SAP

Population(s): Other (Adolescents w/SA and/or MH, Students in College, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

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

Strategies to attain the goal:

Implementation of substance abuse prevention strategies throughout the state

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Misuse of prescription opiates and use of illegal narcotics (youth prevention)

Baseline Measurement: Prescription opiate and illegal narcotic use (for youth) as reported in the 2014-2015 State Epi Profile

First-year target/outcome measurement: 10% reduction in the misuse of prescription opiates and use of illegal narcotics

Second-year target/outcome measurement: 10 reduction in the misuse of prescription opiates and use of illegal narcotics

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

Data Source:

State Epi Profile, School Surveys, NSDUH; KIT Solutions

New Data Source (if needed):

Description of Data:

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.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 2  
Indicator: Underage alcohol use and misuse prevention (youth prevention)  
Baseline Measurement: Underage alcohol use and misuse (for youth) as reported in the 2014-15 State Epi Profile  
First-year target/outcome measurement: Decrease alcohol use, misuse, and abuse by 10% for those underage and 5% for young adults  
Second-year target/outcome measurement: Decrease alcohol use, misuse, and abuse by 10% for those underage and 5% for young adults

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

Data Source:

State Epi Profile, School Surveys, NSDUH; KIT Solutions

New Data Source (if needed):

Description of Data:

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.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 3

Indicator: Marijuana use among youth and young adults (youth prevention)  
Baseline Measurement: Marijuana use among youth and young adults are reported in the 2014-15 State Epi Profile  
First-year target/outcome measurement: 10% reduction in the use and abuse of marijuana among youth and young adults  
Second-year target/outcome measurement: 10% reduction in the use and abuse of marijuana among youth and young adults  
New Second-year target/outcome measurement (if needed):

Data Source:

State Epi Profile, School Surveys, NSDUH; KIT Solutions

New Data Source (if needed):

Description of Data:

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.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 4

Indicator: Implementation of Evidence Based Practices recognized by NREPP or other federally recognized sources

Baseline Measurement: Number of contracts with a prevention EBP in SAPT prevention contracts

First-year target/outcome measurement: 75% of all SAPT funded prevention contracts include an EBP recognized by NREPP or other federally recognized sources

Second-year target/outcome measurement: 90% of all SAPT funded prevention contracts include an EBP recognized by NREPP or other federally recognized sources

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

Data Source:

New Data Source (if needed):

Description of Data:

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 5

Indicator: Increase and Maintain qualified prevention workforce

Baseline Measurement: Number of Certified prevention Specialists in year ending SFY 16

First-year target/outcome measurement: Increase by 10% number of new Certified Prevention Specialists in SFY 17

Second-year target/outcome measurement: Increase by 15% from baseline number of new Certified Prevention Specialists in SFY 17



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

Data Source:

Delaware Certification Board

New Data Source (if needed):

Description of Data:

Number of new Certified Prevention Specialists each state fiscal year.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

As of the end of SFY 2016, June 30, 2016, Delaware has 96 Certified Prevention Specialists.

Priority #: 5

Priority Area: HIV Prevention and Early Intervention Services to Individuals receiving Substance Abuse Treatment

Priority Type:

Population(s): PWWDC, IVDUs, HIV EIS

Goal of the priority area:

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

Strategies to attain the goal:

Individuals receiving substance abuse treatment services will be offered HIV prevention and early intervention services, as well as referral to treatment for HIV as needed through community-based contracts.

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increased HIV testing and referral to medical treatment in Sussex County Delaware.

Baseline Measurement: Increase testing and education among drug users in Sussex County.

First-year target/outcome measurement: Increase number by 10% of drug users referred for testing and education in Sussex County.

Second-year target/outcome measurement: Increase number by 20% of drug users referred for testing and education in Sussex County.

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

Data Source:

Division of Public Health's Communicable Disease Bureau data collection on HIV testing.

New Data Source (if needed):

Survey of the HIV testing provider, BCCS.

Description of Data:





New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

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

The mental health prevalence estimate for 2016 is: SMI = 51,289 // SPMI = 24,695

Indicator #: 2

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

Baseline Measurement: # of individuals receiving supported employment services on ACT teams.

First-year target/outcome measurement: Increase by 10% number of adults with SMI or COD receiving Evidence Based Supportive Employment as part of their recovery plan.

Second-year target/outcome measurement: Increase by 20% number of adults with SMI or COD receiving Evidence Based Supportive Employment as part of their recovery plan.

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

Data Source:

ACT Team Reports.

New Data Source *(if needed)*:

Description of Data:

ACT team monthly and annual budget reports – staffing (year 1).  
ACT team reports to MIS unit and CRF data- reports of individuals receiving Supported employment.

New Description of Data: *(if needed)*

Clarifying the indicator- this measure it tracking an increase of the number of consumers receiving supported employment.

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

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

In FY2015 159 consumers were receiving supported employment at community service providers sites. in FY2016 198 consumers were receiving supported employment at community service provider sites. This represents a 25% increase of consumers receiving supported employment at community service provider sites.

Indicator #: 3

Indicator: Maintain the number of available permanent and permanent supported housing opportunities for persons with SMI

Baseline Measurement: 650 by July 1, 2015

First-year target/outcome measurement: 650 by July 1, 2016

Second-year target/outcome measurement: 650 by July 1, 2017

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

Data Source:

USDOJ Data Settlement Agreement tracking of compliance and annual report

New Data Source (if needed):

Description of Data:

Permanent housing and permanent supported housing targets established by the Voluntary Settlement Agreement between the State of Delaware and the United States Department of Justice.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

DSAMH maintains 650 Permanent housing and permanent supported housing units as established by the Voluntary Settlement Agreement between the State of Delaware and the United States Department of Justice. As of 10/11/2016 the State of Delaware is formally released from Settlement Agreement based upon the achievement level of the goals and targets of the Settlement Agreement. Delaware is required to maintain the 650 units of permanent and permanent supported housing through June 30, 2017.

Indicator #: 4

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

Baseline Measurement: 34%

First-year target/outcome measurement: 35%

Second-year target/outcome measurement: 36%

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

Data Source:

DSAMH client census and service data

New Data Source (if needed):

Description of Data:

Increase the percentage of consumers receiving ACT by 1%

Numerator: # of consumers that received ACT Services

Denominator: total # of consumers receiving treatment at a Comm Serv Provider

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

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

The target for this measure was 35%. The actual measure was recorded at 53.6%.

Indicator #:

5

Indicator:

Number of evidence based practices (EBPs) provided to youth and adults seeking substance abuse and/or mental health services

Baseline Measurement:

Number of evidence based practices (EBPs) provided to youth and adults seeking substance abuse and/or mental health services in FY15

First-year target/outcome measurement:

Increase the number of evidence based practices (EBPs) provided to youth and adults seeking substance abuse and/or mental health services by 1 or more strategies

Second-year target/outcome measurement:

Increase the number of evidence based practices (EBPs) provided to youth and adults seeking substance abuse and/or mental health services by 1 or more strategies

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

Data Source:

DPBHS Family and Children Tracking System (FACTS); KIT Solutions

New Data Source (*if needed*):

Description of Data:

Number of EBP practices provided; Provider survey and monitoring reports Family and Children Tracking System (FACTS); KIT Solutions strategy/activity reports

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

Moving to evidence-based practices applicable to substance abuse and/or mental health.

