

District of Columbia

UNIFORM APPLICATION

FY 2024 SUPTRS Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT  
BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025  
(generated on 12/03/2023 5.03.39 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 Department of Behavioral Health

Organizational Unit

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### III. Expenditure Period

#### State Expenditure Period

From 10/1/2022

To 9/30/2023

#### Block Grant Expenditure Period

From 10/1/2020

To 9/30/2022

### IV. Date Submitted

Submission Date 12/1/2023 6:29:56 PM

Revision Date 12/1/2023 6:30:29 PM

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**Footnotes:**

## II: Annual Update

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

**Priority #:** 1

**Priority Area:** Mental Health Services

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

The goal is maximize housing resources and target the most vulnerable District residents with serious behavioral health challenges who are homeless, returning from institutions or moving to more independent living to prevent and minimize homelessness.

**Objective:**

The objective is to maintain individuals in their housing placements and current level of care

**Strategies to attain the goal:**

The Residential Care Manager will monitor residential programs, support services and work as part of a team to effectively communicate with the DBH Network of provider agencies and other external stakeholders. The Residential Care Manager will evaluate the mental health, medical, and substance use disorder needs and, in conjunction with the documentation in the CRF packet, review and provide recommendations regarding consumers' treatment needs.

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

*(if needed)*

☐

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** % of consumers who remained in their community residential facility placement for at least 90 days from their move-in date, with no psychiatric hospitalizations, incarcerations, crisis bed placements, or involuntary discharges

**Baseline Measurement:** 91 % of consumers who remained in their CRF placement for at least 90 days in FY21

**First-year target/outcome measurement:** 91 % of consumers who remained in their CRF placement for at least 90 days in FY22

**Second-year target/outcome measurement:** 91 % of consumers who remained in their CRF placement for at least 90 days in FY23

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

**Data Source:**

Housing Access database

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

☐

**Description of Data:**

The denominator is the number of new CRF placements. The numerator is the number of consumers who remained in the CRF placement for at least 90 days, with no psychiatric hospitalizations, incarcerations, crisis bed placements, or involuntary discharges

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

☐

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

None Identified

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

☐

## Report of Progress Toward Goal Attainment

First Year Target:

☐

Achieved

☒

Not Achieved (if not achieved, explain why)

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

The three consumers identified as experiencing disruption in their placements April, May, and June in 2022 were relocated to other CRF's where they continued to have challenges. The consumers have a history of medication non-compliance coupled with issues around substance use disorder. Residential Services team has been working with the Core Services Agencies to ensure that the individuals are on ACT team who visit the CRF minimally four times a week. The residential staff has been working with the ACT team to develop comprehensive care plans that includes a behavior plan, medication management which could mean bi-monthly psychiatrist appointment and on-site SUD services by a qualified CAC. The Residential Services staff also host weekly meetings to monitor progress and implementation of the treatment recommendations. We continue to make advances.

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

Second Year Target:

☐

Achieved

☒

Not Achieved (if not achieved, explain why)

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

This year DBH achieved 90%. The Residential Services and Supports program have Pre-Placement meetings for all consumers admitted to a Community Residential Facility CRF. The purpose of the meeting is to ensure a smooth transition into the new placement and prevent any disruptions in placement within the first 90 days. Our cohort of consumers come from the following categories, either step-downs from hospitals and not ready for discharge, street homeless with SUD issues, new to the mental health system, or new to mental health system and have been living with family. Most recently we have been getting a young population of consumers who have had disruptive placements due to issues of drugs and alcohol, consumers with problems living in a shared room and structured setting, and consumers who do not wish to have most of their benefits be paid toward room and board. Many of these individuals were street homeless prior to placement and some have lived with family before moving to the CRF and continued to have issues around adjustment. One of the predominate challenges has been the use of substances.

Since the pandemic, many programs have been closed to direct services, including the day programs. This void has created a decrease in the ability to provide structured daytime activities. Therefore, the RSS team have worked to ensure consumers are assigned to ACT services and that these teams increase the number of weekly contacts. Additionally, the frequency in meeting times i.e., 30, 60, 90, days between the ACT teams, CRF operators and DBH can go from monthly to weekly when we are made aware of problems in the CRF to discuss potential resolutions.

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

☐

**Priority #:**

2

**Priority Area:**

Mental Health Services

**Priority Type:**

MHS

**Population(s):**

SMI, SED

**Goal of the priority area:**

Ensure the public behavioral health system is person-centered and promotes and supports the leadership of peers with lived experience in the system of care.

**Objective:**

% of certified peers employed within the public behavioral health system

**Strategies to attain the goal:**

Partner across DBH to incorporate the role of peers into different programs, projects, and services. Engage mental health providers to understand the role and importance of peers.

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

(if needed)

☐

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** % of certified peers employed within the public behavioral health system

**Baseline Measurement:** 78% of certified peers employed in FY21

**First-year target/outcome measurement:** 80% of certified peers employed in FY22

**Second-year target/outcome measurement:** 80% of certified peers employed in FY23

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

**Data Source:**

The employment status of certified peers is tracked in a SharePoint list

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

☐

**Description of Data:**

The data are collected quarterly, and peers are asked about their employment status

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

☐

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

The public health emergency has impacted employment. Data are self-reported by peers and collected at four points in time throughout the year.

**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):**

We make quarterly contact with peers to verify employment status. We also maintain a contract that allows us to bring Peers on board and increases opportunities for Peer presence. We make sure Peers are involved in every aspect of what we do.

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

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

We (DBH) achieved 74% for the year. Staff have difficulty getting in contact with peers- many do not answer their phone or want to provide information regarding their employment status. We track quarterly however we don't always have full participation as well as contact information is constantly changing within this population.

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

☐

**Priority #:** 3

**Priority Area:** Substance Abuse Prevention

**Priority Type:** SAP

**Population(s):** PP

**Goal of the priority area:**

The goal is to prevent the ill effects of tobacco use, particularly among minors.

**Objective:**

The objective is to ensure vendors of tobacco products do not sell to minors.

### Strategies to attain the goal:

In order to achieve the Synar-related KPI, the SUD Prevention Branch conducts merchant education annually. In addition, a coverage study takes place periodically, stores are visited to ensure that the proper licenses are in place. This provides the opportunity for the Synar Compliance Specialist to provide further education on the Synar program and the District's laws prohibiting the sale of tobacco products to minors.

