

# Montana

## UNIFORM APPLICATION

FY 2023 Substance Abuse Block Grant Report

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025  
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Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

# I: State Information

## State Information

### I. State Agency for the Block Grant

Agency Name Montana Department of Public Health and Human Services

Organizational Unit Behavioral Health & Developmental Disabilities Division

Mailing Address PO Box 202905

City Helena

Zip Code 59620-2905

### II. Contact Person for the Block Grant

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Agency Name Montana Department of Public Health and Human Services

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### III. Expenditure Period

#### State Expenditure Period

From 7/1/2021

To 6/30/2022

#### Block Grant Expenditure Period

From 10/1/2019

To 9/30/2021

### IV. Date Submitted

Submission Date 12/1/2022 8:01:39 PM

Revision Date 12/1/2022 8:02:16 PM

### V. Contact Person Responsible for Report Submission

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**Footnotes:**

## II: Annual Update

**Table 1 Priority Area and Annual Performance Indicators - Progress Report**

**Priority #:** 1  
**Priority Area:** Evidence based services which use quality improvement monitoring to ensure optimum prevention outcomes.  
**Priority Type:** SAP  
**Population(s):** PP

**Goal of the priority area:**

In order to efficiently and effectively use resources dedicated to the prevention of substance abuse, AMDD is focusing efforts and programming on the implementation of evidence-based practices.

**Objective:**

In order to efficiently and effectively use resources dedicated to the prevention of substance abuse, AMDD is focusing efforts and programming on the implementation of evidence-based practices.

**Strategies to attain the goal:**

Provide training and technical assistance to prevention specialists on the Strategic Prevention Framework and the (6) CSAP categories for implementing strategies that are the "best fit" for each identified problem behavior. Implement the Prevention Plan(s) utilizing the CSAP strategies model (DOI, Education, Alternatives, Problem Identification, Community-Based, Environmental)

**Edit Strategies to attain the objective here:**

*(if needed)*

There are no strategies to update at this time.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Increase the percentage of CSAP categories for Information Dissemination to 20%, Education to 20%, Alternatives to 10%, Problem Identification to 10%, Environmental 10% and Community-Based Process to 30% by October 2025.  
**Baseline Measurement:** 2020 Baseline Measurement: Information Dissemination: 25% Prevention Education: 14% Alternative Activities: 9% Problem Identification: 1% Community-Based Process: 46% Environmental: 5%  
**First-year target/outcome measurement:** By 12/31/2022, Block Grant communities will increase to: Information Dissemination: 23% Prevention Education: 16% Alternative Activities: 9% Problem Identification: 4% Community-Based Process: 40% Environmental: 8%  
**Second-year target/outcome measurement:** By 12/31/2023, Block Grant communities will increase to: Information Dissemination: 21% Prevention Education: 18% Alternative Activities: 10% Problem Identification: 6% Community-Based Process: 36% Environmental: 9%  
**New Second-year target/outcome measurement(if needed):** N/A

**Data Source:**

Prevention Needs Assessment (PNA); Web Infrastructure for Treatment Services (WITS); Behavioral Risk Factor Surveillance System (BRFSS)

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

Web Infrastructure for Treatment Services (WITS)

**Description of Data:**

The PNA provides county level data for youth aged, 13-19 years old. The WITS system provides the number or hours worked on each CSAP strategy by our Prevention Specialists throughout the allocated counties in Montana. The BRFSS survey provides us with data to

support our priority for adult binge drinking.

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

The WITS system provides the number or hours worked on each CSAP strategy by our Prevention Specialists throughout the allocated counties in Montana.

**Data issues/caveats that affect outcome measures:**

The PNA depends on if schools are open and willing to participate, so sometimes we have data gaps, but we can usually measure our outcomes. The WITS system works well; however, there is a need for continuous updates for the software and in depth trainings for Prevention Specialists. The BRFSS survey serves it's purpose and we can usually depend on the data to measure our outcomes.

**New Data issues/caveats that affect outcome measures:**

The WITS system works well; however, there is a need for continuous updates for the software and in depth trainings for Prevention Specialists.

## 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 met our goal in 3 (Alternative Activities, Information Dissemination, and Environmental) of the 6 CSAP Strategies. We were close in meeting the objective of Problem Identification Referral. We will continue to work with our providers in achieving targets for Community Based Processes and Prevention Education.

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

The first-year target was no achieved.

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<b>Indicator #:</b>	2
<b>Indicator:</b>	Increase the percentage of Evidence Based Practices, Programs, and Policies (EBPPP) implemented by Prevention Specialists that are evidenced based to 10% innovative; 20% promising and 70% effective by October 2025
<b>Baseline Measurement:</b>	2020 Baseline Measurement: Effective: 34% Promising: 11% Innovative: 55%
<b>First-year target/outcome measurement:</b>	By 12/31/2022, Block Grant communities will increase EBPPP to: Effective: 50% Promising: 15% Innovative: 35%
<b>Second-year target/outcome measurement:</b>	By 12/31/2023, Block Grant communities will increase EBPPP to: Effective: 60% Promising: 18% Innovative: 22%

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

**Data Source:**

Web Infrastructure for Treatment Services (WITS); Youth Risk Behavior Surveillance System (YRBSS); Prevention Needs Assessment (PNA); Behavioral Risk factor Surveillance System (BRFSS)

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

Web Infrastructure for Treatment Services (WITS)

**Description of Data:**

WITS provides us with hours completed in each CSAP strategy, which includes the identified evidence level for each activity including, but not limited to, evidence based programs. YRBSS provides us with data regarding substance use among youth and it is implemented every odd year in schools. The PNA is offered every even year and provides us with substance use data among ages 13-19. The BRFSS survey provides us with the young adult and adult data regarding substance use.

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

WITS provides us with hours completed in each CSAP strategy, which includes the identified evidence level for each activity including, but not limited to, evidence based programs.

**Data issues/caveats that affect outcome measures:**

Some of the data might not collect a significant participant rate, which results in data gaps for that county/community/school, etc.; however we can refer to a previous year, region percentage, or state percentage if we need a more significant and accurate representation of the data if data gaps happen.

**New Data issues/caveats that affect outcome measures:**

We are working to identify more effective programs for our contractors to select from. Our evidence based workgroup is currently evaluating our program dashboard to identify any programs that have changed in their effectiveness level. We will continue to search for additional programs to contribute to our current dashboard.

## 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 increased the percentage of effective programs being implemented but we did not reach our target of 55%. We have continued to reduce our percentages of promising and innovative programs. We are continuing to update our program dashboard and communicating with contractors to ensure an increase in effective programs. Staff turnover and lasting effects from the pandemic have created challenges to implementing in person prevention education.

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

<b>Indicator #:</b>	3
<b>Indicator:</b>	All SABG Funded communities (33) implement a minimum of two local or regional policies that address youth alcohol and/or cannabis targets by 2025.
<b>Baseline Measurement:</b>	18 communities have implemented at least 1 local or regional policies as of 9/30/20.
<b>First-year target/outcome measurement:</b>	70% of communities will have implemented at least 1 local or regional policy that addresses youth alcohol and/or cannabis targets by 12/31/2022.
<b>Second-year target/outcome measurement:</b>	90% of communities will have implemented at least 1 local or regional policy that addresses youth alcohol and/or cannabis targets by 12/31/2023.

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

**Data Source:**

Web Infrastructure for Treatment Services (WITS); Youth Risk Behavior Surveillance System (YRBSS); Prevention Needs Assessment (PNA); Behavioral Risk factor Surveillance System (BRFSS); Web Panel Surveys through the Public Health Institute.

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

Web Infrastructure for Treatment Services (WITS)

**Description of Data:**

WITS provides us with hours completed in each CSAP strategy, which includes the identified evidence level for each activity including, but not limited to, Environmental Approach with policy implementation. YRBSS provides us with data regarding substance use among youth and it is implemented every odd year in schools. The PNA is offered every even year and provides us with substance use data among ages 13-19. The BRFSS survey provides us with the young adult and adult data regarding substance use.

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

WITS provides us with hours completed in each CSAP strategy, which includes the identified evidence level for each activity including, but not limited to, Environmental Approach with policy implementation.

**Data issues/caveats that affect outcome measures:**

Some of the data sets might not be set up for marijuana specifically, as it has recently passed as a recreational approved drug for retail purposes; however the beginning phases of this new law provides us with the opportunity to implement policies in counties regarding the sale and use of marijuana.

**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):**

During this time, we emphasized the importance of reviewing ATOD policies to prepare for possible legalization of adult use marijuana sales. We hosted a Prevention Academy for our community contractors that included discussions about utilizing local policies to reduce access to ATOD. We also provided additional trainings on marijuana policies with an accredited expert in the field.

**Priority #:** 2

**Priority Area:** A continuum of community-based mental and behavioral health services to improve support of pregnant women and women with dependent children.

**Priority Type:** SAT

**Population(s):** PWWDC

**Goal of the priority area:**

To support programs to serve pregnant women and dependent children with effective clinical and wrap around services to improve long-term outcomes for the family.