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

Indicator #:

6

Indicator:

Number of youth receiving DPBHS services who report improvement in school

Baseline Measurement:

Number of youth receiving DPBHS services who report improvement in school in FY 16

First-year target/outcome measurement:

Increase the number of youth receiving DPBHS services who report improvement in school by 1%

Second-year target/outcome measurement: Increase the number of youth receiving DPBHS services who report improvement in school by 2%

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

Data Source:

DPBHS FACTS (Family & Child Tracking System)

New Data Source (if needed):

Description of Data:

Number of youth attending school & reporting improvement, FACTS system & with collaboration from Dept of Education

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Number of youth in DPBHS services, but may be not in school

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #:

7

Indicator:

Implementation of outreach activities to special populations for youth

Baseline Measurement:

Number of youth outreach activities to special populations in FY16

First-year target/outcome measurement:

Increase number of youth outreach activities by 3 events

Second-year target/outcome measurement:

Maintain increased level of youth outreach to special populations

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

Data Source:

DPBHS FACTS

New Data Source (if needed):

Description of Data:

Number of activities, trainings, educational sessions reported through DPBHS FACTS system, DPBHS database and community partners

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 8

Indicator: Increased access to services for youth seeking substance abuse treatment services

Baseline Measurement: Number of youth accessing substance abuse treatment services in FY16

First-year target/outcome measurement: Increase number of youth accessing substance abuse treatment services provided by DPBHS by 5%

Second-year target/outcome measurement: Maintain increased number of youth accessing substance abuse treatment services provided by DPBHS by 5%

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

Data Source:

DPBHS FACTS

New Data Source (if needed):

Description of Data:

Access and delivery of services monitored through DPBHS FACTS

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

Revamping our substance abuse treatment services.

How first year target was achieved (optional):

Indicator #: 9

Indicator: Improve functioning of children & youth receiving substance abuse treatment services

Baseline Measurement: Level of functioning of children & youth receiving substance abuse treatment services in FY16

First-year target/outcome measurement: Improved functioning rate of 80% or higher

Second-year target/outcome measurement: Maintain improved functioning rate of 80% or higher

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

Data Source:

DPBHS FACTS

New Data Source (if needed):

Description of Data:

Number of parents/caregivers reporting positively about their child's functioning & number of positive responses reported in the functioning domain using the OHIO Scales in FACTS

New Description of Data (if needed)



Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

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

Indicator #: 10

Indicator: Dissemination of substance abuse prevention information on data trends, resources, and other relevant behavioral health information to the prevention community

Baseline Measurement: Number of correspondences with community prevention professionals in FY16

First-year target/outcome measurement: Increase information dissemination with community prevention professionals by 10%

Second-year target/outcome measurement: Maintain increased number of information dissemination with community professionals of increased 10%

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

Data Source:

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

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

Indicator #: 11

Indicator: Number of people receiving treatment in Medication Assisted Treatment Programs

Baseline Measurement: Number of people receiving MAT services through DSAMH contracts in SFY17.

First-year target/outcome measurement: Increase number of admissions for MAT services by 10%.

Second-year target/outcome measurement: Increase number of admissions for MAT services by 20%

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

Data Source:

Number of MAT prescribers. List of prescribers authorized.

New Data Source(*if needed*):

Description of Data:

Number of participants in substance abuse treatment for illicit drug use (number of IVDUs) receiving substance abuse treatment and/or recovery services. Efforts are currently underway to increase the amount of physician time available for MAT services to increase access and decrease wait times. This is expected to increase the number of admissions.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

We have not begun collecting this data. Data will begin being collected with contracts in SFY17.

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

Indicator #:	12
Indicator:	Retention of IVDUs participating in treatment in MAT services
Baseline Measurement:	Increase the number of individuals participating in therapeutic contact such as individual and group treatment.
First-year target/outcome measurement:	Collect baseline data on the number of clinical sessions individuals in MAT received in FY16.
Second-year target/outcome measurement:	Increase by 10%, engagement in MAT clinical services during the first 90 days of treatment.

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

Data Source:

DSAMH contracts, service programs.

New Data Source(*if needed*):

Description of Data:

Will collect this data from contracts starting in the SFY 17 state fiscal year, billing data to confirm sessions.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

We have not begun collecting this data. Data will begin being collected with contracts in SFY17.

How first year target was achieved (optional):

Priority #: 8

Priority Area: Integration with the Affordable Care Act

Priority Type:

Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS

Goal of the priority area:

Maximize the utilization of the Affordable Care Act to ensure Block Grant funds are concentrated on identified service gaps.

Strategies to attain the goal:

State agencies and their contracted providers will work with the State Partnership Health Insurance Exchange to ensure community behavioral health services are provide in a manner that maximizes the utilization of the Affordable Care Act to ensure Block grant funds are concentrated on identified service gaps

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of uninsured in the DSAMH treatment system.

Baseline Measurement: Number of individuals receiving services through the DSAMH system who are uninsured.

First-year target/outcome measurement: Increase the number of individuals receiving services through the DSAMH system who are insured by 10%. Measure capacity needs based on utilization and length of stay in the initial year to determine needs for the 2nd year target

Second-year target/outcome measurement: Increase the number of individuals receiving services through the DSAMH system who are insured by 20%.

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

Data Source:

Navigators' reports.

New Data Source (if needed):

Description of Data:

The number of applications filed is a figure in the Navigators' reports.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

This target was not achieved because the required monthly reporting to track the number of uninsured clients has not been completed. We will begin requiring this reporting in order to achieve the year two target.

How first year target was achieved (optional):

Priority #: 9  
Priority Area: Services to Pregnant Women and Women with Dependent Children  
Priority Type: SAT, MHS  
Population(s): SMI, PWWDC, IVDUs

Goal of the priority area:

Increase substance use and mental health disorder treatment options available to pregnant women and women with children

Strategies to attain the goal:

Create residential treatment bed options for pregnant women and women with dependent children

Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Number of housing options available to pregnant women and women with children.  
Baseline Measurement: Number of beds available for women in SFY 2017 contracts.  
First-year target/outcome measurement: Establish Sober Living program in each county (3).  
Second-year target/outcome measurement: Increase number of women supported in sober living by 5%.  
New Second-year target/outcome measurement (if needed):

Data Source:

DSAMH Contracts.

New Data Source (if needed):

Description of Data:

Collect number of women served through new sober living contracts.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

A total of 74 Sober Living beds were established in the SFY 16 and SFY 17 contracts in all three counties.  
New Castle County Total: 28  
Kent County Total: 28  
Sussex County Total: 18

Indicator #: 2  
Indicator: Residential treatment options available to pregnant women and women  
Baseline Measurement: Number of women receiving residential treatment in a DSAMH funded facility  
First-year target/outcome measurement: Establish 2 16-bed women residential treatment facilities  
Second-year target/outcome measurement: Increase number of women receiving treatment by 10%

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

Data Source:

Contracts for residential services with DSAMH

New Data Source *(if needed)*:

Description of Data:

Number of women served through contracts referenced in data source

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved *(if not achieved, explain why)*

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

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

Residential Treatment for Women – this can include pregnant women or parenting women but the children are not admitted into the residential program.