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

☐

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** % of vendors not selling tobacco to minors

**Baseline Measurement:** 95% of vendors did not sell tobacco to minors in FY19

**First-year target/outcome measurement:** 95% of vendors will not sell tobacco to minors in FY22

**Second-year target/outcome measurement:** 95% of vendors did not sell tobacco to minors in FY23

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

#### Data Source:

Synar data collection

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

☐

#### Description of Data:

The retail violation rate is the percentage of vendors that sell tobacco to minors.

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

☐

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

None identified

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

There was a legislative change that took place within the District of Columbia resulting in a change of the law enforcement entity who would be responsible for the enforcement of tobacco laws. This shift caused a delay in being able start the Synar Compliance checks during FY2022, and thus prohibited the District from being able to complete the minimum required number of compliance checks before the end of FY2022.

## Report of Progress Toward Goal Attainment

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

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

The delay in being able to start the FY2022 earlier, late June or early July for example, as opposed to September - limited the number of stores that were able to receive compliance checks. The reduced number of compliance checks, coupled with the standard number of retail violations (sales of tobacco products to those under 21), resulted in the Retail Violation Rate (percentage of stores who did sell to minors) to appear to be significantly higher.

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

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

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

While the District did not meet its target of 10%, it did decrease from its FY2022 rate of approximately 19% to approximately 16% for FY2023. Having an extended period of time to conduct inspections contributed to this decrease. Now that DBH has an established partnership with the Department of Licensing and Consumer Protection (DLCP), we anticipate not only starting the FY2024 inspections earlier – thus having three (3) months to complete inspections as opposed to under two (2), but also being able to collectively educate merchants on the District's tobacco laws throughout the year in an effort so continue decreasing the amount of tobacco sales to minors.

How second year target was achieved (optional):

☐

**Priority #:** 4  
**Priority Area:** Substance Abuse Treatment  
**Priority Type:** SAT  
**Population(s):** PWWDC, PP, EIS/HIV, TB

**Goal of the priority area:**

The goal is for clients to receive the type of services they need throughout their treatment

**Objective:**

The objective is to ensure clients move through the continuum of care in a timely manner.

**Strategies to attain the goal:**

We have met with withdrawal management and residential providers to go over the data and systemic issues affecting clients' timely step-down from one level of care to another and will continue to meet and share data and strategies.

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

☐

#### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** % of SUD residential clients who stepped down to a lower level of care  
**Baseline Measurement:** 44% of SUD residential clients stepped down to a lower level of care in FY21  
**First-year target/outcome measurement:** 47% of SUD residential clients stepped down to a lower level of care in FY22  
**Second-year target/outcome measurement:** 50% of SUD residential clients stepped down to a lower level of care in FY23

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

**Data Source:**

The data source is DBH's WITS system

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

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**Description of Data:**

Clients who have a disenrollment reason of completing treatment or transferring to another program are included in the denominator. Those who have an enrollment to a lower level of care within 15 days of disenrollment are included in the numerator.

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

☐

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

Providers do not always document program disenrollments, which reduces the universe of clients.

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

☐

#### Report of Progress Toward Goal Attainment

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

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

The department in conjunction with providers are piloting a new tracking sheet from disenrollment to other levels of care. As a new admission criteria it has taken longer than expected to apply the new standard.

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

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

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

For Q4, the two DBH certified Withdrawal Management providers individually exceeded the expectation of 50% stepdown for this KPI. The hospital-based provider did not individually meet the expectation. However, the hospital also provides co-occurring psychiatric services, thus consumers may be stepped down to outpatient psychiatric care as opposed to substance use treatment. Thus, bringing down the overall percentage. Providers continue to note stepping consumers down to a "non-ASURS provider" as consumers are in need of other supportive services post residential treatment. DBH continues to explore and identify the system gaps that could be added to support the consumers identified needs. Lastly, with the addition of new levels of care in ASAM, DBH is exploring how these levels of care can potentially fill the gaps.

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

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**Indicator #:** 2

**Indicator:** % of clients in SUD treatment who received linkage to primary care, mental health, and social supports via care coordination services

**Baseline Measurement:** 40% of clients received at least one Care Coordination Service during the fiscal year

**First-year target/outcome measurement:** 55% of clients received at least one Care Coordination Service during the fiscal year

**Second-year target/outcome measurement:** 70% of clients received at least one Care Coordination Service during the fiscal year

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

**Data Source:**

Billing and claims data on Clinical Care Coordination

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

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**Description of Data:**

Services are billed via CPT codes; DBH can review the data for the system as a whole, and by provider

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

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**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):**

There has historically been a high overlap between SUD and MH. Most people who receive SUD services also receive MH services. We have done work to create a strong system to support co-occurring conditions.

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

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

Department of Behavioral Health reached 67% of clients in SUD treatment who received linkage to primary care, mental health, and social supports via care coordination services. Clinical Care Coordination services tend to be more often rendered when clients are initially enrolled or newly transferred to a provider. In order to make sure we get better we will work with our providers and help them

to focus on continuing clinical care coordination and not just focusing on newly enrolled.

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

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**Indicator #:** 3

**Indicator:** # of substance use disorder providers who serve youth/transition age youth

**Baseline Measurement:** 3 substance use disorder providers who serve youth/transition age youth

**First-year target/outcome measurement:** 4 substance use disorder providers who serve youth/transition age youth

**Second-year target/outcome measurement:** 5 substance use disorder providers who serve youth/transition age youth

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

**Data Source:**

DBH certification data

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

☐

**Description of Data:**

A distinct count of the number of SUD providers who serve youth/transition age youth

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

☐

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

None

**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):**

We have a strong roster of providers who service youth and transitional age youth.

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

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

Currently, DC has 2 ASTEP providers, and are currently exploring how to expand our network of providers for this population. This expansion includes the identification of and training in new evidence based interventions such as Motivational Enhancement Therapy (MET)/Cognitive Behavioral Therapy (CBT) which will equip potential providers with additional treatment modalities. In addition, DBH will engage youth mental health providers who have the capacity to provide youth SUD treatment services as well in an effort to increase the network of organizations who become ASTEP providers.

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

☐

**Priority #:** 5

**Priority Area:** Mental Health Services

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Ensure individualized mental health disorder services across the entire continuum of care from community-based treatment and support services to inpatient hospitalization, including justice-involved consumer competency restoration, to support the behavioral health, wellness and recovery of District residents.

**Objective:**

The objective is to connect consumers to services as quickly as possible.