**Objective:**

To increase the number of Substance Abuse Disorder (SUD) Treatment Programs that access SAMHSA Block Grant funds to support pregnant women and women with dependent children.

**Strategies to attain the goal:**

Provide outreach to all state approved programs promoting access to SABG funding, training on services that SABG funds can cover to support women with children/pregnant women who have a substance use or co-occurring disorder.

**Edit Strategies to attain the objective here:**  
(if needed)

N/A

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** To increase the number of Substance Abuse Disorder (SUD) Treatment Programs that access SAMHSA Block Grant funds to support pregnant women and women with dependent children.

**Baseline Measurement:** Currently 41% of contracted State Approved SUD Treatment Providers utilize SABG funds for PWID.

**First-year target/outcome measurement:** By the end of FY2022 we will increase the number of SUD Treatment Programs that access block grant funds to serve pregnant women and women with dependent children by 20%

**Second-year target/outcome measurement:** By the end of FY2023, Montana will increase the number of SUD Treatment Programs that access block grant funds to serve pregnant women and women with dependent children by 30% (X).

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

**Data Source:**

Data can be measured by the number of proposals and contractors implementing Block Grant funds to support SUD treatment programs for pregnant women and women with dependent children.

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

N/A

**Description of Data:**

The data includes an assessment of programs being implemented for pregnant women and women with dependent children. The number of total State Approved treatment providers is 91. Of those, 22 receive SABG Funds and of these, 9 programs provided SABG funded services to Women with Dependents. Most of the SABG funds for PWID is to fund Room and Board for 6 Residential Treatment programs. These homes are:  
Rimrock – Michele’s House - Billings  
Western Montana Addiction Services Carol Graham Home - Missoula  
White Sky Hope – Women’s Recovery Home – Rocky Boy Tribe  
Gateway Community Services – Selene House – Kalispell  
New Day – Braided Circle - Billings  
Florence Crittenton Home – Teen and Adult pregnant women and women with dependent children - Helena

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

N/A

**Data issues/caveats that affect outcome measures:**

We will provide outreach to all contracted State Approved programs and encourage them to utilize SABG funds for parenting classes and other allowable support services for Women With Dependent Children and Pregnant Women. Additionally, we will encourage providers to identify clients receiving these services as a critical population in the SAMS data system.

**New Data issues/caveats that affect outcome measures:**

N/A

### 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:**

N/A

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

N/A

**Priority #:** 3

**Priority Area:** A continuum of community-based behavioral health recovery and wellness support services to improve long-term recovery for individuals with substance use and co-occurring disorders.

**Priority Type:** SAT

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

**Goal of the priority area:**

To support the training and implementation of WRAP facilitators using this evidence-base program to positively impact individuals in or working towards recovery and wellness.

**Objective:**

To increase the number of trainers providing Wellness Recovery Action Plan (WRAP), a tool of peer support services to aid clients during treatment discharge and aftercare planning.

**Strategies to attain the goal:**

Provide planning, training and support to mental health and behavioral health treatment service agencies to increase the number of WRAP facilitators trained in MT.

**Edit Strategies to attain the objective here:  
(if needed)**

N/A

**Annual Performance Indicators to measure goal success**

**Indicator #:**

1



**Indicator:** To increase the number of trainers providing Wellness Recovery Action Plan (WRAP), a tool of peer support services to aid clients during treatment discharge and aftercare planning.

**Baseline Measurement:** The number of current facilitators trained in WRAP currently serving clients. Current number is 0 (Sept 2021)

**First-year target/outcome measurement:** By the end of FY2022 Montana will increase the number of WRAP facilitators trained by 10%, 10 Facilitators.

**Second-year target/outcome measurement:** By the end of FY2023, Montana will increase the number WRAP facilitators trained by 20%, 20 Facilitators.

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

**Data Source:**

Calculating number of providers trained as WRAP Facilitators.

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

N/A

**Description of Data:**

Monitoring and tracking trained WRAP facilitators.

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

N/A

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

N/A

## 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 state contracted with an outside entity to provide WRAP Workforce Development over the next couple of years. To date, there are 13 WRAP facilitators. The newly trained facilitators will continue to receive mentorship through the outside entity as part of long-term sustainability

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**

**FY 2021 SABG COVID-19 Testing and Mitigation Supplemental Funding:  
FY 2022 Annual Report**

**Expenditure Period: October 1, 2021 - September 30, 2022  
Grantee Submission Due Date: Tuesday, January 3, 2023**

**Name of SABG Grantee:** Montana  
*Name of State, DC, Territory, Associated State, or Tribe*

**Submitted By:** \_\_\_\_\_ **Jami Hansen, Prevention Bureau Chief**  
*Name and Title of Individual Submitting SABG Report*

**Date Submitted:** \_\_\_\_\_ **December 12, 2022** \_\_\_\_\_

**FY 2021 SABG Allocation Amount:**     \$     \_\_\_\_\_

#	Date of Expenditure	Item/Activity Description	Amount of Expenditure
1	6/13/2022	COVID Care Kits 2000ct - Support to community services agencies for prevention items - Outreach to behavioral health providers and recovery support programs	\$19,044
2	8/12/2022	COVID Care Kits 3000ct - Support to community services agencies for prevention items - Outreach to behavioral health providers and recovery support programs	\$23,874.36
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#	Date of Expenditure	Item/Activity Description	Amount of Expenditure
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
		<b>Total</b>	

**Instructions to SABG Grantees:** After completing the table above, grantees are requested to upload this report document through a regular Revision Request created by the CSAT SPO, as an Attachment to [Table 1 Priority Area and Annual Performance Indicators – Progress Report](#), of the FY2023 SABG Report Submitted, as a Word or PDF document. Please submit no later than 11:59 pm EST, on Tuesday, January 3, 2023. For the expenditure period of October 1, 2021 through September 30, 2022, please include a complete listing of the expenditure of SABG COVID-19 Testing and Mitigation Supplemental Funding, by **expenditure dates, items and activities of expenditure, and amounts of expenditures**. If no funds were expended during this period, please complete and upload this report document indicating “Not Applicable.” Please feel free to address any questions or concerns to your CSAT SPO, Theresa Mitchell Hampton. Thank you.

**Background and Description of Funding:** On August 19, 2021 SAMHSA released guidance on one-time funding for awards authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)) for the targeted support necessary for mental health and substance use disorder treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates (commonly referred to as COVID-19 Testing and Mitigation funds). The performance period for this funding is September 1, 2021 – September 30, 2025.

As indicated in your SABG Notice of Award of August 10, 2021, States, DC, Territories, Associated States, and the Red Lake Band of Chippewa Indians are required to submit an Annual Report by December 31 of each year, until the funds expire. Grantees must upload a report including activities and expenditures to Table 1 of the FY 2023 Substance Abuse Block Grant Report. A Revision Request will be sent to grantees by the CSAT SPO to upload the report.

Excerpts from the August 10, 2021 guidance letter to Single State Authority Directors and State Mental Health Authority Commissioners from Miriam E. Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use, regarding the use of this funding in as follows:

“People with mental illness and substance use disorder are more likely to have co-morbid physical health issues like diabetes, cardiovascular disease, and obesity. Such chronic illnesses are associated with higher instances of contracting coronavirus disease (COVID-19) as well as higher risk of death or a poor outcome from an episode of COVID-19. To address this concern, the U.S. Department of

Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), will invest \$100 million dollars to expand dedicated testing and mitigation resources for people with mental health and substance use disorders.

As COVID-19 cases rise among unvaccinated people and where the more transmissible Delta virus variant is surging, this funding will expand activities to detect, diagnose, trace, and monitor infections and mitigate the spread of COVID-19 in homeless shelters, treatment and recovery facilities, domestic violence shelters and federal, state and local correctional facilities—some of the most impacted and highest risk communities across the country. These funds will provide resources and flexibility for states to prevent, prepare for, and respond to the COVID-19 public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

This one-time funding for awards was authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)). SAMHSA will supplement the ARP funding for state grantees. The performance period for this funding is September 1, 2021 – September 30, 2025.

Targeted support is necessary for mental health and substance use treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates. From the provider perspective, these barriers include limited financial and personnel resources to support ongoing testing efforts. Providers have limited staff and physical resources and COVID-19 testing activities must be balanced against COVID-19 vaccinations and other health care services. From the consumer perspective, these barriers include hesitancy in accepting vaccines and challenges with health care access. Recipients may allocate reasonable funds for the administrative management of these grants. SAMHSA envisions the maximum support possible for COVID-19 testing and mitigation; toward that goal, recipients are encouraged to expend a minimum of 85 percent of funding for allowable COVID-19 testing and mitigation activities.

The list below includes examples of allowable activities. While this list is not exhaustive, any activity not included on this list must be directly related to COVID-19 testing and mitigation. All recipients are strongly encouraged to work with state or local health departments to coordinate activities. The state must demonstrate that the related expense is directly and reasonably related to the provision of COVID-19 testing or COVID-19 mitigation activities. The related expense must be consistent with relevant clinical and public health guidance. For additional examples, you can visit the CDC Community Mitigation Framework website. Funding may not be used for any activity related to vaccine purchase or distribution.

