

# North Dakota

## 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  
(generated on 12/01/2022 3.27.34 PM)

Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

# I: State Information

## State Information

### I. State Agency for the Block Grant

Agency Name North Dakota Department of Health and Human Services

Organizational Unit Behavioral Health Division

Mailing Address 600 E Boulevard Ave

City Bismarck

Zip Code 58505

### II. Contact Person for the Block Grant

First Name Pamela

Last Name Sagness

Agency Name North Dakota Department of Health and Human Services - Behavioral Health Division

Mailing Address 600 E Boulevard Ave

City Bismarck

Zip Code 58505

Telephone 701-328-8824

Fax 701-328-8969

Email Address psagness@nd.gov

### 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 3:22:41 PM

Revision Date 12/1/2022 3:23:45 PM

### V. Contact Person Responsible for Report Submission

First Name Laura

Last Name Anderson

Telephone 701-328-8918

Fax

Email Address lauranderson@nd.gov

### VI. Contact Person Responsible for Substance Use Disorder Data

First Name Matthew

Last Name Best

Telephone 701-328-8693

Email Address mabest@nd.gov

**Footnotes:**

## II: Annual Update

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

**Priority #:** 1  
**Priority Area:** Prevention and Early Intervention  
**Priority Type:** SAP  
**Population(s):** PP

**Goal of the priority area:**

Decrease the harms associated with substance use and abuse and suicide in North Dakota.

**Objective:**

Decrease adult binge drinking, underage drinking and suicide.

**Strategies to attain the goal:**

Fund North Dakota communities to follow the Strategic Prevention Framework (SPF) model and implement evidence-based strategies; provide support for ND communities to follow the SPF model and implement evidence-based strategies.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Increase availability of early intervention services for individuals with a marijuana related offense  
**Baseline Measurement:** Increase the number of instructors for marijuana education  
**First-year target/outcome measurement:** Develop a certification of evidence-based marijuana education providers  
**Second-year target/outcome measurement:** Have at least 1 certified provider in each of the 8 regions  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

ND Administrative Code, BHD

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

**Description of Data:**

Quantitative

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

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

No issues

**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:**

COVID-19 impacted the capacity to achieve this first-year target.

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

**Indicator #:**

2

**Indicator:**

Increase the infrastructure of the substance abuse primary prevention workforce in the state

**Baseline Measurement:**

Number of individuals who complete a substance abuse prevention training and individuals who participate in a substance abuse prevention internship

**First-year target/outcome measurement:**

Offer quarterly SAP trainings for new and existing prevention specialists

**Second-year target/outcome measurement:**

Develop a stipend program for public health units to offer substance abuse prevention internships

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

**Data Source:**

Behavioral Health Division, Contract management

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

**Description of Data:**

Quantitative

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

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

No issues

**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):**

Quarterly training meetings occurred virtually for SAP grantees.

**Indicator #:**

3

**Indicator:**

Decreased past month binge drinking rates among adults

**Baseline Measurement:**

Ages 18-25: 48.54%. Ages 26+: 31.19% (2017-2018 NSDUH)

**First-year target/outcome measurement:**

Increase statewide media efforts with the Speak Volumes media campaign from 57,828,000 impressions to 65,000,000 impressions.

**Second-year target/outcome measurement:**

2% decrease for ages 18-25 and 1% decrease for ages 26+

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

**Data Source:**

Media evaluation (reach) will be utilized for the number of impressions.  
The National Survey on Drug Use and Health (NSDUH) will be utilized to monitor adult consumption rates.

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

**Description of Data:**

Quantitative

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

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

No issues

**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:**

Total volume delivered including event displays for Speak Volume's campaign: 10.5 million impressions

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

**Indicator #:**

4

**Indicator:**

Decreased past month alcohol use among ND high school students

**Baseline Measurement:**

27.6% of ND high school students reported alcohol use in the past 30 days (2019 YRBS)

**First-year target/outcome measurement:**

Increases the number of funded communities who implement evidence-based prevention efforts targeting underage drinking from 14 in 2021 to 20 in 2022.

**Second-year target/outcome measurement:**

A 2% decrease in past 30 day alcohol use among ND high school students.

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

**Data Source:**

Behavioral Health Division contract management and technical assistance tracking.  
North Dakota Youth Risk Behavior Survey (YRBS)

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

**Description of Data:**

Quantitative

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

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

No issues

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

### Report of Progress Toward Goal Attainment

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

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

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

As of October 2022, 29 communities are in contract.

**Indicator #:**

5

**Indicator:** Increase community-level implementation of suicide prevention

**Baseline Measurement:** Zero funding opportunities have been provided in the suicide prevention areas of screening/assessment, training for providers, and policy implementation/change.

**First-year target/outcome measurement:** 4 or more organizations have implemented, revised, or initiated suicide specific components of prevention in the following areas: screening/assessment, policy, and training for providers.

**Second-year target/outcome measurement:** The funded organizations serve as pilot projects and a follow-up evaluation will be done to serve as a foundation for further funding.

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

**Data Source:**

Organizations awarded funding during the Suicide Prevention Grant program, self-reported.

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

**Description of Data:**

Self-reported by organizations: qualitative and quantitative

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

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

Self-reported data, not the same strategy will be implemented so they are hard to compare, evaluation and review will be post-implementation of proposed strategy.