**Strategies to attain the goal:**

The broader implementation of telemedicine has led to an improvement on this metric. Providers will continue to be supported in their use of telemedicine, and a workgroup is establishing best practices to ensure quality.

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

*(if needed)*

☐

**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	% of adult consumers newly enrolled in mental health services who had their first clinical service within 30 days of enrollment
<b>Baseline Measurement:</b>	88% of adult consumers newly enrolled in mental health services who had their first clinical service within 30 days
<b>First-year target/outcome measurement:</b>	90% of adult consumers newly enrolled in mental health services who had their first clinical service within 30 days
<b>Second-year target/outcome measurement:</b>	90% of adult consumers newly enrolled in mental health services who had their first clinical service within 30 days

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

**Data Source:**

Enrollment data come from DBH's iCAMS system, and service data comes from claims

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

☐

**Description of Data:**

Enrollments of consumers with DBH-certified providers are documented by DBH's Access HelpLine. Service data are shared with DBH by the DC Department of Health Care Finance.

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

☐

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

None identified

**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:**

Performance has been consistent for the past two years. Providers receive their performance data, and TA is provided to those not meeting the benchmark.

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

Second Year Target: ☐ Achieved ☒ Not Achieved *(if not achieved, explain why)*

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

We (DBH) achieved 87% for the year. Providers still receive their performance data, and TA is provided to those not meeting the benchmark, performance has improved but yet to reach the 90% benchmark.

**How second year target was achieved (optional):**☐**Indicator #:**

2

**Indicator:**

% of children newly enrolled in mental health services who had their first clinical service within 30 days of enrollment

**Baseline Measurement:**

81% of children newly enrolled in mental health services who had their first clinical service within 30 days in FY21

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

85% of children newly enrolled in mental health services who had their first clinical service within 30 days in FY21

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

85% of children newly enrolled in mental health services who had their first clinical service within 30 days in FY21

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

Enrollment data come from DBH's iCAMS system, and service data comes from claims

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

Enrollments of consumers with DBH-certified providers are documented by DBH's Access HelpLine. Service data are shared with DBH by the DC Department of Health Care Finance.

**New Description of Data:(if needed)**☐**Data issues/caveats that affect outcome measures:**

None identified

**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:**

Performance has steadily improved in FY22. Program, Accountability and Provider Relations teams continue to collaborate with the Data & Performance Measurement team to identify low performing providers and provide the appropriate TA in order to effectively track and improve system performance.

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

Second Year Target:

☒

Achieved

☐

Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**☐**How second year target was achieved (optional):**

Continued to build on performance from last year. Program, Accountability and Provider Relations teams continue to collaborate with the Data & Performance Measurement team to identify low performing providers and provide the appropriate TA in order to effectively track and improve system performance.

**Priority #:** 6

**Priority Area:** Substance Abuse Prevention and Substance Abuse Treatment

**Priority Type:** SAP, SAT

**Population(s):** PWWDC, PP, EIS/HIV, TB

**Goal of the priority area:**

Ensure the public behavioral health system is person-centered and promotes and supports the leadership of peers with lived experience in the system of care.

**Objective:**

% of certified peers employed within the public behavioral health system

**Strategies to attain the goal:**

Partner across DBH to incorporate the role of peers into different programs, projects, and services. Engage substance use disorder providers to understand the role and importance of peers.

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

*(if needed)*

☐

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** % of certified peers employed within the public behavioral health system

**Baseline Measurement:** 78% of certified peers employed in FY21

**First-year target/outcome measurement:** 80% of certified peers employed in FY22

**Second-year target/outcome measurement:** 80% of certified peers employed in FY23

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

**Data Source:**

The employment status of certified peers is tracked in a SharePoint list

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

☐

**Description of Data:**

The data are collected quarterly, and peers are asked about their employment status

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

☐

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

The public health emergency has impacted employment. Data are self-reported by peers and collected at four points in time throughout the year.

**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):**

We make quarterly contact with peers to verify employment status. We also maintain a contract that allows us to bring Peers on board and increases opportunities for Peer presence. We make sure Peers are involved in every aspect of what we do.

Second Year Target:

☐

Achieved

☒

Not Achieved (if not achieved, explain why)

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

We (DBH) achieved 74% for the year. Staff have difficulty getting in contact with peers- many do not answer their phone or want to provide information regarding their employment status. We track quarterly however we don't always have full participation as well as contact information is constantly changing within this population.

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

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0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**

Many of the indicators were not aligned with agencies KPIs, they were similar but not exact in which resulted in not hitting targets but by very small percentage points. Staff were aware of one target but not the one in the Block Grant report. For example DBH had a goal of 85% of adults newly enrolled in Mental Health Rehabilitative Services (MHRS) who had their first clinical service within 30 days of enrollment, the Block Grant Performance indicator goal was 90% and we hit 87% for FY23 resulting in not meeting our goal.

Moving forward, we have ensured that the performance indicators are aligned with the agencies KPIs and or staff had input in the drafting of the new Performance indicators. To date the application is still under review with SAMHSA. Upon approval we will share the new performance indicators and plan to track data quarterly to ensure we are aware of any areas that may need attention.

### III: Expenditure Reports

**Table 2 - State Agency Expenditure Report**

This table provides a report of SUPTRS BG and state expenditures by the SSA during the SFY immediately preceding the FFY for which the state is applying for funds for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in the WebBGAS. Please note that this expenditure period is different from that on SUPTRS BG Table 4.

Expenditure Period Start Date: 7/1/2022      Expenditure Period End Date: 6/30/2023

Activity (See instructions for entering expenses in Row 1)	A. SUPTRS BG	B. MHBG	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 Use Prevention (Other than Primary Prevention), Treatment, and Recovery <sup>3</sup>	\$5,126,431.00		\$0.00	\$19,148,088.00	\$26,006,472.00	\$0.00	\$0.00	\$724,421.00	\$0.00
a. Pregnant Women and Women with Dependent Children	\$479,802.00		\$0.00	\$0.00	\$1,262,418.00	\$0.00	\$0.00	\$0.00	\$0.00
b. Recovery Support Services	\$0.00		\$0.00	\$366,241.00	\$429,000.00	\$0.00	\$0.00	\$0.00	\$0.00
c. All Other	\$4,646,629.00		\$0.00	\$18,781,847.00	\$24,315,054.00	\$0.00	\$0.00	\$724,421.00	\$0.00
2. Substance Use Disorder Primary Prevention	\$1,409,091.00		\$0.00	\$430,249.00	\$314,928.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Tuberculosis Services	\$73,219.00		\$0.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>4</sup>	\$348,423.00		\$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)	\$287,418.00		\$0.00	\$0.00	\$517,820.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>11. Total</b>	<b>\$7,244,582.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$19,578,337.00</b>	<b>\$26,864,220.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$724,421.00</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" SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

