

# SUBSTANCE ABUSE AND MENTAL HEALTH — PERFORMANCE MEASURES

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE STAFF: STEPHEN JARDINE

ISSUE BRIEF

#### **SUMMARY**

A nine year history of measures is included in the appendix. This brief highlights changes from information presented a year ago and identifies measures that have improved or declined by more than 5 percent.

#### **LEGISLATIVE ACTION**

No Legislative action is required. This brief is presented for informational purposes only.

#### **HUMAN SERVICES OVERALL GOALS**

The Department of Human Services has the following four department-wide goals:

- collaborate with community partners and within the Department on issues that cut across divisions
- maintain and improve transparency regarding Department finances and operations in the community
- foster creativity, innovation and adoption of best models and practices
- improve outcomes and results by using measures which lead to good decisions that drive success

#### Analysis of Substance Abuse and Mental Health Performance Measures

The Division of Substance Abuse and Mental Health (DSAMH) removed three measures from those presented in the 2013 General Session. All three measures had been discontinued from use. DSAMH also added several new measures from those presented in the 2013 General Session.

#### DSAMH measures showing greater than 5% improvement

- #2 Community Mental Health Services # of indigent/uninsured adult & child clients served (+6%)
- #5 Community Mental Health Services # homeless clients served (+36%)
- #16 Residential Mental Health Services # of children placed in community from State Hospital (+37%)
- #17 Residential Mental Health Services # children that remained in community from State Hospital (+57%)
- #21 Utah State Hospital Rapid Readmission (within 30 days of discharge, excluding ARTC) (+100%)
- #22 Utah State Hospital Adult Psychiatry: avg reduction in symptoms (BPRS) (+5%)
- #25 Utah State Hospital Adult Psychiatry: Median length of stay (+11%)
- #28 Utah State Hospital Forensic Services: # patients treated (+8%)
- #36 State Substance Abuse Services % increase in abstinence fr. admission to discharge fr. alcohol/drug (+5%)
- #37 State Substance Abuse Services % decrease in homelessness (+14%)
- #42 Local Substance Abuse Services % increase in abstinence fr. admission to discharge fr. alcohol (+60%)
- #45 Drug Court Program # of clients receiving services as of June 30th (+17%)
- #47 Drug Court Program % successful completion (Service reports) (+6%)
- #52 Drug Offender Reform Act (DORA) # of clients served (+6%)
- #53 Drug Offender Reform Act (DORA) % Participants reporting abstinence from alcohol at discharge (+10%)
- #54 Drug Offender Reform Act (DORA) Participants reporting abstinence from drugs at discharge (+38%)

### **DSAMH** measures showing greater than 5% decline:

- #3 Community Mental Health Services Evaluations: # court ordered evaluations completed (-7%)
- #6 Community Mental Health Services Preadmission Screening and Resident Review # of screenings (-21%)
- #23 Utah State Hospital (USH) Adult Psych. SOQ core improvement from admission to discharge (-38%)
- #24 Utah State Hospital (USH) # of adult psychiatric patients treated (-6%)
- #29 Utah State Hospital Forensic Services: Median length of stay (days) (-16%)
- #30 Utah State Hospital # of pediatric patients treated (-6%)
- #31 Utah State Hospital Pediatrics: Median length of stay (days) (\*weighted avg of youth/adolescents) (-9%)
- #38 State Substance Abuse Services % clients seeing increased employment (-10%)
- #39 Local Substance Abuse Services # clients served (-6%)
- #41 Local Substance Abuse Services % clients seeing increased employment (-5%)

## SUBSTANCE ABUSE AND MENTAL HEALTH PERFORMANCE MEASURES

- #43 Local Substance Abuse Services % decrease in homelessness (-5%)
- #46 Drug Court Program Total # served during fiscal year (-17%)
- #55 Drug Offender Reform Act (DORA) Increase in employment rates between admission & discharge (-30%)
- **#56** *Drug Offender Reform Act (DORA)* % decrease in # of clients arrested prior to admission to prior to discharge (-8%)

#### APPENDIX: SUBSTANCE ABUSE AND MENTAL HEALTH PERFORMANCE MEASURES

The table included in the appendix for the Division of Substance Abuse and Mental Health shows a nine year comparison of performance measures along with a description of each measure and benchmarking where applicable. Measures are also associated with the dollar amount of appropriation involved.