**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):**

BHD entered into 6 contracts with entities to implement suicide prevention initiatives.

**Indicator #:** 6

**Indicator:** Increase access to early serious mental illness services

**Baseline Measurement:** State will implement two FEP programs located in regional Human Service Centers.

**First-year target/outcome measurement:** State will provide FEP services to 10 individuals

**Second-year target/outcome measurement:** State will increase FEP services by 50%.

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

**Data Source:**

Data will include individuals who are eligible and accepted to receive services through the ND FEP programs.

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

**Description of Data:**

Data will include # of individuals who have been screened for FEP services, # of adolescents served through the programs and # of adults served through the programs

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

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

Undetermined at this time.

**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):**

State provided services.

**Priority #:** 2  
**Priority Area:** Community-Based Services  
**Priority Type:** SAT, MHS  
**Population(s):** SMI, SED, PWWDC, TB

**Goal of the priority area:**

Comprehensive and accessible community services available statewide to individuals with a behavioral health diagnosis.

**Objective:**

Support the development of community-based services across the state.

**Strategies to attain the goal:**

Increase services through peer support, permanent supportive housing, and education and behavioral health collaborations. Also develop and implement a mental health registry.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Expand peer support services  
**Baseline Measurement:** There is no specific training available in North Dakota for family peer support and culturally relevant peer support services  
**First-year target/outcome measurement:** Determine specific training modules for family peer support and culturally relevant peer support  
**Second-year target/outcome measurement:** Deliver peer support training tracks specific to culturally relevant peer support services and family peer support services.

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

**Data Source:**

Behavioral Health Division , Contract Management

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

**Description of Data:**

Quantitative

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



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

No issues

**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:**

State is re-issuing a RFP for family peer support.

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

**Indicator #:** 2

**Indicator:** Increase implementation of best practices in permanent supportive housing.

**Baseline Measurement:** Limited permanent supportive housing providers implementing behavioral health best practices.

**First-year target/outcome measurement:** Develop a methodology to distribute funding to qualified entities which supports behavioral health best practices and utilizes 3rd party payers.

**Second-year target/outcome measurement:** Distribution of funding used by permanent supportive housing providers to implement behavioral health best practices.

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

**Data Source:**

Behavioral Health Division , Contract Management

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

**Description of Data:**

Quantitative and Qualitative

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

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

No issues

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

### Report of Progress Toward Goal Attainment

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

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

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

The State developed a methodology to distribute funding to qualified entities and is currently in contract with four providers.

**Indicator #:** 3

**Indicator:** Increase communication of mental health services.

**Baseline Measurement:** No mental health registry exists in the state.

**First-year target/outcome measurement:** Secure procurement for vendor.

**Second-year target/outcome measurement:** Launch of mental health registry.

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

**Data Source:**

Behavioral Health Division, contract management

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

**Description of Data:**

qualitative and quantitative

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

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

No issues.

**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):**

Mental Health Registry was launched October 2022.

**Indicator #:**

4

**Indicator:**

Increase education and behavioral health collaboration.

**Baseline Measurement:**

Contract awarded to Behavioral Health in Education: Resources and Opportunities (B-HERO) Technical Assistance Center.

**First-year target/outcome measurement:**

Provide monthly behavioral health/suicide prevention resources and technical assistance to Behavioral Health Resource Coordinators in each ND school.

**Second-year target/outcome measurement:**

Implementation of a virtual simulation and learning platform for schools to support student mental health and well-being.

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

**Data Source:**

Behavioral Health Division, Contract Management

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

**Description of Data:**

Quantitative and Qualitative

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

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

No issues

**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):

Monthly resources are provided to all behavioral health resource coordinators in the state.

**Priority #:** 3  
**Priority Area:** Person-Centered Practice  
**Priority Type:** SAT, MHS  
**Population(s):** SMI, SED, PWWDC, ESMI, PWID, TB

**Goal of the priority area:**

Ensure behavioral health services provided across the state are person-centered and culturally appropriate.

**Objective:**

Increase implementation of person-centered strategies and efforts.

**Strategies to attain the goal:**

Implement services for specific populations and develop policies and procedures across the Department of Human Services to support person-centered practices.

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

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Increase person-centered implementation in the Department of Human Services program delivery.  
**Baseline Measurement:** Currently, there is not a mechanism to measure service user's experiences.  
**First-year target/outcome measurement:** Participate in TA focused on measuring person-centered thinking, planning and practices at person-level  
**Second-year target/outcome measurement:** Compile current measures that reflect person-centered practices; convene service users and family groups to identify a definition for person-centered thinking planning, and practice; convene service users and family groups to understand outcomes and importance and how to measure PCP experiences

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

**Data Source:**

Behavioral Health Division, contract management; creation of TA plan and documentation of implementation

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

**Description of Data:**

qualitative and quantitative

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

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

No issues

**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):**

Training was provided.

**Priority #:** 4

**Priority Area:** Increase Access to Targeted Services

**Priority Type:** SAT

**Population(s):** PWWDC, TB

**Goal of the priority area:**

Enhance access to targeted behavioral health services throughout the state.

**Objective:**

Increase access to specific services such as medication assisted treatment, services for pregnant and parenting women, rural services and withdrawal management.