- Kent County: 16 beds
- New Castle County: 16 beds

Footnotes:

### III: Expenditure Reports

Table 2 - State Agency Expenditure Report

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

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

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention <sup>*</sup> and Treatment	\$1,702,606		\$0	\$197,778	\$16,877,972	\$0	\$0
a. Pregnant Women and Women with Dependent Children <sup>*</sup>	\$33,605		\$0	\$0	\$55,522	\$0	\$0
b. All Other	\$1,669,001		\$0	\$197,778	\$16,822,450	\$0	\$0
2. Substance Abuse Primary Prevention	\$1,496,605		\$0	\$2,774,020	\$0	\$0	\$0
3. Tuberculosis Services	\$0		\$0	\$0	\$131,450	\$0	\$0
4. HIV Early Intervention Services <sup>**</sup>	\$282,115		\$0	\$0	\$874,649	\$0	\$0
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	\$171,093		\$0	\$0	\$0	\$0	\$0
11. Subtotal (Row 1, 2, 3, 4, 8, 9 and 10)	\$3,652,419	\$0	\$0	\$2,971,798	\$17,884,071	\$0	\$0
12. Subtotal (Row 5, 6, 7 and 10)	\$171,093	\$0	\$0	\$0	\$0	\$0	\$0
13. Total	\$3,652,419	\$0	\$0	\$2,971,798	\$17,884,071	\$0	\$0

\* Prevention other than primary prevention

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

Please indicate the expenditures are actual or estimated.

Actual     Estimated

Footnotes:

### III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

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

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



Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
Engagement Services	\$
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
Outpatient Services	\$
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)	\$
Parent/Caregiver Support;	

Skill Building (social, daily living, cognitive);	
Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
Recovery Supports	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
Other Supports (Habilitative)	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
Intensive Support Services	\$
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	\$
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
Acute Intensive Services	\$
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
Other (please list)	\$
Total	\$0

Footnotes:

### III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

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

Category	FY 2014 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$4,598,885
2. Primary Prevention	\$1,518,734
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$340,396
5. Administration (excluding program/provider level)	\$349,897
6. Total	\$6,807,912

\*Prevention other than Primary Prevention

\*\*HIV Designated States

Footnotes:

### III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date:  Expenditure Period End Date:

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Universal	\$ 228,445	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Total	\$ 228,445	\$	\$	\$	\$
Education	Selective	\$ 48,602	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Indicated	\$ 140,548	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Universal	\$ 22,084	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Total	\$ 211,234	\$	\$	\$	\$
Alternatives	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Indicated	\$ 2,959	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Universal	\$ 193,035	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Total	\$ 195,994	\$	\$	\$	\$
Problem Identification and Referral	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Indicated	\$ 17,731	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Universal	\$ 1,960	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Total	\$ 19,691	\$	\$	\$	\$
Community-Based Process	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Community-Based Process	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Universal	\$ 16,794	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Total	\$ 16,794	\$	\$	\$	\$
Environmental	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Total	\$	\$	\$	\$	\$
Section 1926 Tobacco	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Universal	\$ 89,746	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Total	\$ 89,746	\$	\$	\$	\$
Other	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Unspecified	\$ 67,916	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Total	\$ 67,916	\$	\$	\$	\$
	Grand Total	\$ 829,820	\$	\$	\$	\$

**Footnotes:**

\$1,518,734.00 total was spent on Primary Prevention and \$694,046.72 was spent on Resource Development.

### III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

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

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct					
Universal Indirect					
Selective					
Indicated					
Column Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Footnotes:**

\$1,518,734.00 total was spent on Primary Prevention and \$694,046.72 was spent on Resource Development.

### III: Expenditure Reports

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

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

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



Footnotes:

### III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

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

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment		\$157,106.93				\$157,106.93
2. Quality Assurance		\$8,100.00				\$8,100.00
3. Training (Post-Employment)		\$82,485.25				\$82,485.25
4. Program Development		\$298,094.54				\$298,094.54
5. Research and Evaluation		\$96,468.00				\$96,468.00
6. Information Systems		\$51,792.00				\$51,792.00
7. Education (Pre-Employment)						\$0.00
8. Total	\$0.00	\$694,046.72	\$0.00	\$0.00	\$0.00	\$694,046.72




















**Footnotes:**

\$1,518,734.00 total was spent on Primary Prevention and \$694,046.72 was spent on Resource Development.

### III: Expenditure Reports

Table 7 - Statewide Entity Inventory

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

Entity Number	I-BHS ID		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Mailing Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds (B + D + E)	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV
415	DE100758		City of Wilmington	Aquila of Delaware Inc	1812 Newport Gap Pike	Wilmington	DE	19808	\$5,157	\$5,157	\$0	\$0	\$0
400	DE100139		New Castle County & City of Wilmington	Brandywine Counseling and Community Services	2713 Lancaster Avenue	Wilmington	DE	19805	\$1,385,244	\$740,886	\$45,358	\$398,271	\$246,088
416	x		Statewide	Cecilia Willis	2923 N Harrison Street	Wilmington	DE	19802	\$23,956	\$23,956	\$0	\$0	\$0
401	DE100055		Kent County	Central DE Committee on Drug and Alcohol Abuse/ Kent Sussex Counseling Services (KSCS)	1241 College Park Drive	Dover	DE	19904	\$454,006	\$454,006	\$0	\$0	\$0
402	DE100147		Statewide	Connections	P.O. Box 716	Delaware City	DE	19706	\$51,333	\$51,333	\$0	\$0	\$0
386	X		Statewide	DSCYF - DPBHS MOU/Contracts	1825 Faulkland Road	Wilmington	DE	19805	\$1,316,650	\$329,163	\$0	\$987,487	\$0
102	DE100489		New Castle County	Fellowship Health Resources	22 Black Stone Valley Place	Lincoln	DE	19960	\$49,477	\$49,477	\$0	\$0	\$0
417	X		Statewide	Fisher Scientific	PO Box 36348	Boston	DE	02241	\$27,972	\$0	\$0	\$0	\$27,972
75	DE100286		New Castle County	Gateway Foundation	P.O. Box 547	Delaware City	DE	19706	\$1,627,126	\$1,560,789	\$0	\$0	\$66,336
74	DE100127		New Castle County	Gaudenzia Inc.	11 Independence Way	Newark	DE	19713-1159	\$78,554	\$78,554	\$0	\$0	\$0
410	PA101089		New Castle County & Wilmington	Horizon House Inc	120 South 30th Street 5th Floor 5th Floor	Philadelphia	PA	19104	\$188,848	\$188,848	\$0	\$0	\$0
138	DE100125		Sussex County	Hudson Health	P.O. Box 644	Georgetown	DE	19947	\$28,804	\$28,804	\$0	\$0	\$0
25	DE100022		New Castle County & City of Wilmington	Kirkwood NET Detoxification Center	3315 Kirkwood Highway	Wilmington	DE	19808	\$953,328	\$953,328	\$0	\$0	\$0
388	X		New Castle County & City of Wilmington	Latin American Community Center DSAMH	403 North Van Buren Street	Wilmington	DE	19805	\$132,975	\$0	\$0	\$132,975	\$0
350	DE900587		City of Wilmington	Limen House Women	1909 Baynard Boulevard	Wilmington	DE	19802-3915	\$8,745	\$8,745	\$0	\$0	\$0
DE101376	DE101376		New Castle County & Wilmington	Martin Luther King Compliant	435 South Heald Street	Wilmington	DE	19805	\$7,834	\$7,834	\$0	\$0	\$0
68	X		Statewide	Redwood Toxicology Lab (TASC)	3650 Westwind Boulevard	Santa Rosa	DE	95403	\$1,588	\$1,588	\$0	\$0	\$0
107	DE100634		Kent County	Serenity Place	327 Martin Street	Dover	DE	19901	\$43,024	\$43,024	\$0	\$0	\$0