## Substance Abuse and Mental Health - Output and Outcome Measures - FY05 Through FY 13

| FY13 Total<br>Expenditures | Appropriation Unit                     | Unit  |    | Performance Measure  | Measure Target  | Measure FY 05                                 | Measure FY 06      | Measure FY 07      | Measure FY 08      | Measure FY 09 | Measure FY 10 | Measure FY 11 | Measure FY 12 | Measure FY 13 | Measure can be benchmarked to performance by others? | If yes, who are you using to benchmark against?   |
|----------------------------|--|---|----|--|---|---|--------------------|--------------------|--------------------|---------------|---------------|---------------|---------------|---------------|--|---|
| \$131,452,400              | SUBSTANCE ABUSE AND MENTAL HEALTH:     |   |    |  |   |   |                    |                    |                    |               |               |               |               |               |  |   |
| \$2,624,900                |  | 2011 DHS DSAMH SA/MH BOARD  |    |  |   |   |                    |                    |                    |               |               |               |               |               |  |   |
|                            |  | 2012 DHS DSAMH MENTAL<br>HEALTH ADMINISTRATION                      | 1  | MH & SA admin: Local Authority Plan Reviews, Quality of Care Reviews, Outcome Measures                               | 100%  | 100%  | 100%               | 100%               | 100%               | 100%          | 100%          | 100%          | 100%          | 100%          | No   |   |
|                            |  | 2013 DHS DSAMH SUBSTANCE  |    | or care neviews, outcome measures  |   |   |                    |                    |                    |               |               |               |               |               |  |   |
|                            |  | ABUSE ADMINISTRATION 2014 DHS DSAMH RESEARCH                        |    |  |   |   |                    |                    |                    |               |               |               |               |               |  |   |
| \$9,456,900                | KBC COMMUNITY MENTAL HEALTH SERVICES   | 2015 DHS DSAMH SUPPORT  | 2  | Number indigent/uninsured adult & child clients - number served  | Maintain Services at<br>Case Rate Lower<br>Than Medicaid Case | (No info<br>available: not<br>funded FY 05-08 | )                  |                    |                    | 4,359         | 6,655         | 8,304         | 5,261         | 5,563         | No   |   |
|                            |  | 2051 DHS DSAMH COMPETENCY   | 3  | Evaluations: Number evaluations  | Complete All Court  | 787   |                    | 717                | 733                | 772           | 707           | 780           | 773           | 721           | No   |   |
|                            |  | EVALUATIONS / FORENSIC  | 4  | Evaluations:Timely completion  | Ordered Evaluations<br>100%                                   | 100%  | 100%               | 100%               | 100%               | 100%          | 100%          | 100%          | 100%          | 100%          | No   |   |
|                            |  | 2053 DHS DSAMH MENTAL<br>HEALTH HOMELESS (PATH)                     |    | Number of homeless clients served  | 1,000   | 1,014   |                    |                    |                    |               |               | 1,043         | 1,039         | 1,413         | No   |   |
|                            |  | 2055 DHS DSAMH PREADMISSION<br>SCREENING & RESIDENT REVIEW<br>PASRR | 6  | PASSR: Number of screenings  | Complete all ordered screenings.                              | 326   | 5 522              | 1,683              | 1,900              | 2,004         | 2,145         | 2,465         | 2,952         | 2,445         | No   |   |
|                            |  |   | 7  | PASSR: Timely completion   | 100%  | 100%<br>(Data not                             | 100%               | 100%               | 100%               | 100%          | 100%          | 100%          | 100%          | 100%          | No   |   |
|                            |  | 2066 DHS DSAMH AUTISM PRESCHOOL  2101 DHS DSAMH MH SERVICES -       | 8  | Number clients served  | 100   | available prior to<br>FY08)                   |                    |                    | 109                | 122           | 116           | 115           | 112           | 111           | No   |   |
|                            | VPD MENTAL HEALTH                      | CHILDREN  |    | All clients of local mental health centers; Number   | Changes Based On  |   |                    |                    |                    |               |               |               |               |               |  |   |