**Strategies to attain the goal:**

Implement efforts to increase evidence-based practices for women and women with dependent children, expand residential SUD services in rural areas, expand withdrawal management and medication assisted treatment.

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

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Increase the access to medication assisted treatment for individuals across the state.

**Baseline Measurement:** Establish additional programs for MAT services in the State were individuals do not have access or sufficient access to service

**First-year target/outcome measurement:** Establish at least one medication unit or new OTP in the state.

**Second-year target/outcome measurement:** Establish a client base of at least 50 enrolled patients at the medication unit or OTP

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

**Data Source:**

Behavioral Health Division, Central Registry

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

**Description of Data:**

Quantitative

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

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

No issues

**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):

Grand Forks OTP opened summer 2022.

Indicator #: 2

Indicator: Increased implementation of evidence-based practices among behavioral health and healthcare providers serving pregnant women and women with dependent children.

Baseline Measurement: No current residential treatment program specific for pregnant women and women with dependent children.

First-year target/outcome measurement: Conduct market research to potential vendors to identify barriers regarding providing residential addiction treatment programming for pregnant women and women with dependent children. Re-issue a request for proposals and implement a residential program for pregnant women and women with dependent children.

Second-year target/outcome measurement: Serve at least 25 pregnant women and women with dependent children in a residential program.

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

Data Source:

Behavioral Health Division, contract management

New Data Source(if needed):

Description of Data:

quantitative and qualitative

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

No issue

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):

Market research was completed.

Indicator #: 3

Indicator: Increase implementation of withdrawal management best practices

Baseline Measurement: Limited withdrawal management service systems in communities in the state.

First-year target/outcome measurement: Identify communities needing assistance with development of withdrawal management strategic plans and withdrawal management services.

Second-year target/outcome measurement: Provide communities with training & technical assistance in developing withdrawal

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

**Data Source:**

Behavioral Health Division, contract management, training & technical assistance documentation

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

**Description of Data:**

quantitative

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

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

No issues

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

**Report of Progress Toward Goal Attainment**

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

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

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

The State is working with the Barnes County community on withdrawal management.

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

**Footnotes:**

### 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>	\$5,003,520.00		\$0.00	\$1,642,155.00	\$2,315,637.00	\$0.00	\$0.00	\$270,628.00	\$0.00
a. Pregnant Women and Women with Dependent Children	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b. All Other	\$5,003,520.00		\$0.00	\$1,642,155.00	\$2,315,637.00	\$0.00	\$0.00	\$270,628.00	\$0.00
2. Substance Use Disorder Primary Prevention	\$887,914.00		\$0.00	\$3,112,340.00	\$80,349.00	\$0.00	\$0.00	\$291,125.00	\$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)	\$121,513.00		\$0.00	\$0.00	\$1,403,330.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>11. Total</b>	<b>\$6,012,947.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$4,754,495.00</b>	<b>\$3,799,316.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$561,753.00</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

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

**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.

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

**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.

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

**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	\$4,781,996.00
2. Primary Prevention	\$1,437,632.00
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)	\$314,273.00
<b>Total</b>	<b>\$6,533,901.00</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.

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

**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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Unspecified	\$967,274.00	\$2,093,197.00	\$245,400.00	\$0.00	\$0.00
<b>Information Dissemination</b>	<b>Total</b>	<b>\$967,274.00</b>	<b>\$2,093,197.00</b>	<b>\$245,400.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Unspecified	\$6,910.00	\$478,445.00	\$0.00	\$0.00	\$0.00
<b>Education</b>	<b>Total</b>	<b>\$6,910.00</b>	<b>\$478,445.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Unspecified	\$11,751.00	\$59,806.00	\$0.00	\$0.00	\$0.00
<b>Alternatives</b>	<b>Total</b>	<b>\$11,751.00</b>	<b>\$59,806.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Unspecified	\$3,938.00	\$299,028.00	\$0.00	\$0.00	\$0.00
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$3,938.00</b>	<b>\$299,028.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>



Community-Based Process	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Unspecified	\$255,740.00	\$1,554,946.00	\$0.00	\$0.00	\$0.00
<b>Community-Based Process</b>	<b>Total</b>	<b>\$255,740.00</b>	<b>\$1,554,946.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Unspecified	\$159,945.00	\$1,495,141.00	\$0.00	\$0.00	\$0.00
<b>Environmental</b>	<b>Total</b>	<b>\$159,945.00</b>	<b>\$1,495,141.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 (Synar)-Tobacco	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Unspecified	\$32,074.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Section 1926 (Synar)-Tobacco</b>	<b>Total</b>	<b>\$32,074.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Other	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<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>\$1,437,632.00</b>	<b>\$5,980,563.00</b>	<b>\$245,400.00</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.)

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

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



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

**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	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$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	\$0.00	\$0.00	\$0.00
<b>8. Total</b>	<b>\$0.00</b>	<b>\$0.00</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.