SAMHSA, through this supplemental funding, allocates \$50 million each for Mental Health Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block grants (SABG) to the states. States have until September 30, 2025, to expend these funds. SAMHSA asks that states consider the following in developing a COVID-19 Mitigation Funding Plan:

- Coordinate and partner with state and local health departments/agencies on how to better align the state/provider mental health and substance use COVID-19 mitigation efforts and activities; develop guidance for partnering with state/local health departments; disseminating sample training curriculums.
- Testing education, establishment of alternate testing sites, test result processing, arranging for the processing of test results, and engaging in other activities within the CDC Community Mitigation Framework to address COVID-19 in rural communities.

- Rapid onsite COVID-19 testing and for facilitating access to testing services. Training and technical assistance on implementing rapid onsite COVID-19 testing and facilitating access to behavioral health services, including the development of onsite testing confidentiality policies; and implementing model program practices.
- Behavioral health services for those in short-term housing for people who are at high risk for COVID-19.
- Testing for staff and consumers in shelters, group homes, residential treatment facilities, day programs, and room and board programs. Purchase of resources for testing-related operating and administrative costs otherwise borne by these housing programs. Hire workers to coordinate resources, develop strategies and support existing community partners to prevent infectious disease transmission in these settings. States may use this funding to procure COVID-19 tests and other mitigation supplies such as handwashing stations, hand sanitizer and masks for people experiencing homelessness and for those living in congregate settings.
- Funds may be used to relieve the burden of financial costs for the administration of tests and the purchasing of supplies necessary for administration such as personal protective equipment (PPE); supporting mobile health units, particularly in medically underserved areas; and expanding local or tribal programs workforce to implement COVID-19 response services for those connected to the behavioral health system.
- Utilize networks and partners to promote awareness of the availability of funds, assist providers/programs with accessing funding, and assist with operationalizing the intent of said funding to ensure resources to mitigate the COVID-19 health impacts and reach the most underserved, under-resourced, and marginalized communities in need.
- Expanding local or tribal programs workforce to implement COVID-19 response services for those connected to the behavioral health system.
- Provide subawards to eligible entities for programs within the state that are designed to reduce the impact of substance abuse and mental illness; funding could be used for operating and administrative expenses of the facilities to provide onsite testing and mobile health services; and may be used to provide prevention services to prevent the spread of COVID-19.
- Develop and implement strategies to address consumer hesitancy around testing. Ensure access for specific community populations to address long-standing systemic health and social inequities that have put some consumers at increased risk of getting COVID-19 or having severe illness.
- Installing temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing and COVID-19 mitigation.
- Education, rehabilitation, prevention, treatment, and support services for symptoms occurring after recovery from acute COVID-19 infection, including, but not limited to, support for activities of daily living.
- Other activities to support COVID-19 testing including planning for implementation of a COVID-19 testing program, hiring staff, procuring supplies to provide testing, training providers and staff on COVID-19 testing procedures, and reporting data to HHS on COVID-19 testing activities.

- Promote behaviors that prevent the spread of COVID-19 and other infectious diseases (healthy hygiene practices, stay at home when sick, practice physical distancing to lower the risk of disease spread, cloth face coverings, getting vaccinated).
- Maintain healthy environments (clean and disinfect, ensure ventilation systems operate properly, install physical barriers and guides to support social distancing if appropriate).
- Behavioral health services to staff working as contact tracers and other members of the COVID-19 related workforce. Maintain health operations for staff, including building measures to cope with employee stress and burnout.
- Investigate COVID-19 cases; the process of working with a consumer who has been diagnosed with COVID-19 and includes, but is not limited to:
  - Discuss test result or diagnosis with consumers;
  - Assess patient symptom history and health status;
  - Provide instructions and support for self-isolation and symptom monitoring; and
  - Identify people (contacts) who may have been exposed to COVID-19.
- Conduct contact tracing: the process of notifying people (contacts) of their potential exposure to SARS-CoV-2, the virus that causes COVID-19 and includes, but is not limited to:
  - Provide information about the virus;
  - Discuss their symptom history and other relevant health information; and
  - Provide instructions for self-quarantine and monitoring for symptoms.

The following are ineligible costs for the purposes of this funding:

- Costs already paid for by other federal or state programs, other federal or state COVID-19 funds, or prior COVID-19 supplemental funding.
- Any activity related to purchasing, disseminating, or administering COVID-19 vaccines.
- Construction projects.
- Support of lobbying/advocacy efforts.
- Facility or land purchases.
- COVID-19 mitigation activities conducted prior to 09/01/2021.
- Financial assistance to an entity other than a public or nonprofit private entity.

### FY2021 Substance Abuse Block Grant

<u>State/Territory</u>	<u>Enacted Allotments</u>	<u>TA Supplement</u>	<u>COVID-19 R&amp;R</u>	<u>ARPA</u>	<u>ARP Mitigation and Testing</u>	<u>Total FY21</u>
<u>Montana</u>	<u>\$6,968,459</u>	<u>\$163,008</u>	<u>\$6,530,972</u>	<u>\$5,640,385</u>	<u>\$125,000</u>	<u>\$19,427,824</u>

### III: Expenditure Reports

Table 2a - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 <sup>1</sup>	I. ARP <sup>2</sup>
1. Substance Abuse Prevention (Other than Primary Prevention) and Treatment <sup>3</sup>	\$3,078,733.00		\$1,641,543,400.00	\$2,826,369.00	\$10,787,776.00	\$0.00	\$0.00	\$635,313.00	\$0.00
a. Pregnant Women and Women with Dependent Children	\$361,872.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b. All Other	\$2,716,861.00		\$1,641,543,400.00	\$2,826,369.00	\$10,787,776.00	\$0.00	\$0.00	\$635,313.00	\$0.00
2. Substance Use Disorder Primary Prevention	\$3,300,711.00		\$0.00	\$3,274,999.00	\$322,902.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>4</sup>	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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)	\$775,852.00		\$1,041,151.00	\$683,891.00	\$717,518.00	\$0.00	\$0.00	\$11,419.00	\$0.00
<b>11. Total</b>	<b>\$7,155,296.00</b>	<b>\$0.00</b>	<b>\$1,642,584,551.00</b>	<b>\$6,785,259.00</b>	<b>\$11,828,196.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$646,732.00</b>	<b>\$0.00</b>

<sup>1</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

<sup>2</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SABG. Per the instructions, the planning period for the standard MHBG/SABG expenditures is July 1, 2021 - June 30, 2023.

<sup>3</sup> Prevention other than primary prevention

<sup>4</sup> Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered designated states during any of the three prior federal fiscal years for which a state was applying for a grant. See EIS/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

Actual     Estimated

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**Footnotes:**

### III: Expenditure Reports

**Table 2b - COVID-19 Relief Supplemental Funds Expenditure by Service – Requested**

Expenditure Period Start Date 10/1/2021 Expenditure Period End Date 9/30/2022

Service	COVID-19 Expenditures
<b>Healthcare Home/Physical Health</b>	<b>\$0</b>
Specialized Outpatient Medical Services	
Acute Primary Care	
COVID-19 Screening (e.g., temperature checks, symptom questionnaires)	
COVID-19 Testing	
COVID-19 Vaccination	
Comprehensive Care Management	
Care Coordination and Health Promotion	
Comprehensive Transitional Care	
Individual and Family Support	
Referral to Community Services Dissemination	
<b>Prevention (Including Promotion)</b>	<b>\$0</b>
Screening with Evidence-based Tools	
Risk Messaging	
Access Line/Crisis Phone Line/Warm Line	
Purchase of Technical Assistance	
COVID-19 Awareness and Education for Person with SUD	
Media Campaigns (Information Dissemination)	
Primary Substance Use Disorder Prevention (Education)	
Primary Substance Use Disorder Prevention (Alternatives)	
Employee Assistance Programs (Problem Identification and Referral)	
Primary Substance Use Disorder Prevention (Community-Based Processes)	



Primary Substance Use Disorder Prevention (Environmental)	
<b>Intervention Services</b>	<b>\$0</b>
Fentanyl Strips	
Syringe Services Program	
Naloxone	
Overdose Kits/Dissemination of Overdose Kits	
<b>Engagement Services</b>	<b>\$0</b>
Assessment	
Specialized Evaluations (Psychological and Neurological)	
Services Planning (including crisis planning)	
Consumer/Family Education	
Outreach (including hiring of outreach workers)	
<b>Outpatient Services</b>	<b>\$0</b>
Evidence-based Therapies	
Group Therapy	
Family Therapy	
Multi-family Therapy	
Consultation to Caregivers	
<b>Medication Services</b>	<b>\$0</b>
Medication Management	
Pharmacotherapy (including MAT)	
Laboratory Services	
<b>Community Support (Rehabilitative)</b>	<b>\$0</b>
Parent/Caregiver Support	
Case Management	
Behavior Management	

Supported Employment	
Permanent Supported Housing	
Recovery Housing	
<b>Recovery Supports</b>	<b>\$0</b>
Peer Support	
Recovery Support Coaching	
Recovery Support Center Services	
Supports For Self-Directed Care	
<b>Supports (Habilitative)</b>	<b>\$0</b>
Personal Care	
Respite	
Supported Education	
<b>Acute Intensive Services</b>	<b>\$0</b>
Mobile Crisis	
Peer-based Crisis Services	
Urgent Care	
23-hour Observation Bed	
Medically Monitored Intensive Inpatient for SUD	
24/7 Crisis Hotline	
<b>Other</b>	<b>\$0</b>
Smartphone Apps	
Personal Protective Equipment	
Virtual/Telehealth/Telemedicine Services	
Purchase of increased connectivity (e.g., Wi-Fi)	
Cost-sharing Assistance (e.g., copayments, coinsurance and deductibles)	
Provider Stabilization Payments	
Transportation to COVID-19 Services (e.g., testing, vaccination)	

Other (please list)	
<b>Total</b>	<b>\$0</b>

Please enter the five services (e.g., COVID-19 testing, risk messaging, group therapy, peer support) from any of the above service categories (e.g., Healthcare Home/Physical Health, prevention (including promotion), outpatient services, recovery supports) that reflect the five largest expenditures of COVID-19 Relief Supplement Funds.