<sup>2</sup>The expenditure period for ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

<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 FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

☐ Actual ☒ Estimated

Please identify which of the information in is estimated rather than actual:

These numbers reported will be finalized by 2/15/24 once the District's Annual Comprehensive Financial Report is published around 2/15/24

Identify the date by when all estimates can be replaced with actual expenditures:      02/15/2024

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

#### Footnotes:

The District of Columbia's has maintained an MOE over the past subsequent years of nearly 27M. DC's MOE obligation for this reporting period is 26,864,420 in local spending for SUD related services. These expenditures are a combination of staffing costs, fixed costs, support contracts, integrated and non-direct treatment costs

#### Methodology:

During this reporting period, the following summary represents a breakdown how the District met its Maintenance of Effort obligation.

#### Breakdown:

Fixed Costs (Rent, Janitorial, Security, Energy) = \$4,522,111  
Choice Funds Exp = \$11,133,064

Specialty= \$1,900,000  
Administrative= \$517,820  
Infrastructure support contract (ASAM) = \$59,000  
Integrated = \$8,732,225  
Total = \$26,864,220

### III: Expenditure Reports

**Table 3a – Syringe Services Program (SSP)**

Expenditure Start Date: 07/01/2022 Expenditure End Date: 06/30/2023

				SSP Expenditures			
SSP Agency Name	SSP Main Address	SUD Treatment Provider (Yes or No)	# Of locations (Include any mobile locations)	SUPTRS BG Funds	COVID-19 <sup>1</sup> Funds	ARP <sup>2</sup> Funds	Actions
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" SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

<sup>2</sup> The expenditure period for The ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**

### III: Expenditure Reports

Table 3b - Syringe Services Program

Expenditure Start Date: 07/01/2022 Expenditure End Date: 06/30/2023

SUPTRS							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
COVID-19 <sup>1</sup>							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
ARP <sup>2</sup>							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

<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” SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

<sup>2</sup> The expenditure period for ARP supplemental funding is September 1, 2021 – September 30, 2025, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**

III: Expenditure Reports

Table 3c – Harm Reduction Activities

Expenditure Period Start Date: 07/01/2022      Expenditure Period End Date: 06/30/2023

Harm Reduction Activities								Expenditures		
Provider/Program Name	Main Address	SSP (Yes/No)	Number of Naloxone Kits Purchased	Number of Naloxone Kits Distributed	Number of Overdose Reversals	Number of Fentanyl Test Strips Purchased	Number of Fentanyl Test Strips Distributed	SUPTRS BG Funds	COVID-19 <sup>1</sup> Funds	ARP <sup>2</sup> Funds
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" SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

<sup>2</sup>The expenditure period for ARP supplemental funding is September 1, 2021 - September 30, 2025, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 - June 30, 2025.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

### III: Expenditure Reports

**Table 4 - State Agency SUPTRS BG Expenditure Compliance Report**

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

Expenditure Period Start Date: 10/1/2020      Expenditure Period End Date: 9/30/2022

Expenditure Category	FY 2021 SA Block Grant Award
1. Substance Use Prevention <sup>1</sup> , Treatment, and Recovery	\$4,813,368.11
2. Substance Use Primary Prevention	\$1,350,976.00
3. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>2</sup>	\$337,744.00
4. Tuberculosis Services	\$73,219.00
5. Administration (excluding program/provider level)	\$179,575.00
<b>Total</b>	<b>\$6,754,882.11</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 FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

#### Footnotes:

Methodology:

The SSA within the District of Columbia also provides a portfolio of direct services to the DC community of which EIS services are included. Through its in-house Clinic: namely the Assessment and Referral Center (ARC), and its Mobile Assessment Referral Center (MARC), the consumers received these services. These two units were staffed with A Treatment Program Specialist, A lead Community Outreach Specialist and 2 Community Outreach Specialists) were funded with this 5% of the block grant. During this reporting period, the staff tasked with this activity and funded by the 5% was for 4.0 FTE's as detailed below with the related costs.

Treatment Program Specialist 00000917  
 Lead Community Outreach Specialist 00031738 0  
 Community Outreach Specialist 00084123 0  
 Community Outreach Specialist 00086550 0

#### EXP. SUMMARY OF EIS:

Salaries \$270,195  
 Fringe \$67,549  
 TOTAL \$337,744  
 Amount charged to Block grant for EIS 337,744

TB Services: This amount represents the 5% of (3) Nurses Staff Time (\$42,520) + TB supplies (\$30,699) = \$73,219

#### SUMMARY OF ADMIN:

DBH Funded FTEs (Admin Spec., Staff Assist 1.50 FTEs.), Salaries and Benefits=\$179,575

Total Admin=\$179,575

### III: Expenditure Reports

#### SUPTRS BG Table 5a - Primary Prevention Expenditures

The state or jurisdiction must complete SUPTRS BG Table 5a. There are six primary prevention strategies typically funded by principal agencies administering the SUPTRS BG. 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	Substance Use Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective					
Information Dissemination	Indicated					
Information Dissemination	Universal	\$223,326.00		\$144,214.00		
Information Dissemination	Unspecified					
<b>Information Dissemination</b>	<b>Total</b>	<b>\$223,326.00</b>	<b>\$0.00</b>	<b>\$144,214.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective					
Education	Indicated					
Education	Universal	\$119,190.00		\$144,214.00		
Education	Unspecified					
<b>Education</b>	<b>Total</b>	<b>\$119,190.00</b>	<b>\$0.00</b>	<b>\$144,214.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective					
Alternatives	Indicated					
Alternatives	Universal	\$31,511.00		\$108,161.00		
Alternatives	Unspecified					
<b>Alternatives</b>	<b>Total</b>	<b>\$31,511.00</b>	<b>\$0.00</b>	<b>\$108,161.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective	\$13,493.00				
Problem Identification and Referral	Indicated					
Problem Identification and Referral	Universal			\$36,407.00		
Problem Identification and Referral	Unspecified					
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$13,493.00</b>	<b>\$0.00</b>	<b>\$36,407.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Community-Based Process	Selective					
Community-Based Process	Indicated					
Community-Based Process	Universal	\$840,000.00		\$182,034.00		
Community-Based Process	Unspecified					
<b>Community-Based Process</b>	<b>Total</b>	<b>\$840,000.00</b>	<b>\$0.00</b>	<b>\$182,034.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal	\$63,456.00		\$109,221.00		
Environmental	Unspecified					
<b>Environmental</b>	<b>Total</b>	<b>\$63,456.00</b>	<b>\$0.00</b>	<b>\$109,221.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 (Synar)-Tobacco	Selective					
Section 1926 (Synar)-Tobacco	Indicated	\$60,000.00				
Section 1926 (Synar)-Tobacco	Universal					
<b>Section 1926 (Synar)-Tobacco</b>	<b>Total</b>	<b>\$60,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Other	Universal Direct					
Other	Universal Indirect					
Other	Selective					
Other	Indicated					
<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>\$1,350,976.00</b>		<b>\$724,251.00</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: 06/15/2023 Expires: 06/30/2025