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

**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

										Source of Funds SAPT Block Grant					
Entity Number	I-BHS ID (formerly I-SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program	
10	*		99	Cavalier County Health District	901 3rd St Suite 11	Langdon	ND	58249	\$61,508.00	\$0.00	\$0.00	\$61,508.00	\$0.00	\$0.00	
11	*		99	Central Valley Health Unit	122 2nd St NW	Jamestown	ND	58401	\$61,800.00	\$0.00	\$0.00	\$61,800.00	\$0.00	\$0.00	
12	*		99	City County Health & Home Care	415 2nd Ave NE	Valley City	ND	58702-3011	\$46,850.00	\$0.00	\$0.00	\$46,850.00	\$0.00	\$0.00	
9	*		99	City of Bismarck	221 N 5th St	Bismarck	ND	58506	\$22,850.00	\$0.00	\$0.00	\$22,850.00	\$0.00	\$0.00	
2	*		North Dakota Statewide	City of Fargo	1240 25th St S	Fargo	ND	58103	\$228,197.00	\$224,697.00	\$0.00	\$3,500.00	\$0.00	\$0.00	
16	*		99	City of Grand Forks	151 S 4th Suite N301	Grand Forks	ND	58201	\$2,045.00	\$0.00	\$0.00	\$2,045.00	\$0.00	\$0.00	
13	*		99	Custer District Health	403 Burlington St SE	Mandan	ND	58554	\$64,250.00	\$0.00	\$0.00	\$64,250.00	\$0.00	\$0.00	
5	*		99	Faa Addiction Services	900 N Broadway Suite 111	Minot	ND	58703	\$782.00	\$782.00	\$0.00	\$0.00	\$0.00	\$0.00	
14	*		99	First District Health Unit	801 11th Ave SW	Minot	ND	58702-1268	\$3,700.00	\$0.00	\$0.00	\$3,700.00	\$0.00	\$0.00	
1	*		North Dakota Statewide	Flint Communications	101 N 10th St	Fargo	ND	58102	\$163,095.00	\$163,095.00	\$0.00	\$0.00	\$0.00	\$0.00	
15	*		99	Foster County	881 Main St	Carrington	ND	58421	\$62,500.00	\$0.00	\$0.00	\$62,500.00	\$0.00	\$0.00	
6	*		North Dakota Statewide	Fred and Clara Eckert Foundation for Children	110 Main St	Williston	ND	58802	\$1,328,479.00	\$1,328,479.00	\$0.00	\$0.00	\$0.00	\$0.00	
17	*		99	Lake Region District Health	524 4th Ave NE Unit 9	Devils Lake	ND	58301	\$42,650.00	\$0.00	\$0.00	\$42,650.00	\$0.00	\$0.00	
18	*		99	LaMoure County	100 1st Ave SW	LaMoure	ND	58458	\$23,000.00	\$0.00	\$0.00	\$23,000.00	\$0.00	\$0.00	
33	ND900072		NCHSC	NCHSC	1015 S Broadway Suite 18	Minot	ND	58701	\$1,314,449.00	\$1,314,449.00	\$0.00	\$0.00	\$0.00	\$0.00	
32	ND100145		NEHSC	NEHSC	151 South 4th St Suite 401	Grand Forks	ND	58201	\$418,328.00	\$418,328.00	\$0.00	\$0.00	\$0.00	\$0.00	
34	*		North Dakota Statewide	North Dakota Safety Council	1710 Canary Ave Ste A	Bismarck	ND	58501	\$60,928.00	\$0.00	\$0.00	\$60,928.00	\$0.00	\$0.00	
19	*		99	Pembina County	301 Dakota St W Unit 2	Cavalier	ND	58220-4100	\$3,500.00	\$0.00	\$0.00	\$3,500.00	\$0.00	\$0.00	
20	*		99	Rolette County Public Health	114 3rd Ste NE	Rolla	ND	58367-0726	\$57,700.00	\$0.00	\$0.00	\$57,700.00	\$0.00	\$0.00	
21	*		99	Sargent County	316 Main St	Forman	ND	58032	\$2,300.00	\$0.00	\$0.00	\$2,300.00	\$0.00	\$0.00	
31	ND900064		SEHSC	SEHSC	2624 9th Avenue S	FArgo	ND	58103	\$1,052,354.00	\$1,052,354.00	\$0.00	\$0.00	\$0.00	\$0.00	
22	*		99	Southwestern District Health Unit	528 21st St W	Dickinson	ND	58601-2661	\$62,500.00	\$0.00	\$0.00	\$62,500.00	\$0.00	\$0.00	
23	*		99	Spirit Lake Tribe	816 3rd Ave N	Fort Totten	ND	58335-0359	\$56,200.00	\$0.00	\$0.00	\$56,200.00	\$0.00	\$0.00	
24	*		99	Standing Rock Sioux Tribe	1 Standing Rock Ave	Fort Yates	ND	58538	\$58,200.00	\$0.00	\$0.00	\$58,200.00	\$0.00	\$0.00	