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**Footnotes:**

### III: Expenditure Reports

**Table 3a SABG - Syringe Services Program**

Expenditure Start Date: 07/01/2021 Expenditure End Date: 06/30/2022

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	Dollar Amount of COVID-19 <sup>1</sup> Funds Expended for SSP	Dollar Amount of ARP <sup>2</sup> Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of locations (Include any mobile locations)	Narcan Provider (Yes or No)	Fentanyl Strips (Yes or No)
No Data Available								

<sup>1</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state expenditure period of July 1, 2021 – June 30, 2023, for most states

<sup>2</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SABG. Per the instructions, the planning period for standard MHBG/SABG expenditures is July 1, 2021 – June 30, 2023.

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**Footnotes:**

### III: Expenditure Reports

Table 3b SABG - Syringe Services Program

Expenditure Start Date: Expenditure End Date:

SABG							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing <i>(Please enter total number of individuals served)</i>	Treatment for Substance Use Conditions <i>(Please enter total number of individuals served)</i>	Treatment for Physical Health <i>(Please enter total number of individuals served)</i>	STD Testing <i>(Please enter total number of individuals served)</i>	Hep C <i>(Please enter total number of individuals served)</i>
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
COVID-19							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing <i>(Please enter total number of individuals served)</i>	Treatment for Substance Use Conditions <i>(Please enter total number of individuals served)</i>	Treatment for Physical Health <i>(Please enter total number of individuals served)</i>	STD Testing <i>(Please enter total number of individuals served)</i>	Hep C <i>(Please enter total number of individuals served)</i>
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
ARP							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing <i>(Please enter total number of individuals served)</i>	Treatment for Substance Use Conditions <i>(Please enter total number of individuals served)</i>	Treatment for Physical Health <i>(Please enter total number of individuals served)</i>	STD Testing <i>(Please enter total number of individuals served)</i>	Hep C <i>(Please enter total number of individuals served)</i>
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

**Footnotes:**

### III: Expenditure Reports

**Table 4 - State Agency SABG Expenditure Compliance Report**

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

Expenditure Period Start Date: 10/1/2019      Expenditure Period End Date: 9/30/2021

Expenditure Category	FY 2020 SA Block Grant Award
1. Substance Abuse Prevention <sup>1</sup> and Treatment	\$2,490,633.00
2. Primary Prevention	\$2,066,906.34
3. HIV Early Intervention Services <sup>2</sup>	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)	\$0.00
5. Administration (excluding program/provider level)	\$775,852.00
<b>Total</b>	<b>\$5,333,391.34</b>

<sup>1</sup>Prevention other than Primary Prevention

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

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**Footnotes:**

### III: Expenditure Reports

**Table 5a - SABG Primary Prevention Expenditures**

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

Expenditure Period Start Date:  Expenditure Period End Date:

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective					
Information Dissemination	Indicated					
Information Dissemination	Universal	\$560,359.39				
Information Dissemination	Unspecified					
<b>Information Dissemination</b>	<b>Total</b>	<b>\$560,359.39</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective	\$2,025.55				
Education	Indicated	\$1,442.24				
Education	Universal	\$95,778.41				
Education	Unspecified					
<b>Education</b>	<b>Total</b>	<b>\$99,246.20</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective					
Alternatives	Indicated	\$10,724.34				
Alternatives	Universal	\$86,339.60				
Alternatives	Unspecified					
<b>Alternatives</b>	<b>Total</b>	<b>\$97,063.94</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective	\$5,685.63				
Problem Identification and Referral	Indicated	\$9,832.93				
Problem Identification and Referral	Universal	\$3,012.68				
Problem Identification and Referral	Unspecified					
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$18,531.24</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>



Community-Based Process	Selective					
Community-Based Process	Indicated					
Community-Based Process	Universal	\$435,663.06				
Community-Based Process	Unspecified					
<b>Community-Based Process</b>	<b>Total</b>	<b>\$435,663.06</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal	\$44,136.38				
Environmental	Unspecified					
<b>Environmental</b>	<b>Total</b>	<b>\$44,136.38</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 (Synar)-Tobacco	Selective					
Section 1926 (Synar)-Tobacco	Indicated					
Section 1926 (Synar)-Tobacco	Universal	\$196,845.00				
Section 1926 (Synar)-Tobacco	Unspecified					
<b>Section 1926 (Synar)-Tobacco</b>	<b>Total</b>	<b>\$196,845.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Other	Selective					
Other	Indicated					
Other	Universal					
Other	Unspecified					
<b>Other</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Grand Total</b>	<b>\$1,451,845.21</b>				

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

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

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**Footnotes:**

### III: Expenditure Reports

**Table 5b - SABG Primary Prevention Targeted Priorities (Required)**

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2020 SABG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2019    Expenditure Period End Date: 9/30/2021

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



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**Footnotes:**

### III: Expenditure Reports

**Table 6 - Non Direct Services/System Development**

Expenditure Period Start Date: 10/1/2019      Expenditure Period End Date: 9/30/2021

Activity	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated <sup>1</sup>
1. Information Systems	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$19,600.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$12,436.00	\$29,978.43	\$0.00
4. Planning Council Activities (MHBG required, SABG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$0.00	\$0.00	\$0.00
7. Training and Education	\$26,590.00	\$585,082.70	\$0.00
<b>8. Total</b>	<b>\$58,626.00</b>	<b>\$615,061.13</b>	<b>\$0.00</b>

<sup>1</sup>SABG integrated expenditures are expenditures for non-direct services/system development that cannot be separated out of the amounts devoted specifically to treatment or prevention. For Column C, do not include any amounts already accounted for in Column A, SABG Treatment and/or Column B, SABG Prevention.

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**Footnotes:**

### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

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

Expenditure Period Start Date: 10/1/2019 Expenditure Period End Date: 9/30/2021

Entity Number	I-BHS ID (formerly I-SATS)	i	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	Source of Funds SAPT Block Grant					
									A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
201	MT100494	✓	Region 4	Alcohol and Drug Services of	2310 North 7th Avenue	Bozeman	MT	59715	\$153,155.49	\$153,155.49	\$153,155.49	\$0.00	\$0.00	\$0.00
None	None	✗	Region 3	ART - Rimrock	1231 North 29th Street	Billings	MT	59101	\$94,343.06	\$94,343.06	\$0.00	\$0.00	\$0.00	\$0.00
None	None	✗	Region 5	ART - WMMHC	1325 Wyoming Street	Missoula	MT	59801	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
222	MT750111	✓	Region 4	Boyd Andrew Community Services	P.O. Box 1153	Helena	MT	59624	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
299	MT100894	✓	Region 2	Bullhook Community Health Center Inc	521 4th Street	Havre	MT	59501-3649	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
None	None	✗	Region 4	Butte Cares	305 West Mercury Street	Butte	MT	59701	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
283	MT100533	✓	Region 2	Center for Mental Health	P.O. Box 1139	Choteau	MT	59422-1139	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
295	MT100653	✓	Region 5	Choices for Change Counseling	P.O. Box 622	Superior	MT	59872	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
None	None	✗	Region 5	Confederated Salish Kootenai Tribe	PO Box 278	Pablo	MT	59855	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
212	MT750038	✗	Region 2	Crystal Creek Lodge	Blackfeet Indian Reservation P.O. Box 450	Browning	MT	59417	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
273	MT100192	✗	Region 1	Eastern Montana Mental Health	P.O. Box 1530	Miles City	MT	59301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
312	MT102054	✗	Region 4	Florence Crittenton Home & Services	901 North Harris Street	Helena	MT	59601	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
None	None	✗	Region 1	Fort Peck Tribe	PO Box 1027	Poplar	MT	59255	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
227	MT900658	✓	Region 2	Gateway Community Services	26 4th Street North	Great Falls	MT	59401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
None	None	✗	Region 2	Havre HELP	PO box 68	Havre	MT	59501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
313	MT102049	✗	Region 4	Instar Community Services	1824 North Last Chance Gulch	Helena	MT	59601-0700	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
303	MT100187	✓	Region 4	Intermountain Community Services	3240 Dredge Drive	Helena	MT	59602	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
328	MT102133	✓	Region 1	Jeff Richardson LAC LLC	127 East Front Street	Wolf Point	MT	59201	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
320	MT102101	✗	Region 4	L'Esprit	111 North 3rd Street	Livingston	MT	59047	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
None	None	✗	Region 4	MSU Center for Health and Safety Culture	PO Box 172470	Bozeman	MT	59717	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
296	MT100718	✗	Region 3	New Day Inc	P.O. Box 30282	Billings	MT	59101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