**Footnotes:**

### III: Expenditure Reports

**Table 5b - SUPTRS BG 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 2021 SUPTRS BG 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: 10/1/2020      Expenditure Period End Date: 9/30/2022

SUPTRS BG Award	
Prioritized Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>
Marijuana	<input checked="" 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 checked="" type="checkbox"/>
Fentanyl	<input checked="" type="checkbox"/>
Prioritized Populations	
Students in College	<input checked="" type="checkbox"/>
Military Families	<input type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>
African American	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>
Homeless	<input checked="" type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input checked="" type="checkbox"/>

Rural	<input type="checkbox"/>
Other Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**

### III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2020      Expenditure Period End Date: 9/30/2022

Activity	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated <sup>1</sup>
1. Information Systems	\$277,413.00	\$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, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$216,215.00	\$0.00	\$0.00
6. Research and Evaluation	\$0.00	\$0.00	\$0.00
7. Training and Education	\$208,745.00	\$0.00	\$0.00
<b>8. Total</b>	<b>\$702,373.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

<sup>1</sup>Integrated refers to funds both treatment and prevention portions of the SUPTRS BG for overarching activities.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**

Methodology:

QA Staff Salary = \$216,215

IT Staff Salary = \$274,413












Training and Education = \$208,745

### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

This table provides a report of the sub-recipients of SUPTRS BG 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: 10/01/2020      Expenditure Period End Date: 9/30/2022

Source of Funds Substance Use 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 SUPTRS BG 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	G <sup>1</sup> . Opioid Treatment Programs (OTPs)	H. Office-based opioid treatment (OBOTs)
	DC102046	DC102046		Ward 3	Baymark Health Services	601 Raleigh Place SE	Washington	DC	20032	\$341,581.00	\$341,581.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X		Ward 8	Bridging Resources in Community (BRIC)	3645 Veazey St., NW	Washington	DC	20008	\$248,269.00	\$0.00	\$0.00	\$248,269.00	\$0.00	\$0.00	\$0.00	\$0.00
	DC101227	DC101227		Ward 5	Clean and Sober Streets	425 2nd Street NW Suite 2-N	Washington	DC	20001	\$105,475.00	\$105,475.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	DC100864	DC100864		Ward 5	DBH-SUD	64 New York Ave NE	Washington	DC	20002	\$4,414,540.11	\$3,471,652.11	\$92,663.00	\$605,144.00	\$337,744.00	\$0.00	\$0.00	\$0.00
	DC100633	DC100633		Ward 7	Federal City Recovery	2112 F Street NW Suite 404	Washington	DC	20037	\$200,000.00	\$200,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	DC100609	DC100609		Ward 1	Latin American	1419 Columbia Road NW	Washington	DC	20009	\$189,973.00	\$0.00	\$0.00	\$189,973.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X		Ward 4	National Capitol Coalition for Underage Drinking (NCCPUD)	5335 Wisconsin Ave, NW	Washington	DC	20015	\$62,588.00	\$0.00	\$0.00	\$62,588.00	\$0.00	\$0.00	\$0.00	\$0.00
	DC101847	DC101847		Ward 4	Samaritan Inns	2523 14th Street NW	Washington	DC	20009	\$245,081.00	\$245,081.00	\$245,081.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	DC102084	DC102084		Ward 6	Sasha Bruce Outreach	741 8th Street SE	Washington	DC	20003	\$245,002.00	\$0.00	\$0.00	\$245,002.00	\$0.00	\$0.00	\$0.00	\$0.00
	DC100221	DC100221		Ward 6	United Planning Organization	301 Rhode Island Avenue NW	Washington	DC	20001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total										\$6,052,509.11	\$4,363,789.11	\$337,744.00	\$1,350,976.00	\$337,744.00	\$0.00	\$0.00	\$0.00

\* Indicates the imported record has an error.

Note: <sup>1</sup>42 CFR 8.12: Federal Opioid Treatment Standards (OTP) providers only  
0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**

### III: Expenditure Reports

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

This Maintenance of Effort table provides a description of non-federal state expenditures for authorized activities to prevent and treat substance use and provide recovery services 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. Dates given are for the FFY 2024 SUPTRS BG Report. For the FFY 2025 SUPTRS BG report, please increase each year by one. For detailed instructions, see those in BGAS.

Expenditure Period Start Date: 10/1/2022 Expenditure Period End Date: 9/30/2023

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2021) + B2(2022)</u> 2 (C)
SFY 2021 (1)	\$26,843,152.00	
SFY 2022 (2)	\$26,852,420.00	\$26,847,786.00
SFY 2023 (3)	\$26,864,220.00	

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

SFY 2021	Yes	X	No
SFY 2022	Yes	X	No
SFY 2023	Yes	No	X

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: 2/19/2024

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.

The District of Columbia's has maintained an MOE over the past subsequent years of nearly 27M. DC's MOE obligation for this reporting period is 26,864,420 in local spending for SUD related services. These expenditures are a combination of staffing costs, fixed costs, support contracts, integrated and non-direct treatment costs

Methodology:

During this reporting period, the following summary represents a breakdown how the District met its Maintenance of Effort obligation.