4	*	X	99	Three Affiliated Tribes	404 Frontage Road	New Town	ND	58763	\$196,605.00	\$133,755.00	\$0.00	\$62,850.00	\$0.00	\$0.00	
25	*	X	99	Towner County	404 5th Ave Ste 3	Cando	ND	58324-0705	\$22,000.00	\$0.00	\$0.00	\$22,000.00	\$0.00	\$0.00	
8	*	X	99	North Dakota Statewide	Training and Technical Assistance	600 E Boulevard Ave	Bismarck	ND	58505	\$325,304.00	\$0.00	\$0.00	\$325,304.00	\$0.00	\$0.00
26	*	X	99	Turtle Mountain Community College	10145 BIA Road 7	Belcourt	ND	58316	\$80,000.00	\$0.00	\$0.00	\$80,000.00	\$0.00	\$0.00	
27	*	X	99	Upper Missouri District Health Unit	110 Bdwy W Ste 101	Williston	ND	58801	\$34,700.00	\$0.00	\$0.00	\$34,700.00	\$0.00	\$0.00	
28	*	X	99	Walsh County Health District	638 Cooper Ave Suite 3	Grafton	ND	58237	\$1,850.00	\$0.00	\$0.00	\$1,850.00	\$0.00	\$0.00	
29	*	X	99	Wells County District Health Unit	600 Railway St N	Fessenden	ND	58438-0266	\$61,750.00	\$0.00	\$0.00	\$61,750.00	\$0.00	\$0.00	
30	*	X	99	North Dakota Statewide	Winkelman Consulting	2001 15th Ave S	Fargo	ND	58106-1375	\$32,074.00	\$0.00	\$0.00	\$32,074.00	\$0.00	\$0.00
7	*	X	99	North Dakota Statewide	Workforce Development	600 E Boulevard Ave	Bismarck	ND	58505	\$147,180.00	\$26,057.00	\$0.00	\$121,123.00	\$0.00	\$0.00
3	*	X	99	North Dakota Statewide	WorldWide Interpreters	516 Missouri St	South Houston	ND	77587-4521	\$120,000.00	\$120,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Total									\$6,219,628.00	\$4,781,996.00	\$0.00	\$1,437,632.00	\$0.00	\$0.00	

\* Indicates the imported record has an error.

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

Footnotes:

### III: Expenditure Reports

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

This Maintenance of Effort table provides a description of non-federal expenditures 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: 07/01/2021 Expenditure Period End Date: 06/30/2022

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)	\$8,164,143.00	
SFY 2021 (2)	\$12,742,774.00	\$10,453,458.50
SFY 2022 (3)	\$3,799,316.00	

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.

There was no change in methodology from SFY2021 to SFY2022 for Table 8a. The expenditures in Table 8a consist of the state's general fund expenditures for substance abuse programs. A large portion of the expenditures are for a substance abuse treatment program funded with state dollars. The program was established during SFY 2017 and then fully operational in SFY 2018. Additional state dollars were allotted to this program for SFY 2021 which is the reason for the increase to SFY 2021. Legislative actions during the 2021 session changed state century code limiting the use of state funds, which is the reason for the decrease

in SFY 2022.

Substance Abuse Administration: \$1,297,170; Substance Abuse Data and Research: \$46,025; Substance Abuse Prevention: \$80,349; Substance Abuse Treatment: \$2,282,294; Substance Abuse Recovery: \$33,343

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

**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: Expenditure Period End Date:

#### Base

Period	Total Women's Base (A)
SFY 1994	\$ 254,656.00

#### Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2020		\$ 0.00	
SFY 2021		\$ 0.00	
SFY 2022		\$ 0.00	<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)): \$

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).

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

**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)
No Risk Assigned	<b>1. Information Dissemination</b>	
	1. Clearinghouse/information resources centers	2
	2. Resources directories	2
	3. Media campaigns	28
	4. Brochures	11
	5. Radio and TV public service announcements	8
	6. Speaking engagements	6
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	10
	8. Information lines/Hot lines	2
	<b>2. Education</b>	
	1. Parenting and family management	3
	2. Ongoing classroom and/or small group sessions	5
	3. Peer leader/helper programs	2
	4. Education programs for youth groups	2
	5. Mentors	2
	6. Preschool ATOD prevention programs	2
	<b>3. Alternatives</b>	
	1. Drug free dances and parties	8
	2. Youth/adult leadership activities	6
	3. Community drop-in centers	2
	4. Community service activities	3
	5. Outward Bound	2
	6. Recreation activities	2
	<b>4. Problem Identification and Referral</b>	
	1. Employee Assistance Programs	2
	2. Student Assistance Programs	2
	3. Driving while under the influence/driving while	2

intoxicated education programs	
4. Screening and Brief Intervention	2
<b>5. Community-Based Process</b>	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	23
2. Systematic planning	21
3. Multi-agency coordination and collaboration/coalition	22
4. Community team-building	2
5. Accessing services and funding	2
<b>6. Environmental</b>	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	2
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	21
3. Modifying alcohol and tobacco advertising practices	2
4. Product pricing strategies	3

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

**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	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Free-Standing Residential	1,596	185	0	0	839.41	504.50	1,002.57	0.00	0.00	0.00	0.00	0.00	0.00
<b>REHABILITATION/RESIDENTIAL</b>													
3. Hospital Inpatient	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Short-term (up to 30 days)	2,449	89	0	0	765.31	546.25	1,046.18	0.00	0.00	0.00	0.00	0.00	0.00
5. Long-term (over 30 days)	26,975	561	0	0	1,461.33	744.00	2,280.20	0.00	0.00	0.00	0.00	0.00	0.00
<b>AMBULATORY (OUTPATIENT)</b>													
6. Outpatient	24,856	940	0	0	3,433.53	1,069.25	6,328.58	0.00	0.00	0.00	0.00	0.00	0.00
7. Intensive Outpatient	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Detoxification	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>OUD MEDICATION ASSISTED TREATMENT</b>													
9. OUD Medication-Assisted Detoxification <sup>3</sup>	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. OUD Medication-Assisted Treatment Outpatient <sup>4</sup>	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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.