310	MT102057	✓	Region 5	Open Aid Alliance	802 Main Street	Polson	MT	59860	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
338	MT102137	✓	Region 1	Oxytocin LLC	1645 U.S. 93 South Suite D	Kalispell	MT	59901	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
202	MT900278	✓	Region 3	Rimrock Foundation	1231 North 29th Street P.O. Box 30374	Billings	MT	59101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
206	MT300107	✗	Region 3	South Central Montana Regional MH Ctr	P.O. Box 219	Billings	MT	59103-0219	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
231	MT900674	✓	Region 4	Southwest Chemical Dependency Program	P.O. Box 1587	Livingston	MT	59047	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
302	MT100159	✓	Region 4	Southwest Montana Addiction Recovery	630 West Mercury Street	Butte	MT	59701	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
325	MT102065	✗	Region 5	Stepping Stones Counseling LLC	P.O. Box 3976	Missoula	MT	59806	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
322	MT102185	✗	Region 5	Sunburst Community Service Foundation	1511 South Russell Street	Missoula	MT	59802	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
258	MT100168	✓	Region 5	Western Montana Addiction Services	1325 Wyoming Street	Missoula	MT	59801	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
905	MT900807	✓	Region 2	White Sky Hope Center	P.O. Box 664	Box Elder	MT	59521	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
308	MT100804	✓	Region 3	Yellowstone Boys and Girls Ranch	1732 South 72nd Street West	Billings	MT	59106-3599	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total									\$247,498.55	\$247,498.55	\$153,155.49	\$0.00	\$0.00	\$0.00

\* Indicates the imported record has an error.

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**Footnotes:**

12/1/2022 - The data was entered into the spreadsheet provided and sent to the WebBGAS Helpdesk per the instructions. As a backup, it has also been uploaded into the attachments under the III. Expenditure Reports. JH

(1)	(2)	(3)	(4)	(5)
STATE CODE	Entity Number (State Provider Number)	Provider Name	Provider Address	Provider City
	201	Alcohol & Drug Service	2310 N 7th Ave	Bozeman
	N/A	Alliance for Youth	PO Box 2982	Great Falls
	323	Alpenglow	830 Shoreline Dr	Poison
	N/A	ART-Rimrock	1231 N 29th St	Billings
	N/A	ART-WMMHC	1325 Wyoming St	Missoula
	329	Aspen Assessment	505 W Manin St. Suite	Lewistown
	222	Boyd Andrew	PO Box 1153	Helena
	299	Bullhook	521 4th St	Havre
	N/A	Butte Cares	305 W Mercury St	Butte
	283	Center for Mental Health		Choteau
	295	Choices for change	PO Box 622	Superior
	N/A	Confederated Salish K	PO Box 278	Pablo
	212	Crystal Creek Lodge	807 Piegan St	Browning
	273	Eastern Montana Me	PO Box 1530	Miles City
	312	Florence Crittenton	901 N Harris St	Helena
	N/A	Fort Peck Tribe	PO Box 1027	Poplar
	227	Gateway Community	26 4th St N	Great Falls
	N/A	Havre HELP	PO Box 68	Havre
	313	Instar Community Se	1824 N Last Chance C	Helena
	303	Intermountain	3240 Dredge Dr	Helena
	328	Jeff Richardson	127 E Front St	Wolf Point
	320	L'Sprit	120 S Main St	Livingston
	N/A	MSU Center for Health	PO Box 172470	Bozeman
	296	New Day	PO Box 30282	Billings
	310	Open Aid Alliance	1500 W Broadway	Missoula
	338	Oxytocin	1645 US93 S Suite C	Kalispell
	202	Rimrock Foundation	1231 N 29th St	Billings
	206	South Central	PO Box 219	Billings
	231	Southwest Chemical	PO Box 1587	Livingston
	302	SW Montana Addictio	630 W mercury St	Butte
	325	Stepping Stones	202 Brooks St, Suite 3	Missoula
	322	Sunburst Foundation	1511 S Russell St	Missoula
	258	Western Montana Ad	1325 Wyoming St	Missoula
	905	White Sky Hope	PO Box 664	Box Elder
	308	Yellowstone Boys & G	1732 South 72nd Stre	Billings

(6)	(7)	(8)	(9)	(10)
Provider Zip	I-BHS ID	Area Served (SPA)	Total Block Grant Funds	Prevention (other than primary prevention) and Treatment Services
59715	MT100494	Region 4	153,155	
59043	N/A	Region 2	185,414	
59860	MT102171	Region 5	22,035	
59101	N/A	Region 3	94,343	
59801	N/A	Region 5	30,573	
59457	MT102067	Region 2	1,659	
59624	MT75011	Region 4	55,590	
59701	MT100894	Region 2	8,252	
59071	N/A	Region 4	384,260	
59422	MT100533	Region 2	1,536	
59872	MT100653	Region 5	1,734	
59855	N/A	Region 5	21,673	
59417	MT750038	Region 2	5,697	
59301	MT100192	Region 1	377,063	
59601	MT102054	Region 4	182,232	
59255	N/A	Region 1	31,147	
59401	MT900658	Region 2	252,250	
59501	N/A	Region 2	250,524	
59601	MT102049	Region 4	32,833	
59602	MT100187	Region 4	1,933	
59201	MT102133	Region 1	2,953	
59047	MT102101	Region 4	1,216	
59717	N/A	Region 4	554,854	
59101	MT100718	Region 3	183,339	
59802	MT102057	Region 5	-	
59901	MT102137	Region 1	18,901	
59101	MT900278	Region 3	496,310	
59103	MT300107	Region 3	177,227	
59047	MT900674	Region 4	255,974	
59701	MT100159	Region 4	2,155	
59802	MT102065	Region 5	721	
59802	MT102185	Region 5	40,296	
59801	MT100168	Region 5	630,512	
59521	MT900807	Region 2	220,186	
39106	MT100804	Region 3	42,485	



(11)	(12)	(13)	(14)
<b>Pregnant Women and Women with Dependent Children</b>	<b>Primary Prevention</b>	<b>HIV Early Intervention</b>	<b>Syringe Services</b>
-	-	-	-

## **Instructions for Table 8**

This table requires States to report expenditures for authorized activities funded under the SABG awarded t stage involves completion of columns 1 through 8. These columns record information about the entity. The SABG funds.

Column	Column Number
STATE_CODE	1
Entity Number / State Provider Number	2
PROVIDER NAME	3
PROVIDER ADDRESS	4-6
I-BHS	7
SUB-STATE PLANNING AREA (SPA)	8
TOTAL BLOCK GRANT FUNDS	9
PREVENTION (OTHER THAN PRIMARY PREVENTION) AND TREATMENT SERVICES	10

PREGNANT WOMEN & WOMEN WITH DEPENDENT CHILDREN	11
PRIMARY PREVENTION	12
HIV EARLY INTERVENTION SERVICES	13

three years prior to the year the state is applying for funds. This table should be filled out in two stages. The first second stage involves completion of columns 9 through 13. These columns record information about the use of

Instructions
A two-letter unique identifier for a state, District of Columbia or territory.
This is the number from the entity list you assembled in preparing to complete the form. It must be unique.
For any entity without an I-BHS ID number, enter the provider’s name. If the state funds more than one of the organization’s locations in the SPA , enter the address and of its main administrative office.
For any entity without an I-BHS ID number, enter the provider’s street address, city and zip code in the appropriate columns. If the state is funding more than one of the organization’s locations in the SPA, enter the address and of its main administrative office.
If the entity has an I-BHS ID, enter that number here. I-BHS ID have the format of XX999999, where XX is the state abbreviation and 999999 is a unique number. For treatment providers that have more than one location, and therefore more than one I-BHS ID number, enter the number for the organization’s main administrative office. For non-treatment providers, place an “X” in the box, indicating the entity has no I-BHS ID. All entities with expenditures in column 10 should have an I-BHS number.
A unique identifier for the state which defines the states Sub-state Planning Area. An entity may serve the whole State (Statewide) or an entity may serve several areas. For example, entity 1 is a program that serves the entire State. When completing column 8 for this entity, enter code "99." A code of "99" must be entered for any Statewide program.
This column reports the total FFY 2010 SABG funds awarded to each entity/provider. (This column did not exist in previous SABG reports.) For each row, the amount in column 9 should be the sum of the amounts in columns 10, 12 and 13.
Enter the amount of funds from the FFY 2010 SABG award that went to each entity. This includes funds used for alcohol and drug prevention (other than primary prevention) and all treatment activities, such as medication assisted treatment, outpatient counseling, residential rehabilitation including therapeutic community stays, and hospital-based care. This also includes related direct services to patients/clients/service recipients, such as the SABG required service accompaniments for pregnant women and women with dependent children, interim services, outreach, detoxification, vocational counseling, case management, central intake, follow-up and non-state (e.g., intermediary, provider, county) program administration. Early intervention activities (other than primary prevention), substance abuse treatment and rehabilitation activities, and, if applicable, funds for tuberculosis services should be included in this column. The amount may be identical to the amount listed in column 9. (Do not include funds for state administration or resource development costs in this column.)