| \$27,426,000               | KBD MENTAL HEALTH<br>CENTERS           | 2404 DUC DCAMILIMIL CEDVICE   | 9  | All clients of local mental health centers: Number served  | Changes Based On<br>Funding                                   | 41,385  | 38,658             | 40,427             | 40,426             | 42,416        | 43,662        | 45,085        | 44,611        | 45,594        | Yes  | National  |
|                            |  | 2101 DHS DSAMH MH SERVICES -<br>CHILDREN                            | 10 | Family satisfaction rate (Youth Satisfaction Survey -<br>Family or Caregiver)  | 83%   | 85%   | 80%                | 83%                | 84%                | 88%           | 87%           | 86%           | 87%           | 85%           | Yes  | Fed NOMS: CMHS Uniform Reporting System   |
|                            |  |   | 11 | Youth Outcomes Questionnaire (YOQ) - Percent<br>Clients Participating  | 50%   | Data not<br>available                         | Data not available | Data not available | Data not available | 38%           | 55%           | 66%           | 69%           | 68%           | Yes  | National Standards  |
|                            |  |   | 12 | Youth Outcomes Questionnaire (YOQ) - Percent of clients stable, improved, or in recovery while in current treatment. | 70%   | Data not<br>available                         | Data not available | Data not available | Data not available | 85%           | 85%           | 86%           | 86%           | 86%           | Yes  | National Standards  |
|                            |  | 2121 DHS DSAMH MH SERVICES -<br>ADULT                               | 13 | Adult client service satisfaction rate:  | 88%   | 88%   | 87%                | 85%                | 86%                | 90%           | 87%           | 86%           | 85%           | 85%           | Yes  | Fed NOMS: CMHS Uniform Reporting System   |
|                            |  |   | 14 | Outcomes Questionnaire (OQ) - Percent Clients<br>Participating   | 50%   | Data not<br>available                         | Data not available | Data not available | Data not available | 34%           | 42%           | 53%           | 50%           | 52%           | Yes  | National Standards  |
|                            |  |   |    | Outcomes Questionnaire (OQ) - Percent of clients stable, improved, or in recovery while in current treatment.        | 70%   | Data not<br>available                         | Data not available | Data not available | Data not available | 84%           | 85%           | 84%           | 84%           | 84%           | Yes  | National Standards  |
|                            |  | 2141 DHS DSAMH MH SERVICES -<br>OTHER                               |    |  |   |   |                    |                    |                    |               |               |               |               |               |  |   |
| \$216,300                  | KBE RESIDENTIAL MENTAL HEALTH SERVICES | 2101 DHS DSAMH MH SERVICES -<br>CHILDREN                            |    |  |   |   |                    |                    |                    |               |               |               |               |               |  |   |
|                            |  | 2153 DHS DSAMH NH<br>OUTPLACEMENT                                   |    |  |   |   |                    |                    |                    |               |               |               |               |               |  |   |
|                            |  | 2154 DHS DSAMH CHILDREN<br>OUTPLACEMENT                             | 16 | # children placed in community from hosp.  | Maintain Access To<br>USH                                     | Numbers not available / not collected         |                    |                    |                    | 26            | 42            | 40            | 43            | 59            | No   |   |
|                            |  |   | 17 | # children that remained in community  | Maintain Access To<br>USH                                     | Numbers not<br>available / not<br>collected   |                    |                    |                    | 24            | 28            | 10            | 7             | 11            | No   |   |
| \$53,539,300               | KBF STATE HOSPITAL                     | Ali   | 18 | The Joint Commission (TJC) accreditation is current:   | Yes   | Yes   | Yes                | Yes                | Yes                | Yes           | Yes           | Yes           | Yes           | Yes           | Yes  | Other state hospitals who are The Joint<br>Commission accredited through the National<br>Research Institute (NRI) as well as State Hospitals<br>who are members of the Western Psychiatric<br>State Hospital Association. |
|                            |  | All   | 19 | Certification by the Centers for Medicare/Medicaid<br>Services (CMS)   | Yes   | Yes   | Yes                | Yes                | Yes                | Yes           | Yes           | Yes           | Yes           | Yes           | Yes  | Full CMS certification through quarterly audits.  |