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

**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	23	7	6	0	0	0	0	0	0	4	1	3	2	0	0	13	8
2. 18 - 24	108	28	35	2	0	0	0	0	0	13	16	7	3	2	2	48	54	4	2
3. 25 - 44	713	256	156	25	4	0	0	1	1	100	99	29	11	24	7	415	275	20	3
4. 45 - 64	341	161	90	7	2	0	0	1	2	25	24	3	6	16	4	207	128	6	0
5. 65 and Over	30	14	8	0	1	0	0	1	0	4	2	0	0	0	0	19	11	0	0
<b>6. Total</b>	<b>1,215</b>	<b>466</b>	<b>295</b>	<b>34</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>146</b>	<b>142</b>	<b>42</b>	<b>22</b>	<b>42</b>	<b>13</b>	<b>702</b>	<b>476</b>	<b>31</b>	<b>6</b>
7. Pregnant Women	20		9		2		0		0		9		0		0		20		0
Number of persons served who were admitted in a period prior to the 12 month reporting period		636																	
Number of persons served outside of the levels of care described on Table 10		0																	

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
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	Something Else; Please Specify:
2. 18 - 24											
3. 25 - 44											
4. 45 - 64											
5. 65 and Over											
<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:**

Table 11B COVID-19 values are set to zero because the State of North Dakota did not use supplemental COVID-19 funds in this reporting period.

Table 11C is left blank because consistent data for complex gender identity and sexual orientation is not currently available in the EHR system. The fields for gender identity and sexual orientation exist, but are not required on the admission form. If SAMHSA foresees making this data required in the future, it will require a system and process change in our system to achieve reportable data.

## 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: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

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

**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.

State currently contracts with one faith-based treatment program. the contract agreement states the program must follow federal regulations including charitable choice requirements and cannot utilize federal funding for any religious worship, instruction, or proselytization.

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

#### 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]	91	78
Total number of clients with non-missing values on employment/student status [denominator]	312	312
Percent of clients employed or student (full-time and part-time)	29.2 %	25.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		255
Number of CY 2021 discharges submitted:		403
Number of CY 2021 discharges linked to an admission:		357
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		321
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		312

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 5/1/2022]

### 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]	52	47
Total number of clients with non-missing values on employment/student status [denominator]	285	285
Percent of clients employed or student (full-time and part-time)	18.2 %	16.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		73
Number of CY 2021 discharges submitted:		366
Number of CY 2021 discharges linked to an admission:		325
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		291

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	285
---	-----

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 5/1/2022]

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	174	215
Total number of clients with non-missing values on employment/student status [denominator]	629	629
Percent of clients employed or student (full-time and part-time)	27.7 %	34.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,917
Number of CY 2021 discharges submitted:		1,305
Number of CY 2021 discharges linked to an admission:		787
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		700
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		629

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 5/1/2022]

### 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]	48	50
Total number of clients with non-missing values on employment/student status [denominator]	167	167
Percent of clients employed or student (full-time and part-time)	28.7 %	29.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		483
Number of CY 2021 discharges submitted:		293
Number of CY 2021 discharges linked to an admission:		223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		187

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

167

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 5/1/2022]

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

**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]	129	134
Total number of clients with non-missing values on living arrangements [denominator]	164	164
Percent of clients in stable living situation	78.7 %	81.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		255
Number of CY 2021 discharges submitted:		403
Number of CY 2021 discharges linked to an admission:		357
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		321
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		164

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 5/1/2022]

### 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]	79	100
Total number of clients with non-missing values on living arrangements [denominator]	143	143
Percent of clients in stable living situation	55.2 %	69.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		73
Number of CY 2021 discharges submitted:		366
Number of CY 2021 discharges linked to an admission:		325
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		291
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		143

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 5/1/2022]

**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]	455	512
Total number of clients with non-missing values on living arrangements [denominator]	611	611
Percent of clients in stable living situation	74.5 %	83.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,917
Number of CY 2021 discharges submitted:		1,305
Number of CY 2021 discharges linked to an admission:		787
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		700
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		611

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 5/1/2022]

**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]	149	156
Total number of clients with non-missing values on living arrangements [denominator]	185	185
Percent of clients in stable living situation	80.5 %	84.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		483
Number of CY 2021 discharges submitted:		293
Number of CY 2021 discharges linked to an admission:		223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		187
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		185

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 5/1/2022]

**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]	245	317
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	326	326
Percent of clients without arrests	75.2 %	97.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		255
Number of CY 2021 discharges submitted:		403
Number of CY 2021 discharges linked to an admission:		357
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		326
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		326

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 5/1/2022]

### 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]	220	284
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	294	294
Percent of clients without arrests	74.8 %	96.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		73
Number of CY 2021 discharges submitted:		366
Number of CY 2021 discharges linked to an admission:		325
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		294

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	294
---	-----

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 5/1/2022]

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	624	638
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	730	730
Percent of clients without arrests	85.5 %	87.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,917
Number of CY 2021 discharges submitted:		1,305
Number of CY 2021 discharges linked to an admission:		787
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		730
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		730

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 5/1/2022]

### 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]	153	157
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	197	197
Percent of clients without arrests	77.7 %	79.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		483
Number of CY 2021 discharges submitted:		293
Number of CY 2021 discharges linked to an admission:		223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		197