Enter the amount of funds for specialized treatment programs for pregnant women and women with dependent children, including the related services required by the SABG. Do not include funds for tuberculosis services in this column.

Column 11 is a subset of the expenditures reported in column 10. For example, a provider may provide a specialized treatment program for women. The SABG funding for this provider would be entered twice, first in column 10 and again in column 11. If the provider did not receive SABG funds for primary prevention or HIV early intervention services, the number would also be the same as the amount entered in column A.

(Do not include funds for tuberculosis services or state administration or resource development costs in this column.)

SA Block Grant funds for primary prevention - Enter the amount of funds from the SA Block Grant awarded three years prior to the year the State is applying for funds. This includes funds for education and counseling, and for activities designed to reduce the risk of substance abuse. Do not include funds for administration cost in this column.

If the state was not a designated state for FFY 2010, enter zero for each entity. If the state was a designated state for FFY 2010, enter the amount of funds for pre-test counseling, testing, post-test counseling, and the provision of therapeutic measures to diagnose the extent of deficiency in the immune system to prevent and treat the deterioration of immune system, and to prevent and treat conditions arising from HIV/AIDS. Include the cost of making referrals to other treatment providers in this item. (Do not include funds for state administration or resource development costs in this column.)

### III: Expenditure Reports

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

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

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2020) + B2(2021)</u> 2 (C)
SFY 2020 (1)	\$10,398,389.00	
SFY 2021 (2)	\$9,357,437.00	\$9,877,913.00
SFY 2022 (3)	\$14,799,798.00	

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

SFY 2020 Yes  X  No \_\_\_\_\_  
 SFY 2021 Yes  X  No \_\_\_\_\_  
 SFY 2022 Yes  X  No \_\_\_\_\_

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

Yes \_\_\_\_\_ No  X

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

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

Excel file is attached to demonstrate the expenditures used to calculate the MOE.

**Methodology:**

Speed Chart identification numbers are assigned to all sources of funding for spending and tracking purposes. The speed charts that are not block grant and provide substance use disorder treatment are used in this report. Treatment for Residential Homes and Inpatient care are tracked on a monthly basis through treatment information entered in the Substance Abuse Management System

(SAMS). Contractors (Providers) bill these services on a monthly basis separating the information into four categories one for pregnant women/women with dependent children, SSI, criminal justice, and all other. Treatment for outpatient care is tracked on a monthly basis through treatment information entered in the Substance Abuse Management System (SAMS). Contractors (Providers) bill these services on a quarterly or monthly basis separating the information into four categories one for pregnant women/women with dependent children, SSI, criminal justice, and all other.

SSI, Criminal Justice, and the all other category from all invoices are added from all providers to arrive at the MOE Treatment total.

The MOE contains fiscal information for substance use related treatment services provided at the state hospital. The total presented in this table will be higher than the information presented in Table 2 as the information in Table 2 contains only funds the Prevention Bureau is directly responsible for in the administration of substance use disorder treatment and prevention services.

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**Footnotes:**

### III: Expenditure Reports

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

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

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

#### Base

Period	Total Women's Base (A)
SFY 1994	\$ 271,086.00

#### Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2020		\$ 1,035,140.00	
SFY 2021		\$ 361,872.00	
SFY 2022		\$ 14,799,798.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2023 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): \$ 500000.00

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). The Alcohol Tax doubled from last year to increase funding to the counties. Pregnant Women funding also increased in collaborating with additional providers to expand the services. Additionally, we increased the funding with the current contractors to expand services for SUD, such as, co-occurring and school-based services.

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**Footnotes:**



## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

Expenditure Period Start Date: 10/1/2019 Expenditure Period End Date: 9/30/2021

Column A (Risks)	Column B (Strategies)	Column C (Providers)
<b>Already using substances</b>	<b>2. Education</b>	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	2
	<b>3. Alternatives</b>	
	1. Drug free dances and parties	1
	2. Youth/adult leadership activities	1
	<b>4. Problem Identification and Referral</b>	
	2. Student Assistance Programs	2
<b>Youth on Reservations</b>	<b>2. Education</b>	
	4. Education programs for youth groups	1
<b>No Risk Assigned</b>	<b>1. Information Dissemination</b>	
	1. Clearinghouse/information resources centers	2
	3. Media campaigns	28
	4. Brochures	5
	5. Radio and TV public service announcements	2
	6. Speaking engagements	4
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	<b>2. Education</b>	
	1. Parenting and family management	5
	2. Ongoing classroom and/or small group sessions	7
	3. Peer leader/helper programs	1
	4. Education programs for youth groups	6
	<b>3. Alternatives</b>	
	1. Drug free dances and parties	4
	2. Youth/adult leadership activities	7
	4. Community service activities	3
6. Recreation activities	8	

7. Mentoring	4
4. Problem Identification and Referral	
2. Student Assistance Programs	1
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	1
2. Systematic planning	1
3. Multi-agency coordination and collaboration/coalition	24
4. Community team-building	7
5. Accessing services and funding	1
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	12
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	8

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**Footnotes:**

## IV: Population and Services Reports

**Table 10 - Treatment Utilization Matrix**

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

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

Level of Care	SABG Number of Admissions ≥ Number of Persons Served		COVID-19 Number of Admissions ≥ Number of Persons Served		SABG Costs per Person			COVID-19 Costs per Person <sup>1</sup>			ARP Costs per Person <sup>2</sup>		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
<b>DETOXIFICATION (24-HOUR CARE)</b>													
1. Hospital Inpatient	0	0											
2. Free-Standing Residential	0	0											
<b>REHABILITATION/RESIDENTIAL</b>													
3. Hospital Inpatient													
4. Short-term (up to 30 days)	0	0											
5. Long-term (over 30 days)	136	112											
<b>AMBULATORY (OUTPATIENT)</b>													
6. Outpatient	843	801											
7. Intensive Outpatient	157	145											
8. Detoxification													
<b>OUD MEDICATION ASSISTED TREATMENT</b>													
9. OUD Medication-Assisted Detoxification <sup>3</sup>													
10. OUD Medication-Assisted Treatment Outpatient <sup>4</sup>													

Please explain why Column A (SABG and COVID-19 Number of Admissions) are less than Column B (SABG and COVID-19 Number of Persons Served)

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of July 1, 2021 – June 30, 2023, for most states.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SABG. Per the instructions, the planning period for standard MHBG/SABG expenditures is July 1, 2021 – June 30, 2023.

<sup>3</sup>OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

<sup>4</sup>OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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**Footnotes:**

**IV: Population and Services Reports**

**Tables 11A, 11B and 11C - Unduplicated Count of Persons Served for Alcohol and Other Drug Use**

This table provides an aggregate profile of the unduplicated number of admissions to and persons served in SABG and COVID-19 Relief Supplement funded services.

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

**TABLE 11A – SABG Unduplicated Count of Person Served for Alcohol and Other Drug Use**

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	12	5	0	0	0	0	0	0	0	4	3	0	0	0	0	8	4	0	0
2. 18 - 24	114	36	30	1	2	0	0	0	0	11	26	4	4	0	0	62	53	2	1
3. 25 - 44	671	311	169	5	2	0	0	0	0	72	63	19	25	4	1	402	236	28	11
4. 45 - 64	198	123	32	6	1	0	0	0	0	2	2	0	23	2	7	161	48	5	2
5. 65 and Over	11	7	1	0	0	0	0	0	0	1	0	0	1	1	0	17	0	0	0
<b>6. Total</b>	<b>1,006</b>	<b>482</b>	<b>232</b>	<b>12</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>90</b>	<b>94</b>	<b>23</b>	<b>53</b>	<b>7</b>	<b>8</b>	<b>650</b>	<b>341</b>	<b>35</b>	<b>14</b>
7. Pregnant Women	19		12		0		0		0		7		0		0		0		0
Number of persons served who were admitted in a period prior to the 12 month reporting period		0																	
Number of persons served outside of the levels of care described on Table 10		74																	

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

**TABLE 11B – COVID-19 Unduplicated Count of Persons Served for Alcohol and Other Drug Use**

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 18 - 24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 25 - 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 45 - 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 65 and Over	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>6. Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
7. Pregnant Women	0		0		0		0		0		0		0		0		0		0