# Substance Abuse and Mental Health - Output and Outcome Measures - FY05 Through FY 13

| FY13 Total<br>Expenditures | Appropriation Unit                    | Unit   |    | Performance Measure  | Measure Target                          | Measure FY 05       | Measure FY 06                 | Measure FY 07                           | Measure FY 08                           | Measure FY 09  | Measure FY 10        | Measure FY 11  | Measure FY 12        | Measure FY 13                       | Measure can be benchmarked to performance by others? | If yes, who are you using to benchmark against?  |
|----------------------------|---------------------------------------|--|----|--|---|---------------------|-------------------------------|---|---|----------------|----------------------|----------------|----------------------|-------------------------------------|--|--|
|                            |                                       | All  | 20 | Occupancy rate   | >90%                                    | 83%                 | 88%                           | 88%                                     | 91%                                     | 88%            | 89%                  | 88%            | 90%                  | 90%                                 | Yes  | Western Psychiatric State Hospital Association   |
|                            |                                       | All except ARTC  | 21 | Rapid Readmission (within 30 days of discharge, excluding ARTC)  | <6                                      | 6                   | 5                             | 6                                       | 6                                       | 5              | -                    | 3              | 1                    | 2                                   | Yes  | National Research Institute and Western Psychiatric<br>State Hospital Association  |
|                            |                                       | 2205 DHS DSAMH USH ADULT<br>GENERAL                    | 22 | Adult Psychiatry: avg reduction in symptoms (BPRS)   | >= 15                                   | 16                  | 18                            | 15                                      | 19                                      | 22             | 20                   | 20             | 20                   | 21                                  | Yes  | See explanation above - raters for the BPRS have been trained and calibrated for inter-rater reliability against the Gold Standard Consensus Code from UCLA. USH has also developed empirically validated norms against a large sample of its own patients. This rater calibration and normative process is unique to the USH. |
|                            |                                       | 2205 DHS DSAMH USH ADULT<br>GENERAL                    | 23 | Adult Psych. SOQ (Severe and Persistent Outcome Questionnaire) score improvement from admission to discharge | >10                                     | 11                  | 16                            | 23                                      | 27                                      | 15             | 27                   | 29             | 24                   | 15                                  | No   |  |
|                            |                                       | 2205 DHS DSAMH USH ADULT                               | 24 | Adult Psychiatry: # patients treated   |   | 324                 | 306                           | 340                                     | 322                                     | 308            | 332                  | 310            | 272                  | 257                                 | Yes  | Western Psychiatric State Hospital Association   |
|                            |                                       | GENERAL  | 25 | Adult Psychiatry: Median length of stay  |   | 186                 | 238                           | 159                                     | 207                                     | 270            | 224                  | 221            | 225                  | 249                                 | Yes  | Western Psychiatric State Hospital Association   |
|                            |                                       | 2213 DHS DSAMH USH ARTC-<br>ACUTE RECOVERY             | 26 | ARTC: # patients treated   |   | 117                 | 110                           | 85                                      | 111                                     | 105            | 122                  | 123            | 97                   | 100                                 | No   |  |
|                            |                                       |  | 27 | ARTC: Median length of stay (days)   |   | 8                   | 11                            | 13                                      | 9                                       | 8              | 7                    | 8              | 15                   | 15                                  | Yes  | Western Psychiatric State Hospital Association   |
|                            |                                       | 2214 DHS DSAMH USH FORENSIC<br>SERVICES                | 28 | Forensic Services: # patients treated  |   | 180                 | 180                           | 190                                     | 195                                     | 203            | 176                  | 183            | 190                  | 205                                 | Yes  | Western Psychiatric State Hospital Association   |