	97	DE100105	✓	City of Wilmington	SODAT Delaware Inc	625 North Orange Street	Wilmington	DE	19801	\$5,127	\$5,127	\$0	\$0	\$0
	340	DE100220	✗	Sussex County	Thresholds	20505 DuPont Boulevard Unit 1	Georgetown	DE	19947	\$22,886	\$22,886	\$0	\$0	\$0
Total										\$6,412,636	\$4,553,507	\$45,358	\$1,518,734	\$340,396

\* Indicates the imported record has an error.

Footnotes:

### III: Expenditure Reports

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

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

Yes  No

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

If yes, SFY: \_\_\_\_\_

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

Yes  No

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2014) + B2(2015)</u> 2 (C)
SFY 2014 (1)	\$14,906,196	
SFY 2015 (2)	\$14,786,181	\$14,846,188
SFY 2016 (3)	\$16,877,942	

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

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

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

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

SFY 16 MOE was calculated using the following information:

FY16 MOE Calculation Summary

FY16 Expenditures included on Fiscal Year 2016 Expenditure

by Account Report (DLG025)

General Funds

Personnel 0137 \$1,787,163.15

Travel 0140 \$951.00

Contractual 0150 + 00399\* \$13,145,064.12

Energy 0159 \$75,315.71

Supplies 0160 \$368,860.25

Capital 0170 \$17,176.78

General Fund Subtotal \$15,394,531.01

Special Funds

Personnel \$61,624.99

Contractual \$0.00

Supplies \$157.56

Capital \$0.00  
Tob Con Srv 61204 \$113,000.00  
Tob Heroin 61216 \$287,900.00  
P&P Sartep 020406 \$151,750.00  
Transition Housing Tobacco 61217 \$146,476.79  
Tobacco - School Study 61218 \$19,400.00  
Transition Housing Tobacco 61237 \$51,100.00  
Special Fund Subtotal \$831,409.34

Deduction for involuntary inpatient hospitalizations  
PO236366 from '00399 -\$171,276.41

" Addition from Video Lottery 8001 breakout below  
(IPU 0610)" \$317,873.54

Addition from CMHC IPU 0620 breakout below \$505,404.10

Maintenance of Effort (MOE) \$16,877,941.58

"CMH Contractual 0150  
(IPU 0620)" \$505,404.10  
Residential Tx contract for women & children; #041590 -  
total \$784,258.9 (50%) \$27,760.83  
1/2 of Mercer for SUD state plan \$94,558.29  
Comprehensive Outpatient Programs PO 2979708  
\$383,084.98

"Video Lottery 8001  
(IPU 0610)" \$317,873.54

Outpatient Contracts:  
Thresholds  
Horizon House Echo  
Central DE  
Brandywine  
Connections

Footnotes:

### III: Expenditure Reports

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

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment BASE				
Period	Total of All State Funds Spent on TB Services  (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment  (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B)  (C)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE)  (D)
SFY 1991 (1)	\$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  (A)	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment  (B)	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B)  (C)
SFY 2016 (3)	\$845,881	15.54%	\$131,450

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

Description of MOE Calculation

Funding Source Program/ Service Description Total Funding

Amount Calculation/ Percentage for MOE Description of

Calculation Total MOE Contribution

DPH\* TB Public Health Nurse State Funded Salaries

\$845,881.00(Table 8b, TB Column A) 4%

3.85%

7.69% Percentage of TB patients have injected drug problem

Percentage of TB patients have non-injected drug problem

Percentage of TB patients have an alcohol problem

(percentages provided annually by Dale Goodine, DPH)

\$33,835.00

\$32,566.00

\$65,048.00

TOTAL Programs/Services in Delaware \$845,881.00

\$131,450.00

TOTAL Baseline Amount \$42,587.00 \$42,587.00

Based on:

TB Public Health Nurse State Funded Salaries - \$845,881.00

Calculation:

4 % of TB Patients have injected drug problem

3.85 % of TB Patients have non-injected drug problem

7.69 % of TB Patients have an alcohol problem

In 2016, there was a \$132,000 increase in spending on Division of Public Health Tuberculosis Nurses' salaries. There are several possible explanations for this increase: filling vacancies, retirements that lead to filling vacancies and/or final pay-outs.

Footnotes:



### III: Expenditure Reports

Table 8c - 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 2016		\$874,649

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

HIV SERVICES

Description of MOE Calculation

Funding Source Program/Service Description Total Funding  
 Amount Calculation/ Percentage for MOE Description of  
 Calculation Total MOE Contribution  
 DPH\* HIV Prevention State funding (Summary of Expenses  
 July 2015-June 2016: Program Code 3P611, Appropriation  
 Codes 00137, 00150, 00160,00322, 20633, 61204, 63200 [See  
 Attachment: SFY16 DSAMH Mobius DGL012 report. Provided  
 by Dale Goodine, DPH] \$571,611.00 14% Percentage of those  
 tested are IVDUs (CTR Database; percentage provided by  
 James Dowling, DPH) \$800,255.54  
 DPH\* State Funds for HIV Nurse [See Attachment: SFY16  
 DSAMH Mobius DGL012 report. Provided by Dale Goodine,  
 DPH.] \$21,675.00 100% \$21,675.00  
 DOC\*\* Department of Correction Funded Programs (Medical  
 Vendor: CCS- Correctional Healthcare Services program  
 code: 38-02-00, HIV testing [See Table 1: DOC Correctional  
 Healthcare Services. Provided by Jodie Wedel] \$63,436.00  
 80% Percentage of offender population with substance  
 abuse issues receiving treatment (All offenders receive HIV  
 testing, 80% of those individuals are substance abusers)  
 \$50,748.80  
 DOC\*\*\* HIV Peer Educator [See the statement on peer  
 services. Provided by Jodie Wedel] \$1,970.00 100%

Percentage of HIV Peer Educator Stipend \$1,970.00  
TOTAL Programs/Services in Delaware \$658,692.00  
\$874,649.34  
TOTAL Baseline Amount \$86,903.00 \$86,903.00

Table 1: DOC Correctional Healthcare Services

The Department also pays offenders to provide peer HIV education to other offenders. The Department spent \$1,970.00 on HIV Peer Educator wages in [State] FY16.