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

197

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 5/1/2022]

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

**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]	167	292
All clients with non-missing values on at least one substance/frequency of use [denominator]	315	315
Percent of clients abstinent from alcohol	53.0 %	92.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		133
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	148	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		89.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		159
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	167	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.2 %

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

Number of CY 2021 admissions submitted:	255
Number of CY 2021 discharges submitted:	403
Number of CY 2021 discharges linked to an admission:	357
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	326
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	315

## 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]	130	261
All clients with non-missing values on at least one substance/frequency of use [denominator]	278	278
Percent of clients abstinent from alcohol	46.8 %	93.9 %

### 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]		134
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	148	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		90.5 %

### 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]		127
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	130	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.7 %

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

Number of CY 2021 admissions submitted:	73
Number of CY 2021 discharges submitted:	366
Number of CY 2021 discharges linked to an admission:	325
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	294
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	278

**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]	404	520
All clients with non-missing values on at least one substance/frequency of use [denominator]	628	628
Percent of clients abstinent from alcohol	64.3 %	82.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		146
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	224	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		65.2 %

**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]		374
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	404	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.6 %

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

Number of CY 2021 admissions submitted:	1,917
Number of CY 2021 discharges submitted:	1,305
Number of CY 2021 discharges linked to an admission:	787
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	730
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	628

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 5/1/2022]

**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]	89	133
All clients with non-missing values on at least one substance/frequency of use [denominator]	167	167
Percent of clients abstinent from alcohol	53.3 %	79.6 %

**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]		54
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	78	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		69.2 %

**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]		79
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	89	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		88.8 %

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

Number of CY 2021 admissions submitted:	483
Number of CY 2021 discharges submitted:	293
Number of CY 2021 discharges linked to an admission:	223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	197
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	167

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file [Records received through 5/1/2022]

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

**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]	46	284
All clients with non-missing values on at least one substance/frequency of use [denominator]	315	315
Percent of clients abstinent from drugs	14.6 %	90.2 %

#### 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]		240
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	269	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		89.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		44
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]		95.7 %

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

Number of CY 2021 admissions submitted:	255
Number of CY 2021 discharges submitted:	403
Number of CY 2021 discharges linked to an admission:	357
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	326
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	315

**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]	52	254
All clients with non-missing values on at least one substance/frequency of use [denominator]	278	278
Percent of clients abstinent from drugs	18.7 %	91.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		204
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	226	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		90.3 %

**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]		50
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	52	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		96.2 %

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

Number of CY 2021 admissions submitted:	73
Number of CY 2021 discharges submitted:	366
Number of CY 2021 discharges linked to an admission:	325
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	294
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	278

**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]	184	432
All clients with non-missing values on at least one substance/frequency of use [denominator]	628	628
Percent of clients abstinent from drugs	29.3 %	68.8 %

**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]		266
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	444	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		59.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		166
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	184	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		90.2 %

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

Number of CY 2021 admissions submitted:	1,917
Number of CY 2021 discharges submitted:	1,305
Number of CY 2021 discharges linked to an admission:	787
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	730
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	628

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 5/1/2022]

**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]	27	95
All clients with non-missing values on at least one substance/frequency of use [denominator]	167	167
Percent of clients abstinent from drugs	16.2 %	56.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		77
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	140	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		55.0 %

### 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]		18
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	27	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		66.7 %

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

Number of CY 2021 admissions submitted:	483
Number of CY 2021 discharges submitted:	293
Number of CY 2021 discharges linked to an admission:	223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	197
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	167

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 5/1/2022]

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

#### 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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	55	66
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	326	326
Percent of clients participating in self-help groups	16.9 %	20.2 %
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]	3.4 %	
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		255
Number of CY 2021 discharges submitted:		403
Number of CY 2021 discharges linked to an admission:		357
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		326
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		326

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 5/1/2022]

### 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]	69	8
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	294	294
Percent of clients participating in self-help groups	23.5 %	2.7 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-20.7 %	
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		73
Number of CY 2021 discharges submitted:		366

Number of CY 2021 discharges linked to an admission:	325
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	294
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	294

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 5/1/2022]

### 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]	103	89
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	730	730
Percent of clients participating in self-help groups	14.1 %	12.2 %
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]	-1.9 %	

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

Number of CY 2021 admissions submitted:	1,917
Number of CY 2021 discharges submitted:	1,305
Number of CY 2021 discharges linked to an admission:	787
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	730
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	730

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 5/1/2022]

### 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]	36	31
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	197	197
Percent of clients participating in self-help groups	18.3 %	15.7 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-2.5 %	

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

Number of CY 2021 admissions submitted:	483
---	-----

Number of CY 2021 discharges submitted:	293
Number of CY 2021 discharges linked to an admission:	223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	197
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	197

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 5/1/2022]

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

**Footnotes:**

## V: Performance Data and Outcomes

**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	69	5	52	133
2. Free-Standing Residential	6	1	3	5
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	24	3	14	34
5. Long-term (over 30 days)	46	6	20	40
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	104	19	72	155
7. Intensive Outpatient	102	33	75	161
8. Detoxification	0	0	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification <sup>3</sup>				

Level of Care	2021 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	15	7
2. Free-Standing Residential	137	112
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	403	357
5. Long-term (over 30 days)	366	325

<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	1305	739
7. Intensive Outpatient	293	223
8. Detoxification	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification <sup>3</sup>		

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 5/1/2022]

<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 included outpatient services/settings AND Opioid OUD Medication-Assisted Treatment.