Breakdown:

Fixed Costs (Rent, Janitorial, Security, Energy) =\$4,522,111

Choice Funds Exp =\$11,133,064

Specialty= \$1,900,000

Administrative= \$517,820

Infrastructure support contract (ASAM) = \$59,000

Integrated = \$8,732,225

Total = \$26,864,220

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**

Number reported in this table shall be finalized once the District publishes its Comprehensive Annual Financial Report (CAFR)

### III: Expenditure Reports

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

This MOE table provides a report of state and SUBG funds expended on specialized SUD treatment services for pregnant women and women with dependent children for the state fiscal year immediately preceding the FFY for which the state is applying for funds.

Expenditure Period Start Date: 10/1/2022 Expenditure Period End Date: 9/30/2023

##### Base

Period	Total Women's Base (A)
SFY 1994	\$ 1,406,967.00

##### Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2021		\$ 1,657,455.00	
SFY 2022		\$ 1,730,817.00	
SFY 2023		\$ 1,742,220.00	<input type="radio"/> Actual <input checked="" type="radio"/> Estimated
Enter the amount the State plans to expend in SFY 2024 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)): \$ 1,406,967.00;			

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

According to SABG Women's Services MOE under 42 USC

300x-22(b) (1) and

45 C.F.R. §96.124 (c) (3)

Special Services for Pregnant Women and Women with Dependent Children

On March 31, 1993, the Department of Health and Human Services (HHS) published the Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule (45 CFR § 96.120-96.137) implementing the Title XIX, Part B, Subpart II and Subpart III of the Public Health Services (PHS) Act.. The Interim Final Rule attempts to quantify those services which were available to pregnant women and women with dependent children in FY 1992 by requiring states to establish a fiscal expenditure base for FY 1993 which is equal to the states' FY 1992 ADMS Block Grant expenditures for pregnant women and women with dependent children as described in 45 CFR § 96.124(e), and to add at least 5 percent of the FY 1993 SABG to this fiscal expenditure base. The Interim Final Rule at 45 CFR § 96.124(e) requires that five core services be provided in programs designated by the State as set-aside programs which are designed for pregnant women and women with dependent children. The women's set-aside, i.e., the requirement that States expend a percentage of their annual SABG allotment on services designed for pregnant women and women with dependent children, is applicable to FY 1993 and FY 1994 only. For FY 1995 and subsequent fiscal years, states are required to "expend for such services for such women not less than an amount equal to the amount expended by

states in fiscal year 1994.” Therefore, for FY 1995 and subsequent fiscal years, the women’s set-aside became a performance requirement that provides states with the flexibility to expend a combination of Federal and non-Federal funds to support treatment services for pregnant women and women with dependent children. States are not required to establish additional new programs or expand existing treatment capacity above the capacity developed in FY 1994.

This means the SSA must demonstrate that the state’s current SFY spending on PWWC services is at least equal to base year (SFY 1994) expenditures which is \$1, 406,967 for the District of Columbia. DC has subsequently maintained an average of around that base amount in (Local + block grant) expenditures for PWWC services. DC’s Base MOE from 1994 was \$1,406,967, which District of Columbia has always maintained.

Methodology: During this reporting period, DBH had (1) dedicated PWWC Program namely; Samaritan Inn, 1.0 Full Time Employee FTE and other PWWC services across DBH network.

Below is the Summary of their Expenditures:

Total PWWC expenditures reported were \$1,742,220 in (Local & Block grant and other funds).

Below is the Breakdown:

(1 Dedicated staff (KA) with direct oversight responsibility to support program \$113,242 (Salary + Benefits) funded by Block grant.

SUD Locally funded PWWC Treatment Services across network=\$1,149,176

Other Block grant Exp= \$479,802

TOTAL Costs for PWWC=\$1,742,220

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-29) about the primary prevention activities conducted by the entities listed on SUPTRS BG Table 7.

Expenditure Period Start Date: 10/1/2020      Expenditure Period End Date: 9/30/2022

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of People who Misuse Substances	1. Information Dissemination	
	1. Clearinghouse/information resources centers	5
	2. Resources directories	5
	3. Media campaigns	5
	4. Brochures	5
	6. Speaking engagements	5
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	5
	8. Information lines/Hot lines	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	4
	3. Peer leader/helper programs	4
	4. Education programs for youth groups	4
	3. Alternatives	
	2. Youth/adult leadership activities	4
	4. Community service activities	4
	4. Problem Identification and Referral	
	2. Student Assistance Programs	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	4
	3. Multi-agency coordination and collaboration/coalition	4
	4. Community team-building	4
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	5
	7. Other	
	1. Synar Program Merchant Education and Youth Training	

**Footnotes:**

## IV: Population and Services Reports

**Table 10a – 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: 7/1/2022 Expenditure Period End Date: 6/30/2023

Level of Care	SUPTRS BG Number of Admissions > Number of Persons Served		COVID-19 Number of Admissions > Number of Persons Served <sup>1</sup>		ARP Number of Admissions > Number of Persons Served <sup>2</sup>		SUPTRS BG Service Costs			COVID-19 Costs <sup>1</sup>			ARP Costs <sup>2</sup>		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (C)	Number of Persons Served (D)	Number of Admissions (E)	Number of Persons Served (F)	Mean (G)	Median (H)	Standard Deviation (I)	Mean Cost (J)	Median Cost (K)	Standard Deviation (L)	Mean Cost (M)	Median Cost (N)	Standard Deviation (O)
<b>DETOXIFICATION (24-HOUR CARE)</b>															
1. Hospital Inpatient	17	14													
2. Free-Standing Residential	514	514													
<b>REHABILITATION/RESIDENTIAL</b>															
3. Hospital Inpatient	0	0													
4. Short-term (up to 30 days)	1,023	1,022													
5. Long-term (over 30 days)	222	221													
<b>AMBULATORY (OUTPATIENT)</b>															
6. Outpatient	736	732													
7. Intensive Outpatient	462	460													
8. Detoxification	0	0													
<b>OPIOD MEDICATION ASSISTED TREATMENT</b>															
9. MOUD Medication-Assisted Detoxification	181	176													
10. MOUD Medication-Assisted Treatment Outpatient	0	0													

Please explain why Column A (SUPTRS BG and COVID-19 Number of Admissions) are less than Column B (SUPTRS BG 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” SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current NoA Terms and Conditions.