|                            |                                       |  | 29 | Forensic Svc: Median length of stay (days)   |   | 149                 | 166                           | 182                                     | 166                                     | 188            | 124                  | 186            | 182                  | 153                                 | Yes  | Western Psychiatric State Hospital Association   |
|                            |                                       | 2221 DHS DSAMH USH PEDIATRICS YOUTH                    | 30 | Pediatrics: # patients treated   |   | 113                 | 97                            | 106                                     | 115                                     | 98             | 110                  | 110            | 119                  | 112                                 | Yes  | Western Psychiatric State Hospital Association   |
|                            |                                       |  | 31 | Pediatrics: Median length of stay (days) (*weighted avg of youth and adolescents)                            |   | 279*                | 226                           | 340                                     | 290                                     | 281            | 252                  | 257            | 247                  | 226                                 | Yes  | Western Psychiatric State Hospital Association   |
| \$7,581,900                | KCC STATE SUBSTANCE<br>ABUSE SERVICES | 2611 DHS DSAMH SUBSTANCE<br>ABUSE PREVENTION - GENERAL | 32 | % of 12th graders within 30 days who have had alcoholic beverages  | Decrease From FY                        | 14.0%               | No data avail.                | 12.3%                                   | No data avail.                          | 17.1%          | No data<br>Available | 17.0%          | No data<br>Available | 14.0%                               | No   |  |
|                            |                                       |  | 33 | % 12-17 year olds who perceive alcohol as a moderate to severe risk  | Decrease From FY                        | 53.0%               | No data avail.                | 53.6%                                   | No data avail.                          | 80.4%          | 84.4%                | 81.9%          | 81.9%                | 85.8%                               | No   |  |
|                            |                                       |  | 34 | Percent of 12th Graders who need alcohol or drug treatment   | Decrease from FY 11                     | 11.5%               | Not Available                 | 9.4%                                    | Not Available                           | 9%             | Not Available        | 9.2%           | Not Available        | 8.1%                                | No   |  |
|                            |                                       |  | 35 | Alcohol education & training: Number trained on  | Meet or Exceed FY                       | 8,672               | 9,000                         | 10,094 / 30,683                         | 10,058 / 10,902                         | 10,334 / 9,863 | 10,667 / 8,414       | 10,537 / 8,495 | 10,650 / 13,123      | 7,818/10,054                        | No   |  |
|                            |                                       | 2671 DHS DSAMH WOMEN'S                                 |    | premise / off premise  | 11                                      | -,-                 | -,                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1,11 , 1,111   | 3,44 7 37            | 1,11 , 1,11    | 3,444, 3,            | , , , , , , ,                       | -  |  |
|                            |                                       | TREATMENT  |    |  |   |                     |                               |   |   |                |                      |                |                      |                                     |  |  |
|                            |                                       | 2672 DHS DSAMH GENERAL<br>TREATMENT                    | 36 | % increase in abstinence from admission to discharge (from alcohol / from drugs)                             | of the National Ave.                    | Combined:<br>59.1%  | Combined: 73.1%               | 25.9% / 53.3%                           | 28.4% / 33.8%                           | 30.3% / 50.5%  | 38.6% / 81.8%        | 36.1% / 75.2%  | 36.3% / 113.3%       | 41.6%/118.5%                        | Yes  | National SAMSHA outcome measures   |
|                            |                                       |  | 37 | % decrease in homelessness   | Meet or Exceed<br>Prior FY              | 10.2%               | 18.1%                         | 18.0%                                   | 28.9%                                   | 34.8%          | 37.5%                | 39.6%          | 30.8%                | 44.3%                               | Yes  | National SAMSHA outcome measures   |
|                            |                                       |  | 38 | % clients seeing increased employment  | Meet or Exceed<br>Prior FY              | 28.2%               | 5.1%                          | 17.4%                                   | 16.7%                                   | 19.0%          | 21.0%                | 27.0%          | 30.5%                | 20.9%                               | Yes  | National SAMSHA outcome measures   |
|                            | KCD LOCAL SUBSTANCE                   | 2611 DHS DSAMH SUBSTANCE                               |    |  | FIIOLIT                                 |                     |                               |   |   |                |                      |                |                      |                                     |  |  |