Calculation:

14.0 % of those tested are IDU's (CTR Database from James Dowling, DPH: 2016 Delaware HIV Surveillance Report, Executive Summary

<https://www.delawarehiv.org/uploads/PDF/Surv%20Reports/Delaware%202016%20Surveillance%20Report%20jed%2005032016.pdf>). This

figure is the testing figure and includes positives and negatives.

80.0 % of those incarcerated are substance abuse involved (DOC Website Correction's Bureau of Prisons, Substance Abuse Treatment:

<http://www.doc.delaware.gov/treatmentServices.shtml>)

21.0 % of those treated for HIV are IDU's: 582 (IDU in Care) / 2783 (Total HIV Positive in DE who are in Care) \* 100 = 20.91% (rounded -21%) (HIV

Care Continuum as of October 2015, James Dowling, DPH).

NOTE: Of the total HIV positives living in DE whose risk exposure is IDU, 87% are

in Care  $582/672 * 100 = 86.6$  (rounded = 87%)

100 % of HIV Nurse Salary from 12/15 to 6/16 (Brandywine Counseling contract, from Dale Goodine, DPH)

Footnotes:

### III: Expenditure Reports

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

Expenditures for Services to Pregnant Women and Women with Dependent Children		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$431,210	
SFY 2014		\$1,150,370
SFY 2015		\$897,490
SFY 2016		\$100,880
Enter the amount the State plans to expend in 2017 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>1280650.00</u>		

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

Delaware does not meet the required MOE for PWWDC and will be requesting a waiver. Perinatal programs were rebid and expenditures were not incurred during SFY16 due to delays in hiring staff. Brandywine Women's and Children's residential program closed in September 2015.

Footnotes:

# IV: Populations and Services Reports

Table 9 - Prevention Strategy Report

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

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Pregnant women/teens	1. Information Dissemination	
	2. Resources directories	1
	3. Media campaigns	1
	4. Brochures	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	1
	3. Alternatives	
	2. Youth/adult leadership activities	1
	6. Recreation activities	1
	5. Community-Based Process	
	4. Community team-building	1
	6. Environmental	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1
Economically disadvantaged	1. Information Dissemination	
	2. Resources directories	2
	3. Media campaigns	2
	4. Brochures	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	2. Education	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	2
	3. Peer leader/helper programs	1
	7. Monthly educational meetings/trainings with staff	1
	3. Alternatives	
	1. Drug free dances and parties	1

	2. Youth/adult leadership activities	1
	6. Recreation activities	2
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	1
	3. Multi-agency coordination and collaboration/coalition	1
	4. Community team-building	1
	6. Environmental	
	5. Social media campaign	2
Already using substances	1. Information Dissemination	
	2. Resources directories	1
	3. Media campaigns	1
	4. Brochures	2
Adults 18-25 enrolled in Institutions of Higher Education	1. Information Dissemination	
	2. Resources directories	2
	3. Media campaigns	2
	4. Brochures	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	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	
	2. Youth/adult leadership activities	1
	6. Recreation activities	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	1
	4. Community team-building	1

Adults living in Urban Communities	1. Information Dissemination	
	2. Resources directories	1
	3. Media campaigns	2
	4. Brochures	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	2. Education	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	2
	3. Peer leader/helper programs	1
	7. Monthly educational meetings/training with staff	1
	3. Alternatives	
	1. Drug free dances and parties	1
	6. Recreation activities	2
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	1
	3. Multi-agency coordination and collaboration/coalition	1
Hispanic Adults and Hispanic Run Businesses	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
High risk youth/Vulnerable adolescent populations	1. Information Dissemination	
	1. Clearinghouse/information resources centers	2
	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	
3. Community drop-in centers	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	
4. Product pricing strategies		
Hispanic - Adults	1. Information Dissemination	
	4. Brochures	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. Peer leader/helper programs	1
	7. Monthly meetings/trainings with staff	1
	3. Alternatives	
	1. Drug free dances and parties	1
	6. Recreation activities	1
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	1
4. Community outreach activities	1	

	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
Military Families	1. Information Dissemination	
	2. Resources directories	1
	3. Media campaigns	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	2. Education	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	1
	3. Alternatives	
	6. Recreation activities	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	1
English as a Second Language	1. Information Dissemination	
	4. Brochures	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. Peer leader/helper programs	1
	3. Alternatives	
	1. Drug free dances and parties	1
	6. Recreation activities	1
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	
	5. Community-Based Process	
3. Multi-agency coordination and collaboration/coalition	1	

Footnotes:





## IV: Populations and Services Reports

Table 10 - Treatment Utilization Matrix

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

Level of Care	Number of Admissions $\geq$ Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	0	0	\$0	\$0	\$0
2. Free-Standing Residential	2166	1469	\$0	\$0	\$0
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	0	0	\$0	\$0	\$0
5. Long-term (over 30 days)	517	457	\$0	\$0	\$0
AMBULATORY (OUTPATIENT)					
6. Outpatient	5925	4985	\$0	\$0	\$0
7. Intensive Outpatient	1269	1202	\$0	\$0	\$0
8. Detoxification	0	0	\$0	\$0	\$0
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	1523	1304	\$0	\$0	\$0
10. ORT Outpatient	0	0	\$0	\$0	\$0

Footnotes:

IV: Populations and Services Reports

Table 11 - Unduplicated Count of Persons

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

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO		
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
1. 17 and Under	2350	964	507	604	103	34	10	10	2	14	7	20	6	53	16	1481	577	120	28	
2. 18 - 24	7209	3240	1732	1411	428	62	18	14	6	46	2	57	18	138	37	4405	2068	290	87	
3. 25 - 44	2543	1073	556	587	236	14	2	0	4	17	1	13	1	25	14	1585	758	78	19	
4. 45 - 64	156	66	31	37	14	0	1	0	0	3	0	1	0	3	0	103	42	1	3	
5. 65 and Over	21	8	6	3	0	0	0	1	0	0	0	0	0	0	3	11	3	1	2	
6. Total	12279	5351	2832	2642	781	110	31	25	12	80	10	91	25	219	70	7585	3448	490	139	
7. Pregnant Women	273		199		62		4		1		4		1		2		8		217	
Number of persons served who were admitted in a period prior to the 12 month reporting period																				
Number of persons served outside of the levels of care described on Table 10																				

Footnotes:

## IV: Populations and Services Reports

Table 12 - HIV Designated States Early Intervention Services

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

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: <u>706</u>	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs	706	
3. Total number of HIV tests conducted with SAPT HIV EIS funds	706	
4. Total number of tests that were positive for HIV	1	
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection	132	
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period	1	
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services: Decreased funding for this past FY from the State, which directly impacted being fully staffed. BCCS was unable to purchase risk reduction materials such as condoms to decrease HIV transmission because it is not an allowable expense under the grant program.		
Footnotes: Information above is from BCCS and Gateway.		