<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/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

<sup>3</sup> In FY 2020 SAMHSA modified the “Level of Care” (LOC) and “Type of Treatment Service/Setting” to “Medication-Assisted Treatment” and “Medication- Assisted Treatment,” respectively. In prior SUPTRS BG Reports, the LOC was entitled “Opioid Replacement Therapy” and the Type of Treatment Service/Setting included “Opioid Replacement Therapy,” Row 9 and “ORT Outpatient,” Row 10. The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 10 to the data submitted in prior Reports is not possible. In the current and future SUPTRS BG Reports, the LOC is “MOUD & Medication Assisted Treatment” and the Types of Treatment Service/Setting will include “MOUD Medication-Assisted Treatment Detoxification,” Row 9 and “MOUD & Medication Assisted Treatment Outpatient,” Row 10. MOUD & Medication-Assisted Treatment Withdrawal Management includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. MOUD & Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

### Footnotes:

## IV: Population and Services Reports

**Table 10b – Number of Persons Served (Unduplicated Count) Who Received Recovery Supports**

This table provides an aggregate profile of the unduplicated persons that received recovery support services funded through the SUPTRS BG by age and gender identity.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

	Age 0-5 <sup>1</sup>							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	1	3	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

<sup>1</sup>Age category 0-5 years is not applicable.

	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	22	31	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	18	12	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	1	5	0	0	0	0	0	0	1	0	0	0	0	0

	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	14	18	0	0	0	0	0	237	315	0	0	0	0	0
Peer-Led Support Group	8	9	0	0	0	0	0	129	168	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	8	1	0	0	0	0	0	10	28	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	308	700	0	0	0	0	0	48	119	0	0	0	0	0
Peer-Led Support Group	169	297	0	0	0	0	0	12	37	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	4	27	0	0	0	0	0	0	3	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	10	3	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	1	2	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
Peer-to-Peer Support Individual	640	1,189	0	0	0	0	0	
Peer-Led Support Group	338	525	0	0	0	0	0	
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	
Recovery Housing	22	59	0	0	0	0	0	
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	
Recovery Support Service Transportation	0	0	0	0	0	0	0	
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	

Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	1	6	0	0	0	0	0
Comments on Data (Age):	DBH Program area collected data by age breakdowns that were different from how SAMHSA collects and so some of the data is skewed. DBH age breakdowns were as follows: Age 6 - 12 Age 13 - 20 Age 21 - 24						
Comments on Data (Gender):							
Comments on Data (Overall):	DBH RSS Program area collects Recovery Support collects different data from what was asked this FY. DBH collected the following information: Recovery Support Service, Individual, Recovery Support Telehealth Service, Recovery Support Audio-only Service, Recovery Support Peer Group, Recovery Support Collateral, Recovery Support - HIV, Environmental Security Housing. For the purposes of this table Individual, telehealth support and audio-only services were all combined by numbers. Environmental Security Housing and Recovery housing were also listed as						

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**  
see comments

## 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 and persons for services funded through the SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

#### SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

	Total								American Indian or Alaska Native						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	52	58	0	0	0	0	0	110	0	0	0	0	0	0	0
18-20 years	96	172	0	0	0	0	0	268	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	1,022	1,842	0	0	0	0	3	2,867	0	9	0	0	0	0	0
45-64 years	1,474	2,852	0	0	0	0	6	4,332	5	11	0	0	0	0	0
65-74 years	362	1,076	0	0	0	0	8	1,446	0	4	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	3,006	6,000	0	0	0	0	17	9,023	5	24	0	0	0	0	0
Pregnant Women	182								1						
Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period		1288													
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10		142													

Are the values reported in this table generated from a client-based system with unique identifiers?

☒ Yes ☐ No

Comments on Data (Race)	
Comments on Data (Gender)	
Comments on Data (Overall)	

<sup>1</sup> Age category 0-5 years is not applicable.

#### SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0

6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	14	23	0	0	0	0	0
18-20 years	1	0	0	0	0	0	0	30	50	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	1	5	0	0	0	0	0	387	596	0	0	0	0	0
45-64 years	6	5	0	0	0	0	0	617	1,156	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	146	457	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,194</b>	<b>2,282</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	0							73						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	1	1	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	4	6	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	34	55	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	32	55	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	9	15	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>132</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	0							7						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	11	5	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	7	10	0	0	0	0	0	6	20	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	51	82	0	0	0	0	0	38	174	0	0	0	0	0
45-64 years	64	100	0	0	0	0	1	14	99	0	0	0	0	2
65-74 years	22	51	0	0	0	0	3	4	11	0	0	0	0	0

75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>155</b>	<b>248</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>62</b>	<b>304</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Pregnant Women</b>	10							0						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	9	7	0	0	0	0	0	15	20	0	0	0	0	0
18-20 years	7	14	0	0	0	0	0	33	48	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	63	96	0	0	0	0	0	407	629	0	0	0	0	3
45-64 years	86	117	0	0	0	0	1	619	1,177	0	0	0	0	0
65-74 years	26	62	0	0	0	0	3	150	453	0	0	0	0	2
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>191</b>	<b>296</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>1,224</b>	<b>2,327</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
<b>Pregnant Women</b>	7							78						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	2	2	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	8	24	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	41	196	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	31	132	0	0	0	0	2	0	0	0	0	0	0	0
65-74 years	5	23	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>87</b>	<b>377</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	6							0						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use<sup>1</sup>

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded under COVID-19 Relief Supplemental Funding.

<b>Total</b>	<b>American Indian or Alaska Native</b>
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	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years <sup>2</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	1	1	0	0	0	0	0	2	0	0	0	0	0	0	0
21-24 years	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0
25-44 years	1	2	0	0	0	0	0	3	0	0	0	0	0	0	0
45-64 years	1	1	0	0	0	0	0	2	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	<b>0</b>								0						

<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" SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current NoA Terms and Conditions.

<sup>2</sup>Age category 0-5 years is not applicable.