| \$23,014,900               | ABUSE SERVICES                        | ABUSE PREVENTION - GENERAL                             |    |  |   |                     |                               |   |   |                |                      |                |                      |                                     |  |  |
|                            |                                       | 2671 DHS DSAMH WOMEN'S                                 |    |  |   |                     |                               |   |   |                |                      |                |                      |                                     |  |  |
|                            |                                       | TREATMENT 2672 DHS DSAMH GENERAL                       | 39 | Number clients served  | Meet or Exceed                          | 18,995              | 19,602                        | 19,599                                  | 18,339                                  | 18,001         | 16,976               | 16,454         | 17,026               | 15,955                              | No   |  |
|                            |                                       | TREATMENT  |    |  | Prior FY<br>Meet or Exceed              | ·                   | ·                             | ·                                       |   |                |                      |                | ·                    |                                     |  |  |
|                            |                                       |  | 40 | Successful completion rate   | Prior FY                                | 55.2%               | 53.7%                         | 49.6%                                   | 58.4%                                   | 44.4%          | 52.4%                | 46.1%          | 46.6%                | 44.6%                               | Yes  | National SAMSHA outcome measures   |
|                            |                                       |  | 41 | % clients seeing increased employment  | Meet or Exceed<br>Prior FY              | 26.2%               | 5.1%                          | 17.4%                                   | 16.7%                                   | 19.0%          | 20.7%                | 24.5%          | 23.3%                | 17.9%                               | Yes  | National SAMSHA outcome measures   |
|                            |                                       |  | 42 | % increase in abstinence from admission to discharge (from alcohol / from drugs)                             | Meet or Exceed 75% of the National Ave. | Combined A&D: 59.1% | Combined: 73.1%               | 25.9% / 53.3%                           | 21.9% / 33.8%                           | 30.3% / 50.5%  | 38.6% / 81.8%        | 43.0% / 83.0%  | 48.1 / 113.5%        | 108.1%/116.2%                       | Yes  | National SAMSHA outcome measures   |
|                            |                                       |  | 43 | % decrease in homelessness   | Meet or Exceed<br>Prior FY              | 10.2%               | 18.1%                         | 18.0%                                   | 28.9%                                   | 34.8%          | 37.5%                | 38.5%          | 33.3%                | 28.0%                               | Yes  | National SAMSHA outcome measures   |
| \$1,370,200                | KCF DRIVERS UNDER<br>THE INFLUENCE    | 2950 DHS DSAMH DUI FEES ON<br>FINES                    | 44 | Perceived need to change personal drinking behavior from pre to post-training (scale 1 to 10)                | Meet or Exceed<br>Prior FY              |                     | Increased from<br>7.3 to 8.56 | Increased from<br>7.3 to 8.56           | Increased from 7.3<br>to 8.56           | 8.20 to 8.20   | 8.20 to 8.20         | 6.8 to 8.3     | 6.8 to 8.3           | Not available until<br>Summer 2014. | No   |  |
| \$3,594,400                | KDB DRUG COURT<br>PROGRAM             | 3202 DHS DRUG COURT                                    | 45 | Number clients receiving services as of June 30  | Meet or Exceed<br>Prior FY              | 1,090               | 1,029                         | 1,052                                   | 1,095                                   | 1,120          | 1,190                | 1,314          | 1,563                | 1,831                               | No   |  |
|                            |                                       |  | 46 | Total number served during Fiscal Year   | Meet or Exceed<br>Prior FY              |                     |                               |   | 2,039                                   | 2,486          | 2,433                | 2,529          | 2,613                | 2,172                               | No   |  |
|                            |                                       |  | 47 | Persont successful completion (Coming Description  |   | C40/                | C70/                          | C40/                                    | C 40/                                   | CE0/           | CE0/                 | C70/           | FC0/                 | C20/                                | No   |  |
|                            |                                       |  | 47 | Percent successful completion (Service Reports)  | 65%                                     | 64%                 | 67%                           | 64%                                     | 64%                                     | 65%            | 65%                  | 67%            | 56%                  | 62%                                 | No   |  |