## IV: Populations and Services Reports

Table 13 - Charitable Choice

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

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

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

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

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

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

Every contract the Division of Substance Abuse and Mental Health enters into contains an addendum addressing Charitable Choice. In addition, during quarterly provider meetings, each provider is advised of the Charitable Choice requirements.

Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2015 admissions submitted:		0
Number of CY 2015 discharges submitted:		0
Number of CY 2015 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		0

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

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	13	15
Total number of clients with non-missing values on employment/student status [denominator]	437	437
Percent of clients employed or student (full-time and part-time)	3.0 %	3.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2015 admissions submitted:		519
Number of CY 2015 discharges submitted:		524
Number of CY 2015 discharges linked to an admission:		470

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	464
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	437

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

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	730	737
Total number of clients with non-missing values on employment/student status [denominator]	1,591	1,591
Percent of clients employed or student (full-time and part-time)	45.9 %	46.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2015 admissions submitted:		4,806
Number of CY 2015 discharges submitted:		5,039
Number of CY 2015 discharges linked to an admission:		3,614
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,542
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		1,591

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

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	168	161
Total number of clients with non-missing values on employment/student status [denominator]	371	371
Percent of clients employed or student (full-time and part-time)	45.3 %	43.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2015 admissions submitted:		1,013
Number of CY 2015 discharges submitted:		1,014
Number of CY 2015 discharges linked to an admission:		709

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	698
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	371

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

Footnotes:



## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		0
Number of CY 2015 discharges submitted:		0
Number of CY 2015 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		0

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

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	404	404
Total number of clients with non-missing values on living arrangements [denominator]	430	430
Percent of clients in stable living situation	94.0 %	94.0 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		519
Number of CY 2015 discharges submitted:		524
Number of CY 2015 discharges linked to an admission:		470

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	464
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	430

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

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	1,838	1,837
Total number of clients with non-missing values on living arrangements [denominator]	1,873	1,873
Percent of clients in stable living situation	98.1 %	98.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2015 admissions submitted:		4,806
Number of CY 2015 discharges submitted:		5,039
Number of CY 2015 discharges linked to an admission:		3,614
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,542
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		1,873

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

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	413	412
Total number of clients with non-missing values on living arrangements [denominator]	417	417
Percent of clients in stable living situation	99.0 %	98.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2015 admissions submitted:		1,013
Number of CY 2015 discharges submitted:		1,014
Number of CY 2015 discharges linked to an admission:		709

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	698
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	417

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

Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		0
Number of CY 2015 discharges submitted:		0
Number of CY 2015 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		0

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

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	337	345
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	353	353
Percent of clients without arrests	95.5 %	97.7 %
Notes (for this level of care):		
Number of CY 2015 admissions submitted:		519
Number of CY 2015 discharges submitted:		524
Number of CY 2015 discharges linked to an admission:		470

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	470
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	353

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

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	875	887
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,656	1,656
Percent of clients without arrests	52.8 %	53.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2015 admissions submitted:		4,806
Number of CY 2015 discharges submitted:		5,039
Number of CY 2015 discharges linked to an admission:		3,614
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,681
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		1,656

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

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	381	392
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	428	428
Percent of clients without arrests	89.0 %	91.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2015 admissions submitted:		1,013
Number of CY 2015 discharges submitted:		1,014
Number of CY 2015 discharges linked to an admission:		709

Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	709
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	428

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

Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from alcohol	0.0 %	0.0 %

#### 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]		0
Number of clients abstinent from 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 abstinent from alcohol at admission [#T2 / #T1 x 100]		0.0 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	0
Number of CY 2015 discharges submitted:	0
Number of CY 2015 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	0

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

[Records received through 5/3/2016]

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	380	380
All clients with non-missing values on at least one substance/frequency of use [denominator]	455	455
Percent of clients abstinent from alcohol	83.5 %	83.5 %

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]	75	
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]		380
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	380	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	519
Number of CY 2015 discharges submitted:	524
Number of CY 2015 discharges linked to an admission:	470
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	470
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	455

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

Outpatient (OP)

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

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



	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,882	1,908
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,340	2,340
Percent of clients abstinent from alcohol	80.4 %	81.5 %

#### 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]		36
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	458	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		7.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,872
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,882	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.5 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	4,806
Number of CY 2015 discharges submitted:	5,039
Number of CY 2015 discharges linked to an admission:	3,614
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,681
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,340

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

#### Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	557	562

All clients with non-missing values on at least one substance/frequency of use [denominator]	663	663
Percent of clients abstinent from alcohol	84.0 %	84.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		13
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	106	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		12.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		549
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	557	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.6 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,013
Number of CY 2015 discharges submitted:	1,014
Number of CY 2015 discharges linked to an admission:	709
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	709
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	663

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

Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from drugs	0.0 %	0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using 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 using Drug at admission [#T2 / #T1 x 100]		0.0 %

#### 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]		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 2015 admissions submitted:	0
Number of CY 2015 discharges submitted:	0
Number of CY 2015 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	0

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

[Records received through 5/3/2016]

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	189	189
All clients with non-missing values on at least one substance/frequency of use [denominator]	455	455
Percent of clients abstinent from drugs	41.5 %	41.5 %

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]		4
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	266	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		1.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		185
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	189	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		97.9 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	519
Number of CY 2015 discharges submitted:	524
Number of CY 2015 discharges linked to an admission:	470
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	470
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	455

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

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,297	1,370
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,340	2,340
Percent of clients abstinent from drugs	55.4 %	58.5 %

**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]		91
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,043	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		8.7 %

**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]		1,279
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,297	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		98.6 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	4,806
Number of CY 2015 discharges submitted:	5,039
Number of CY 2015 discharges linked to an admission:	3,614
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,681
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	2,340

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

**Intensive Outpatient (IO)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	458	464

All clients with non-missing values on at least one substance/frequency of use [denominator]	663	663
Percent of clients abstinent from drugs	69.1 %	70.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		23
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	205	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		11.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		441
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	458	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		96.3 %

Notes (for this level of care):

Number of CY 2015 admissions submitted:	1,013
Number of CY 2015 discharges submitted:	1,014
Number of CY 2015 discharges linked to an admission:	709
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	709
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	663

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

Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]		
Total number of clients with non-missing values on self-help attendance [denominator]		
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 2015 admissions submitted:		0
Number of CY 2015 discharges submitted:		0
Number of CY 2015 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):		0

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

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]		
Total number of clients with non-missing values on self-help attendance [denominator]		
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 2015 admissions submitted:		519
Number of CY 2015 discharges submitted:		524

Number of CY 2015 discharges linked to an admission:	470
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	470
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	0

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

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]		
Total number of clients with non-missing values on self-help attendance [denominator]		
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 2015 admissions submitted:	4,806
Number of CY 2015 discharges submitted:	5,039
Number of CY 2015 discharges linked to an admission:	3,614
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,681
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	0