**TABLE 11C – SABG Unduplicated Count of Person Served for Alcohol and Other Drug Use by Sex, Gender Identity, and Sexual Orientation (Requested)**

Age	Gender Identity (GI): "Do you think of yourself as:"					Sexual Orientation (SO): "Do you think of yourself as:"				
	Cisgender Male	Cisgender Female	Transgender Man/Trans Man/Female-To-Male	Transgender Woman/Trans Woman/Male-To-Female	Genderqueer/Gender Non-Conforming/Neither Exclusively Male Nor Female	Additional Gender Category (or Other)	Straight or Heterosexual	Lesbian or Gay	Bisexual	Queer, Pansexual, and/or Questioning
1. 17 and Under	0	0	0	0	0	0	0	0	0	0
2. 18 - 24	0	0	0	0	0	0	0	0	0	0
3. 25 - 44	0	0	0	0	0	0	0	0	0	0
4. 45 - 64	0	0	0	0	0	0	0	0	0	0
5. 65 and Over	0	0	0	0	0	0	0	0	0	0
<b>6. Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Footnotes:**

## IV: Population and Services Reports

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

Expenditure Period Start Date: 7/1/2021      Expenditure Period End Date: 6/30/2022

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: <u>  0  </u>	Rural: <u>  0  </u>
2. Total number of individuals tested through SAPT HIV EIS funded programs	0	
3. Total number of HIV tests conducted with SAPT HIV EIS funds	0	
4. Total number of tests that were positive for HIV	0	
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection	0	
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period	0	
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services: N/A		

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**Footnotes:**

## IV: Population and Services Reports

### Table 13 - Charitable Choice

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

Expenditure Period Start Date: 7/1/2021      Expenditure Period End Date: 6/30/2022

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

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

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

- State has developed specific referral system for this requirement.
- State has incorporated this requirement into existing referral system(s).
- SAMHSA's Behavioral Health Treatment Locator is used to help identify providers.
- Other networks and information systems are used to help identify providers.
- State maintains record of referrals made by religious organizations that are providers.

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

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

Charitable choice provision is attached.

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#### Footnotes:

## V: Performance Data and Outcomes

**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 2021 admissions submitted:		0
Number of CY 2021 discharges submitted:		1
Number of CY 2021 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 2021 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 12/1/2022]

### 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]	15	25
Total number of clients with non-missing values on employment/student status [denominator]	82	82
Percent of clients employed or student (full-time and part-time)	18.3 %	30.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		48
Number of CY 2021 discharges submitted:		202
Number of CY 2021 discharges linked to an admission:		82
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		82



Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	82
---	----

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 12/1/2022]

**Outpatient (OP)**

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

Total number of clients with non-missing values on employment/student status [denominator]	836	836
Percent of clients employed or student (full-time and part-time)	34.6 %	37.1 %
Number of CY 2021 discharges submitted:		1,701
Number of CY 2021 discharges linked to an admission:		836
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		836
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		836

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 12/1/2022]

**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]	43	46
Total number of clients with non-missing values on employment/student status [denominator]	82	82
Percent of clients employed or student (full-time and part-time)	52.4 %	56.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		110
Number of CY 2021 discharges submitted:		628
Number of CY 2021 discharges linked to an admission:		82
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		82

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):

82

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 12/1/2022]

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**Footnotes:**

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	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 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		0
Number of CY 2021 discharges submitted:		1
Number of CY 2021 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 2021 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 12/1/2022]

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	49	48
Total number of clients with non-missing values on living arrangements [denominator]	82	82
Percent of clients in stable living situation	59.8 %	58.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		48
Number of CY 2021 discharges submitted:		202
Number of CY 2021 discharges linked to an admission:		82
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		82
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		82

**Outpatient (OP)**

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	616	626
Total number of clients with non-missing values on living arrangements [denominator]	836	836
Percent of clients in stable living situation	73.7 %	74.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		755
Number of CY 2021 discharges submitted:		1,701
Number of CY 2021 discharges linked to an admission:		836
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		836
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		836

**Intensive Outpatient (IO)**

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	73	71
Total number of clients with non-missing values on living arrangements [denominator]	82	82
Percent of clients in stable living situation	89.0 %	86.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		110
Number of CY 2021 discharges submitted:		628
Number of CY 2021 discharges linked to an admission:		82
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		82
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		82

**Footnotes:**

## V: Performance Data and Outcomes

**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 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		0
Number of CY 2021 discharges submitted:		1
Number of CY 2021 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 2021 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 12/1/2022]

### 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]	72	74
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	82	82
Percent of clients without arrests	87.8 %	90.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		48
Number of CY 2021 discharges submitted:		202
Number of CY 2021 discharges linked to an admission:		82
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		82

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	82
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Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 12/1/2022]

**Outpatient (OP)**

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

Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	836	836
Percent of clients without arrests	88.8 %	89.7 %
Number of CY 2021 discharges submitted:		1,701
Number of CY 2021 discharges linked to an admission:		836
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		836
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		836

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 12/1/2022]

**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]	77	78
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	82	82
Percent of clients without arrests	93.9 %	95.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		110
Number of CY 2021 discharges submitted:		628
Number of CY 2021 discharges linked to an admission:		82
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		82

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):

82

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 12/1/2022]

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**Footnotes:**



## V: Performance Data and Outcomes

**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 2021 admissions submitted:	0
Number of CY 2021 discharges submitted:	1
Number of CY 2021 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 2021 linked discharges eligible for this calculation (non-missing values):	0

## 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]	62	54
All clients with non-missing values on at least one substance/frequency of use [denominator]	82	82
Percent of clients abstinent from alcohol	75.6 %	65.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	20	
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]		54
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	62	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		87.1 %

#### Notes (for this level of care):

Number of CY 2021 admissions submitted:	48
Number of CY 2021 discharges submitted:	202
Number of CY 2021 discharges linked to an admission:	82
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	82
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	82

**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]	491	478
All clients with non-missing values on at least one substance/frequency of use [denominator]	836	836
Percent of clients abstinent from alcohol	58.7 %	57.2 %

**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]		26
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	345	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		7.5 %

**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]		452
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	491	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.1 %

**Notes (for this level of care):**

Number of CY 2021 admissions submitted:	755
Number of CY 2021 discharges submitted:	1,701
Number of CY 2021 discharges linked to an admission:	836
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	836
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	836

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 12/1/2022]

**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]	57	57
All clients with non-missing values on at least one substance/frequency of use [denominator]	82	82
Percent of clients abstinent from alcohol	69.5 %	69.5 %

**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]		5
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	25	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		20.0 %

**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]		52
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	57	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.2 %

**Notes (for this level of care):**

Number of CY 2021 admissions submitted:	110
Number of CY 2021 discharges submitted:	628
Number of CY 2021 discharges linked to an admission:	82
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	82
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	82

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file [Records received through 12/1/2022]

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**Footnotes:**

## V: Performance Data and Outcomes

**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 2021 admissions submitted:	0
Number of CY 2021 discharges submitted:	1
Number of CY 2021 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 2021 linked discharges eligible for this calculation (non-missing values):	0

**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]	46	32
All clients with non-missing values on at least one substance/frequency of use [denominator]	82	82
Percent of clients abstinent from drugs	56.1 %	39.0 %

**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]		3
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	36	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		8.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		29
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	46	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		63.0 %

**Notes (for this level of care):**

Number of CY 2021 admissions submitted:	48
Number of CY 2021 discharges submitted:	202
Number of CY 2021 discharges linked to an admission:	82
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	82
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	82

**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]	429	373
All clients with non-missing values on at least one substance/frequency of use [denominator]	836	836
Percent of clients abstinent from drugs	51.3 %	44.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		46
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	407	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		11.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		327
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	429	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.2 %

**Notes (for this level of care):**

Number of CY 2021 admissions submitted:	755
Number of CY 2021 discharges submitted:	1,701
Number of CY 2021 discharges linked to an admission:	836
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	836
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	836

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 12/1/2022]

**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]	63	46
All clients with non-missing values on at least one substance/frequency of use [denominator]	82	82
Percent of clients abstinent from drugs	76.8 %	56.1 %

### 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]		5
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	19	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		26.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		41
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	63	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		65.1 %

#### Notes (for this level of care):

Number of CY 2021 admissions submitted:	110
Number of CY 2021 discharges submitted:	628
Number of CY 2021 discharges linked to an admission:	82
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	82
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	82

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
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**Footnotes:**



## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0 %	0.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
<b>Notes (for this level of care):</b>		
Number of CY 2021 discharges submitted:		1
Number of CY 2021 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 2021 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 12/1/2022]

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	39	51
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	82	82
Percent of clients participating in self-help groups	47.6 %	62.2 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	14.6 %	
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		48
Number of CY 2021 discharges submitted:		202

Number of CY 2021 discharges linked to an admission:	82
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	82
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	82

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 12/1/2022]

### Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	230	233
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	836	836
Percent of clients participating in self-help groups	27.5 %	27.9 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.4 %	