## Substance Abuse and Mental Health - Output and Outcome Measures - FY05 Through FY 13

| FY13 Total<br>Expenditures | Appropriation Unit              | Unit                                |    | Performance Measure   | Measure Target                                | Measure FY 05                                     | Measure FY 06                                     | Measure FY 07                                     | Measure FY 08      | Measure FY 09 | Measure FY 10 | Measure FY 11 | Measure FY 12 | Measure FY 13 | Measure can be benchmarked to performance by others? | If yes, who are you using to benchmark against? |
|----------------------------|---------------------------------|-------------------------------------|----|---|---|---|---|---|--------------------|---------------|---------------|---------------|---------------|---------------|--|---|
|                            |                                 |                                     | 48 | Percent participants reporting abstinence from alcohol at discharge                     | Meet or Exceed 75% of the National Ave.       | Data not available                                | Data not available                                | e Data not available                              | Data not available | 90%           | 95%           | 92%           | 93%           | 93%           | No   |   |
|                            |                                 |                                     | 49 | Participants reporting abstinence from drugs at discharge                               | Meet or Exceed<br>75% of the National<br>Ave. | Data not<br>available                             | Data not available                                | e Data not available                              | Data not available | 73%           | 82%           | 77%           | 79%           | 79%           | No   |   |
|                            |                                 |                                     | 50 | Increase in employment rates between admission & discharge                              | Meet or Exceed<br>Prior FY                    | Data not<br>available                             | Data not available                                | Data not available                                | Data not available | 14%           | 14%           | 19%           | 41%           | 42%           | No   |   |
|                            |                                 |                                     | 51 | Percent participants reporting 0 arrests while in Drug Court                            | 90%   | Data not collected                                | Data not available                                | e 85%   | 85%                | 85%           | 85%           | 86%           | 88%           | 88%           | No   |   |
| \$2,627,600                | KDC DRUG OFFENDER<br>REFORM ACT | 2672 DHS DSAMH GENERAL<br>TREATMENT | 52 | Number clients served   | Meet or Exceed<br>Prior FY                    | Program was not<br>in existence in<br>these years | Program was not<br>in existence in<br>these years | Program was not<br>in existence in<br>these years | 814                | 1,288         | 635           | 737           | 668           | 706           | No   |   |
|                            |                                 |                                     | 53 | % Participants reporting abstinence from alcohol at discharge                           | Meet or Exceed<br>Prior FY                    | Program was not<br>in existence in<br>these years | Program was not<br>in existence in<br>these years | _   | Data not available | 18%           | 26%           | 25%           | 23%           | 33%           | No   | National SAMSHA outcome measures                |
|                            |                                 |                                     | 54 | Participants reporting abstinence from drugs at discharge                               | Meet or Exceed<br>Prior FY                    | Program was not<br>in existence in<br>these years | Program was not<br>in existence in<br>these years |   | Data not available | 46%           | 64%           | 85%           | 91%           | 129%          | No   | National SAMSHA outcome measures                |
|                            |                                 |                                     | 55 | Increase in employment rates between admission & discharge                              | Meet or Exceed<br>Prior FY                    | Program was not<br>in existence in<br>these years | Program was not<br>in existence in<br>these years |   | Data not available | 33%           | 55%           | 63%           | 64%           | 34%           | No   | National SAMSHA outcome measures                |
|                            |                                 |                                     | 56 | Percent decrease in number of clients arrested prior to admission to prior to discharge | Meet or Exceed<br>Prior FY                    | Program was not<br>in existence in<br>these years | Program was not<br>in existence in<br>these years | _   | Data not available | 61%           | 75%           | 73%           | 58%           | 50%           | No   | National SAMSHA outcome measures                |