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

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]		
Total number of clients with non-missing values on self-help attendance [denominator]		
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 2015 admissions submitted:	1,013
Number of CY 2015 discharges submitted:	1,014
Number of CY 2015 discharges linked to an admission:	709
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	709
Number of CY 2015 linked discharges eligible for this calculation (non-missing values):	0

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

Footnotes:

## V: Performance Indicators and Accomplishments

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

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	4	3	4	5
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	0	0	0	0
5. Long-term (over 30 days)	86	30	88	119
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	145	30	91	181
7. Intensive Outpatient	71	10	41	103
8. Detoxification	0	0	0	0
<b>OPIOID REPLACEMENT THERAPY</b>				
9. Opioid Replacement Therapy	0	0	0	0
10. ORT Outpatient	127	30	53	121

Level of Care	2015 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	1550	1487
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0

4. Short-term (up to 30 days)	0	0
5. Long-term (over 30 days)	524	470
AMBULATORY (OUTPATIENT)		
6. Outpatient	5039	2691
7. Intensive Outpatient	1014	709
8. Detoxification	19	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	0
10. ORT Outpatient	0	923

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

Footnotes:

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2013 - 2014	8.9	
	Age 18+ - CY 2013 - 2014	61.9	
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2013 - 2014	6.4	
	Age 18+ - CY 2013 - 2014	26.2	
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] <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 2013 - 2014	4.8	
	Age 18+ - CY 2013 - 2014	7.4	
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2013 - 2014	7.7	
	Age 18+ - CY 2013 - 2014	8.0	
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 2013 - 2014	2.7	
	Age 18+ - CY 2013 - 2014	3.8	

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

Footnotes:

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2013 - 2014	81.8	
	Age 18+ - CY 2013 - 2014	76.0	
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2013 - 2014	93.7	
	Age 18+ - CY 2013 - 2014	92.4	
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2013 - 2014	69.0	
	Age 18+ - CY 2013 - 2014	57.8	

Footnotes:

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.risk.		
	Age 12 - 17 - CY 2013 - 2014	13.7	
	Age 18+ - CY 2013 - 2014	17.2	
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2013 - 2014	13.1	
	Age 18+ - CY 2013 - 2014	15.9	
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 2013 - 2014	14.0	
	Age 18+ - CY 2013 - 2014	20.2	
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2013 - 2014	13.7	
	Age 18+ - CY 2013 - 2014	18.0	
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 2013 - 2014	12.3	
	Age 18+ - CY 2013 - 2014	21.7	

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

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

Footnotes:

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2013 - 2014	92.1	
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2013 - 2014	90.4	
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2013 - 2014	77.7	
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2013 - 2014	80.6	
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2013 - 2014	89.5	

Footnotes:



## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 18+ - CY 2013 - 2014	38.8	
	Age 12 - 17 - CY 2013 - 2014		

Footnotes:

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <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.		
	School Year 2013		

Footnotes:

## V: Performance Indicators and Accomplishments

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

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

Footnotes:

## V: Performance Indicators and Accomplishments

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

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

Footnotes:

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2013 - 2014	55.3	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?^[1][Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2013 - 2014	89.8	

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

Footnotes:

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ? Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2013 - 2014	87.0	

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

Footnotes:

## V: Performance Indicators and Accomplishments

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

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

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

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

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

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 have 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. There has been some difficulty for some of the providers adjusting to the web-based reporting system; however, DSAMH & DPBHS continue to work with KIT Solutions as well as the contracted community providers to provide training and technical assistance to support the platform. DSAMH & DPBHS continues to assess and evaluate the current data collection tools to identify the best means for implementing a comprehensive data collection system for the primary prevention (substance abuse prevention) programs.

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 (community contracted 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.

Footnotes:

## V: Performance Indicators and Accomplishments

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

Category	Total
<b>Age</b>	
0-4	0
5-11	0
12-14	0
15-17	0
18-20	1082
21-24	4268
25-44	11064
45-64	6416
65 and over	1780
Age Not Known	916
<b>Gender</b>	
Male	11376
Female	13516
Gender Unknown	634
<b>Race</b>	
White	18094
Black or African American	5190
Native Hawaiian/Other Pacific Islander	0
Asian	266
American Indian/Alaska Native	6
More Than One Race (not OMB required)	18



Race Not Known or Other (not OMB required)	924
Ethnicity	
Hispanic or Latino	15530
Not Hispanic or Latino	9104
Ethnicity Unknown	878

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 have 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. There has been some difficulty for some of the providers adjusting to the web-based reporting system; however, DSAMH & DPBHS continue to work with KIT Solutions as well as the contracted community providers to provide training and technical assistance to support the platform. DSAMH & DPBHS continues to assess and evaluate the current data collection tools to identify the best means for implementing a comprehensive data collection system for the primary prevention (substance abuse prevention) programs.

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 (community contracted 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.

Footnotes:

## V: Performance Indicators and Accomplishments

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

Category	Total
Age	
0-4	469
5-11	5365
12-14	8085
15-17	5479
18-20	36427
21-24	70505
25-44	132295
45-64	7908
65 and over	2549
Age Not Known	31418
Gender	
Male	133829
Female	124201
Gender Unknown	42469
Race	
White	279134
Black or African American	35945
Native Hawaiian/Other Pacific Islander	4447
Asian	1939
American Indian/Alaska Native	1465
More Than One Race (not OMB required)	7443

Race Not Known or Other (not OMB required)	42098
Ethnicity	
Hispanic or Latino	191183
Not Hispanic or Latino	72078
Ethnicity Unknown	37240

Footnotes:

## V: Performance Indicators and Accomplishments

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

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	0	0

Footnotes:

## V: Performance Indicators and Accomplishments

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

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

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 programs implemented (reported through the monthly reports submitted by community contractors, as well as data submitted within the KIT Solutions/Mosaix system). The programs reported are in alignment with the scope of service within the contract of the provider rendering the service; scopes of services are reviewed and approved prior to the start of the contract period. Annual adjustments to the scopes are serves are completed as needed. 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 34 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	1	2	3	3	1	7
2. Total number of Programs and Strategies Funded	3	2	5	3	1	9
3. Percent of Evidence-Based Programs and Strategies	33.33 %	100.00 %	60.00 %	100.00 %	100.00 %	77.78 %

Footnotes:

## V: Performance Indicators and Accomplishments

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

Total Number of Evidence-Based Programs/Strategies for IOM Category Below		Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 0	\$
Universal Indirect	Total # 2	\$
Selective	Total # 2	\$
Indicated	Total # 0	\$
	Total EBPs: 4	Total Dollars Spent: \$0

Footnotes:

# V: Performance Indicators and Accomplishments

## Prevention Attachments

### Submission Uploads

FFY 2014 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2014 Prevention Attachment Category D:		
File	Version	Date Added

Footnotes:



STATE OF DELAWARE  
OFFICE OF THE GOVERNOR  
TALMAGE BUILDING, SECOND FLOOR  
WILLIAM PENN STREET, DOVER, DE 19901

JACK A. MARKELL  
GOVERNOR

PHONE: 302-744-4101  
FAX: 302-739-2775

March 4, 2009

Joseph Autry, M.D.  
Acting Administrator  
Substance Abuse and Mental Health  
Service Administration  
5600 Fishers Lane  
Rockville, Maryland 20857

Dear Dr. Autry:

As the Chief Executive Officer of the State of Delaware, I designate the Delaware Department of Health and Social Services, Division of Alcoholism, Drug Abuse and Mental Health as the sole administering agency in the State of Delaware for the following federal programs funded through Substance Abuse and Mental Health Services Administration:

Community Mental Health Services (CMHS) Block Grant  
Substance Abuse Prevention and Treatment (SAPT) Block Grant  
Projects for Assistance in Transition from Homelessness (PATH) Formula Grant

This designation shall remain in effect until further notice.