#### Notes (for this level of care):

Number of CY 2021 admissions submitted:	755
Number of CY 2021 discharges submitted:	1,701
Number of CY 2021 discharges linked to an admission:	836
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	836
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	836

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 12/1/2022]

### Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	43	42
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	82	82
Percent of clients participating in self-help groups	52.4 %	51.2 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-1.2 %	

#### Notes (for this level of care):

Number of CY 2021 admissions submitted:	110
---	-----

Number of CY 2021 discharges submitted:	628
Number of CY 2021 discharges linked to an admission:	82
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	82
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	82

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
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**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	419	422	477	482
<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)	265	98	271	393
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	253	119	239	384
7. Intensive Outpatient	170	57	126	224
8. Detoxification	0	0	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification <sup>1</sup>	0	0	0	0
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	0	0	0	0

Level of Care	2021 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	160	9
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	1	0

5. Long-term (over 30 days)	202	82
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	1701	836
7. Intensive Outpatient	628	82
8. Detoxification	23	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification <sup>1</sup>		0
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>		0

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 12/1/2022]

<sup>1</sup> OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

<sup>2</sup> OUD Medication-Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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**Table 21 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: 30-Day Use**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2019 - 2020		<input type="text"/>
	Age 21+ - CY 2019 - 2020		<input type="text"/>
2. 30-day Cigarette Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
3. 30-day Use of Other Tobacco Products	<p><b>Survey Item: NSDUH Questionnaire:</b> "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.]</p> <p><b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
4. 30-day Use of Marijuana	<p><b>Source Survey Item: NSDUH Questionnaire:</b> "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p><b>Source Survey Item: NSDUH Questionnaire:</b> "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></p> <p><b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>

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

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

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**Table 22 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Risk/Harm of Use**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	<p><b>Source Survey Item:</b> 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]  <b>Outcome Reported:</b> Percent reporting moderate or great risk.</p>		
	Age 12 - 20 - CY 2019 - 2020		<input type="text"/>
	Age 21+ - CY 2019 - 2020		<input type="text"/>
2. Perception of Risk From Cigarettes	<p><b>Source Survey Item:</b> 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]  <b>Outcome Reported:</b> Percent reporting moderate or great risk.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
3. Perception of Risk From Marijuana	<p><b>Source Survey Item:</b> 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]  <b>Outcome Reported:</b> Percent reporting moderate or great risk.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>

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**Footnotes:**



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**Table 23 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Age of First Use**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of alcohol.</p>		
	Age 12 - 20 - CY 2019 - 2020		<input type="text"/>
	Age 21+ - CY 2019 - 2020		<input type="text"/>
2. Age at First Use of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p><b>Source Survey Item:</b> 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.]</p> <p><b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
4. Age at First Use of Marijuana or Hashish	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
5. Age at First Use Heroin	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of heroin.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever]<sup>[2]</sup> in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>

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

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

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**Table 24 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Disapproval/Attitudes**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
2. Perception of Peer Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
3. Disapproval of Using Marijuana Experimentally	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
4. Disapproval of Using Marijuana Regularly	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
5. Disapproval of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2019 - 2020		<input type="text"/>

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**Table 25 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Workplace Policy**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]"</p> <p><b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 15 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>

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**Table 26 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Average Daily School Attendance Rate**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	<p><b>Source:</b> 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>.</p> <p><b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2019		<input type="text"/>

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**Table 27 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol Related Fatalities**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	<p><b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System</p> <p><b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.</p>		
	CY 2020		<input type="text"/>

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**Table 28 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol and Drug-Related Arrests**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol- and Drug-Related Arrests	<p><b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports</p> <p><b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.</p>		
	CY 2020		<input type="text"/>

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**Table 29 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Social Connectedness Measure: Family Communications Around Drug and Alcohol Use**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No]"</p> <p><b>Outcome Reported:</b> Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?^[1][Response options: 0 times, 1 to 2 times, a few times, many times]"</p> <p><b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2019 - 2020		<input type="text"/>

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

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**Table 30 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Retention Measure: Percentage of Youth Seeing, or Listening to a Prevention Message**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	<p><b>Source Survey Item:</b> 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>?"</p> <p><b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>

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

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

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2020	12/31/2020
2. Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2020	12/31/2021
3. Table 33 (Optional) - Primary Substance Use Disorder Prevention Number of Persons Served by Type of Intervention	1/1/2020	12/31/2021
4. Table 34 - Primary Substance Use Disorder Prevention Evidence-Based Programs and Strategies by Type of Intervention	1/1/2020	12/31/2021
5. Table 35 - Total Primary Substance Use Disorder Prevention Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on Primary Substance Use Disorder Prevention Evidence-Based Programs/Strategies	1/1/2020	12/31/2021

### General Questions Regarding Prevention NOMS Reporting

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

WITS is the system used for the data collection system.

**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.

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**Table 31 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity**

Category	Total
<b>A. Age</b>	<b>7,012</b>
0-4	0
5-11	1,240
12-14	1,626
15-17	1,650
18-20	1,760
21-24	336
25-44	259
45-64	71
65 and over	20
Age Not Known	50
<b>B. Gender</b>	<b>7,012</b>
Male	3,573
Female	3,439
Gender Unknown	0
<b>C. Race</b>	<b>7,012</b>
White	6,171
Black or African American	160
Native Hawaiian/Other Pacific Islander	52
Asian	44
American Indian/Alaska Native	161
More Than One Race (not OMB required)	12

Race Not Known or Other (not OMB required)	412
<b>D. Ethnicity</b>	<b>7,012</b>
Hispanic or Latino	164
Not Hispanic or Latino	6,415
Ethnicity Unknown	433

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**Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity**

Category	Total
<b>A. Age</b>	<b>2463253</b>
0-4	72712
5-11	93532
12-14	65196
15-17	65524
18-20	155490
21-24	141378
25-44	332916
45-64	287284
65 and over	205807
Age Not Known	1043414
<b>B. Gender</b>	<b>2463253</b>
Male	997914
Female	982177
Gender Unknown	483162
<b>C. Race</b>	<b>2463253</b>
White	1414716
Black or African American	15038
Native Hawaiian/Other Pacific Islander	820
Asian	4244
American Indian/Alaska Native	63137
More Than One Race (not OMB required)	31085

Race Not Known or Other (not OMB required)	934213
<b>D. Ethnicity</b>	<b>2463253</b>
Hispanic or Latino	46887
Not Hispanic or Latino	1358377
Ethnicity Unknown	1057989

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**Table 33 (Optional) - Primary Substance Use Disorder Prevention Number of Persons Served by Type of Intervention**

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	15	N/A
2. Universal Indirect	N/A	\$2,463,253.00
3. Selective	1,569	N/A
4. Indicated	5,443	N/A
<b>5. Total</b>	<b>7,027</b>	<b>\$2,463,253.00</b>
<b>Number of Persons Served<sup>1</sup></b>	<b>7,012</b>	<b>2,463,253</b>

<sup>1</sup>Number of Persons Served is populated from Table 31 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity and Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity

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**Table 34 - Primary Substance Use Disorder Prevention Evidence-Based Programs and Strategies by Type of Intervention**

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

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

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

Through our Evidence-Based Workgroup, we have standards set that define programs as effective, promising, or innovative. The workgroup, comprised of prevention experts and other valuable stakeholders, use these standards to reflect on each new program suggested for our dashboard. Once approved and an effectiveness level is set to the new program, these programs are then available for Prevention Specialists to use in their counties/reservations. Programs are reviewed and updated regularly.

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

Data is collected through our WITS Fei system. Each Prevention Specialist in the field enters programs and strategies being implemented in the county/reservation. Our system then uses Microsoft Report Builder to create reports that can analyze the data and create a report for any of those details we need about the number and type of programs and strategies being implemented.

**Table 34 - SUBSTANCE ABUSE PREVENTION Number of 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	29	47	76	2	3	81
2. Total number of Programs and Strategies Funded	58	130	188	3	6	197
3. Percent of Evidence-Based Programs and Strategies	50.00 %	36.15 %	40.43 %	66.67 %	50.00 %	41.12 %

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**Footnotes:**



## V: Performance Data and Outcomes

**Table 35 - Total Primary Substance Use Disorder Prevention Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on Primary Substance Use Disorder Prevention Evidence-Based Programs/Strategies**

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 67	\$51,211.62
Universal Indirect	Total # 140	\$166,026.12
Selective	Total # 2	\$0.00
Indicated	Total # 7	\$4,641.35
Unspecified	Total # 15	\$0.00
	Total EBPs: 231	Total Dollars Spent: \$221,879.09
<b>Primary Prevention Total<sup>1</sup></b>	<b>\$2,066,906.34</b>	

<sup>1</sup>Primary Prevention Total is populated from Table 4 - State Agency SABG Expenditure Compliance Report, Row 2 Primary Prevention.

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**Footnotes:**

## V: Performance Data and Outcomes

### Prevention Attachments

#### Submission Uploads

FFY 2023 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2023 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2023 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2023 Prevention Attachment Category D:		
File	Version	Date Added

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**Footnotes:**