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

**Footnotes:**

## V: Performance Data and Outcomes

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

**Footnotes:**



## V: Performance Data and Outcomes

**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"/>

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

**Footnotes:**

## V: Performance Data and Outcomes

**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.

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

**Footnotes:**

## V: Performance Data and Outcomes

**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"/>

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

**Footnotes:**

## V: Performance Data and Outcomes

**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"/>

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

**Footnotes:**

## V: Performance Data and Outcomes

**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"/>

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

**Footnotes:**

## V: Performance Data and Outcomes

**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"/>

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

**Footnotes:**

## V: Performance Data and Outcomes

**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"/>

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

**Footnotes:**



## V: Performance Data and Outcomes

**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.

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

**Footnotes:**

## V: Performance Data and Outcomes

**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

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

**Footnotes:**

## V: Performance Data and Outcomes

**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	12/31/2020
3. Table 33 (Optional) - Primary Substance Use Disorder Prevention Number of Persons Served by Type of Intervention	1/1/2020	12/31/2020
4. Table 34 - Primary Substance Use Disorder Prevention Evidence-Based Programs and Strategies by Type of Intervention	1/1/2020	12/31/2020
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	10/1/2019	9/30/2021

### 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).

We used manual processes to report NOMs. Each provider manually reported each element, where data were available. The data were then aggregated for the entire state.

**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.

Individuals are counted under a single race, and if unknown or other, are reported in the "unknown/other" category.

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

**Footnotes:**

## V: Performance Data and Outcomes

**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>1,357</b>
0-4	0
5-11	0
12-14	0
15-17	0
18-20	0
21-24	0
25-44	0
45-64	0
65 and over	0
Age Not Known	1,357
<b>B. Gender</b>	<b>1,357</b>
Male	0
Female	0
Gender Unknown	1,357
<b>C. Race</b>	<b>1,357</b>
White	0
Black or African American	0
Native Hawaiian/Other Pacific Islander	0
Asian	0
American Indian/Alaska Native	0
More Than One Race (not OMB required)	0

Race Not Known or Other (not OMB required)	1,357
<b>D. Ethnicity</b>	<b>1,357</b>
Hispanic or Latino	0
Not Hispanic or Latino	0
Ethnicity Unknown	1,357

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

**Footnotes:**

## V: Performance Data and Outcomes

**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>24508533</b>
0-4	0
5-11	0
12-14	0
15-17	0
18-20	0
21-24	0
25-44	0
45-64	0
65 and over	0
Age Not Known	24508533
<b>B. Gender</b>	<b>24508533</b>
Male	12597386
Female	11911147
Gender Unknown	0
<b>C. Race</b>	<b>24508533</b>
White	21248898
Black or African American	857799
Native Hawaiian/Other Pacific Islander	24509
Asian	416645
American Indian/Alaska Native	1396986
More Than One Race (not OMB required)	0

Race Not Known or Other (not OMB required)	563696
<b>D. Ethnicity</b>	<b>24508533</b>
Hispanic or Latino	1078375
Not Hispanic or Latino	23430158
Ethnicity Unknown	0

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

**Footnotes:**

## V: Performance Data and Outcomes

**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		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
<b>5. Total</b>	<b>0</b>	<b>\$0.00</b>
<b>Number of Persons Served<sup>1</sup></b>	<b>1,357</b>	<b>24,508,533</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

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

**Footnotes:**



## V: Performance Data and Outcomes

**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.

North Dakota will require (through contracts and agreements) all providers funded by SAPT BG to implement evidence-based prevention strategies as defined by CSAP. Also, all T/TA provided by the state will be focused on evidence-based prevention.

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

The data on the number of programs and strategies were reported by the providers. The collection was done using a manual process.

**Table 34 - SUBSTANCE ABUSE PREVENTION Number of Programs and Strategies by Type of Intervention**

	<b>A.</b> <b>Universal</b> <b>Direct</b>	<b>B.</b> <b>Universal</b> <b>Indirect</b>	<b>C.</b> <b>Universal</b> <b>Total</b>	<b>D.</b> <b>Selective</b>	<b>E.</b> <b>Indicated</b>	<b>F.</b> <b>Total</b>
1. Number of Evidence-Based Programs and Strategies Funded	0	113	113	35	0	148
2. Total number of Programs and Strategies Funded	0	113	113	35	0	148
3. Percent of Evidence-Based Programs and Strategies		100.00 %	100.00 %	100.00 %		100.00 %

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

**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**

	<b>Total Number of Evidence-Based Programs/Strategies for IOM Category Below</b>	<b>Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies</b>
Universal Direct	Total # 0	\$0.00
Universal Indirect	Total # 113	\$1,160,316.00
Selective	Total # 35	\$277,316.00
Indicated	Total # 0	\$0.00
Unspecified	Total # 0	\$0.00
	Total EBPs: 148	Total Dollars Spent: \$1,437,632.00
<b>Primary Prevention Total<sup>1</sup></b>	<b>\$1,437,632.00</b>	

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

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

**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

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

**Footnotes:**