I also delegate authority to the Secretary of the Delaware Department of Health and Social Services to certify all required assurances, funding agreements, and certifications for the above referenced programs and to submit the annual applications and plans until such time as this delegation of authority might be rescinded. Please be informed that the Secretary of the Delaware Department of Health and Social Services is Rita Landgraf.

Sincerely,

Jack A. Markell  
Governor

cc: Rita Landgraf, Cabinet Secretary, Delaware Department of Health and Social Services



Delegation Agreement Number 1  
Delaware Department of Health and Social Services

October 23, 2015  
(replaces June 29, 2015)

Divisions of the Delaware Department of Health & Social Services

This document incorporates delegation agreements between the Secretary of Delaware Department of Health and Social Services and the Division Director. The issues to be delegated appear in the following order:

- Approvals of out-of-state travel requests
- Approvals of Federal funding documents
- Approvals of certain contracts

**1. The approvals of out-of-state travel requests.**

Purpose

Pursuant to Delaware Code, Title 29; Section 7903, and the purpose of the following 3 Agreements is to delegate responsibility from the Secretary, Delaware Department of Health and Social Services to the Division Director. The purpose of the first Delegation Agreement is as follows:

The approval of routine out-of-state travel, in order to: take advantage of lower rates with early reservations; reduce time involved in processing travel requests; assure cost effective travel; place responsibility and accountability at the lowest appropriate level.

Scope

This Agreement transfers responsibility for acting on Division travel requests with the following exceptions:

- Any travel outside the United States;
- Any travel by the Division Director.

Assurances

The Division Director agrees:

1. To accept full responsibility and accountability for assuring that the Division will comply with all laws, regulations, and ethical standards in authorizing travel.
2. To assure that any travel, authorized directly or recommended to the Secretary, Delaware Department of Health and Social Services, under the exemptions, will not exceed the funding allocated to travel in the Division's budget.
3. To assure that the number of employee's traveling does not adversely affect the day to day operations of the Division.

4. To assure that the approval of all staff travel requests adhere to the Statewide Travel Policy.
5. To bring to the attention of the Secretary, Delaware Department of Health and Social Services, any policy issues relevant to delegated authority.

## **2. The approval of Federal funding documents.**

### Purpose

Pursuant to Delaware Code, Title 29, Section 7903, the purpose of this Agreement is to delegate responsibility for approval of Division Federal funding documents from the Secretary, Delaware Department of Health and Social Services to the Division Director.

### Scope

This Agreement transfers responsibility for acting on all Federal Grant applications, State Plans, Sub-Grants and related documents, including Federal Aid Master (FM) and Single Point of Contact (SPOC) forms, with the following exceptions.

Grant Applications to support new programs, unless previously reviewed with the Secretary, DHSS. Continuation grants, which involve major changes in program directions or funding levels, unless previously reviewed with the Secretary, DHSS. Grant applications requiring a legislative public hearing and/or the Governor's signature, unless previously reviewed with the Secretary, DHSS.

### Assurances

The Division Director agrees:

1. To take full responsibility for ensuring that all documents comply with the provisions of the Delaware law and relevant Federal regulation, as well as the provisions of the State Budget Act, as legislated year to year.
2. Ensure that all documents adhere to the review process and schedules established by the Delaware State Clearinghouse Committee and State Budget Office.
3. Provide the Secretary, DHSS, with timely notification of any policy issues relevant to the delegating authority.
4. Ensure that any disputes arising out of the process will be referred to the Secretary, DHSS for resolution.
5. Provide copies of all application materials and related documents to the Division of Management Services.

### **3. The signing of certain contracts.**

#### **Purpose**

Pursuant to Delaware Code, Title 29, Section 7903, the purpose of this Agreement is to delegate responsibility for signing of certain contracts from the Secretary, Delaware Department of Health and Social Services to the Division Director.

#### **Scope**

This Agreement transfers responsibility for signing contracts and contract amendments where the total amended contract value does not exceed \$500,000.

The following contractual arrangements are excluded from this Agreement:

Professional service contracts for management consulting regardless of amounts. A management consultant contract pertains primarily to studies, which are conducted for the purpose of reviewing aspects of an agency's operation.

- Contracts which are for duration of more than two years.
- Contractual arrangements with providers that replace contracts that were discontinued due to unsatisfactory performance or cost considerations.
- Contracts with existing State employees and with former State employees who have left State service within two (2) years previous to the signing of the contract.
- Contracts with individuals who are expected to perform a full-time, ongoing task similar to that of a Full-Time Equivalency (FTE).
- Contracts and Memoranda of Understanding with other State agencies outside of the Department of Health and Social Services.
- Contracts that deviate from approved boilerplate language, as illustrated in the attached sample contract.

The above-mentioned situations would still require submittal for the Secretary's signature utilizing the current contract review procedure.

In addition, approval must still be obtained by Information Resource Management for lease or purchase of all data processing, word processing and information systems hardware and software, as well as the related maintenance and consulting service.

Construction-related contracts, including those pertaining to professional services provided in construction projects, i.e., architects, engineers, etc. would continue to follow the procedures currently in place for agreements of that type.

#### **Assurances**

The Director agrees to:

1. Take full responsibility for ensuring that all contracts comply with the provisions of Delaware laws and relevant Federal regulations, the provisions of the State Budget Act, as well as the requirements of the Department of Health and Social Services Contract Procedure Manual.

2. Assign responsibility for managing the contract functions within the Division and notify the Division of Management Services of that assignment. Ensure that the manager has read this agreement and the Contracts Procedures Manual, and that this responsibility is reflected in that employee's Performance Plan Agreement.
3. Maintain contract records and perform the necessary data entry into the system established by the Division of Management Services.
4. Ensure that the Division's Deputy Attorney General is consulted when appropriate.
5. Provide the specific reasons, related to exclusions on the previous page of this document, for submitting contracts to the Secretary, through DMS, for signature.
6. Provide the Secretary, DHSS, timely notification of any significant change which affects these contracts, and of any problems that arise in provider relations or the provision of services.

  
\_\_\_\_\_  
Division Director                      Date      10/23/15

  
\_\_\_\_\_  
Secretary, DHSS                      Date      10/23/15

  
\_\_\_\_\_  
Deputy Division Director                      Date      10/23/15