Comments on Data (Race)

Comments on Data (Gender)

Comments on Data (Overall)

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	1	2	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	<b>0</b>							0						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>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>Pregnant Women</b>	0							0						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>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>Pregnant Women</b>	0							0						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0

18-20 years	1	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	1	1	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>1</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>Pregnant Women</b>	0							0						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	1	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	1	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>2</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>Pregnant Women</b>	0							0						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11c - Sexual Orientation Unduplicated Count of Persons Served for Alcohol and Other Drugs

Sexual Orientation									
A. Age	B. Straight or Heterosexual	C. Homosexual (Gay or Lesbian)	D. Bisexual	E. Queer	F. Pansexual	G. Questioning	H. Asexual	I. Other	J. Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0
13-17 years	52	0	0	0	0	0	0	0	0
18-20 years	0	1	1	0	0	0	0	1	14
21-24 years	152	0	0	0	0	0	0	0	0
25-44 years	1,356	11	10	0	0	3	0	6	123
45-64 years	1,987	6	14	0	0	54	0	2	45
65-74 years	636	0	6	0	0	24	0	0	9
75+ years	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>4,183</b>	<b>18</b>	<b>31</b>	<b>0</b>	<b>0</b>	<b>81</b>	<b>0</b>	<b>9</b>	<b>191</b>

**Footnotes:**

## IV: Population and Services Reports

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

Expenditure Period Start Date: 7/1/2022      Expenditure Period End Date: 6/30/2023

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of EIS/HIV projects among SUPTRS BG sub-recipients in the state	Statewide: <u>1</u>	Rural: <u>0</u>
2. Total number of individuals tested through SUPTRS BG sub-recipient EIS/HIV projects:	47	
3. Total number of HIV tests conducted with SUPTRS BG EIS/HIV funds:	47	
4. Total number of tests that were positive for HIV	0	
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection	47	
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period	0	
7. Total number of persons at risk for HIV/AIDS referred for PrEP services?	47	
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

### Footnotes:

## IV: Population and Services Reports

### Table 13 - Charitable Choice – Required

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 use disorder 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: 7/1/2022      Expenditure Period End Date: 6/30/2023

#### 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 use disorder 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.**

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**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]	81	81
Total number of clients with non-missing values on employment/student status [denominator]	767	767
Percent of clients employed or student (full-time and part-time)	10.6 %	10.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		1,065
Number of CY 2022 discharges submitted:		974
Number of CY 2022 discharges linked to an admission:		841
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		775
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		767

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	13	15
Total number of clients with non-missing values on employment/student status [denominator]	187	187
Percent of clients employed or student (full-time and part-time)	7.0 %	8.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		163
Number of CY 2022 discharges submitted:		264
Number of CY 2022 discharges linked to an admission:		223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		188

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	187
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

## 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]	85	100
Total number of clients with non-missing values on employment/student status [denominator]	396	396
Percent of clients employed or student (full-time and part-time)	21.5 %	25.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		409
Number of CY 2022 discharges submitted:		636
Number of CY 2022 discharges linked to an admission:		450
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		406
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		396

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

## 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]	59	59
Total number of clients with non-missing values on employment/student status [denominator]	271	271
Percent of clients employed or student (full-time and part-time)	21.8 %	21.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		306
Number of CY 2022 discharges submitted:		362
Number of CY 2022 discharges linked to an admission:		321
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		274

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	271
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**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]	314	315
Total number of clients with non-missing values on living arrangements [denominator]	767	767
Percent of clients in stable living situation	40.9 %	41.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		1,065
Number of CY 2022 discharges submitted:		974
Number of CY 2022 discharges linked to an admission:		841
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		775
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		767

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### 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]	42	44
Total number of clients with non-missing values on living arrangements [denominator]	186	186
Percent of clients in stable living situation	22.6 %	23.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		163
Number of CY 2022 discharges submitted:		264
Number of CY 2022 discharges linked to an admission:		223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		188
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		186

## 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]	307	321
Total number of clients with non-missing values on living arrangements [denominator]	400	400
Percent of clients in stable living situation	76.8 %	80.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		409
Number of CY 2022 discharges submitted:		636
Number of CY 2022 discharges linked to an admission:		450
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		406
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		400

## 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]	179	179
Total number of clients with non-missing values on living arrangements [denominator]	270	270
Percent of clients in stable living situation	66.3 %	66.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		306
Number of CY 2022 discharges submitted:		362
Number of CY 2022 discharges linked to an admission:		321
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		274
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		270

**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]	739	775
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	775	775
Percent of clients without arrests	95.4 %	100.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		1,065
Number of CY 2022 discharges submitted:		974
Number of CY 2022 discharges linked to an admission:		841
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		775
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		775

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### 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]	185	188
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	188	188
Percent of clients without arrests	98.4 %	100.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		163
Number of CY 2022 discharges submitted:		264
Number of CY 2022 discharges linked to an admission:		223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		188

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	188
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

## 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]	396	408
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	409	409
Percent of clients without arrests	96.8 %	99.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		409
Number of CY 2022 discharges submitted:		636
Number of CY 2022 discharges linked to an admission:		450
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		409
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		409

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

## 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]	271	276
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	281	281
Percent of clients without arrests	96.4 %	98.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		306
Number of CY 2022 discharges submitted:		362
Number of CY 2022 discharges linked to an admission:		321
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		281

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	281
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**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]	370	577
All clients with non-missing values on at least one substance/frequency of use [denominator]	771	771
Percent of clients abstinent from alcohol	48.0 %	74.8 %

#### 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]		213
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	401	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		53.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		364
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	370	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.4 %

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

Number of CY 2022 admissions submitted:	1,065
Number of CY 2022 discharges submitted:	974
Number of CY 2022 discharges linked to an admission:	841
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	775
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	771

## 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]	133	141
All clients with non-missing values on at least one substance/frequency of use [denominator]	187	187
Percent of clients abstinent from alcohol	71.1 %	75.4 %

### 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]		27
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	54	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		50.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		114
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	133	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		85.7 %

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

Number of CY 2022 admissions submitted:	163
Number of CY 2022 discharges submitted:	264
Number of CY 2022 discharges linked to an admission:	223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	188
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	187

## Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	296	333
All clients with non-missing values on at least one substance/frequency of use [denominator]	403	403
Percent of clients abstinent from alcohol	73.4 %	82.6 %

**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]		63
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	107	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		58.9 %

**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]		270
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	296	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.2 %

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

Number of CY 2022 admissions submitted:	409
Number of CY 2022 discharges submitted:	636
Number of CY 2022 discharges linked to an admission:	450
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	409
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	403

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 5/1/2023]

**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]	148	208
All clients with non-missing values on at least one substance/frequency of use [denominator]	267	267
Percent of clients abstinent from alcohol	55.4 %	77.9 %

#### 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]		72
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	119	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		60.5 %

#### 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]		136
Number of clients abstinent from 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 abstinent from alcohol at admission [#T2 / #T1 x 100]		91.9 %

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

Number of CY 2022 admissions submitted:	306
Number of CY 2022 discharges submitted:	362
Number of CY 2022 discharges linked to an admission:	321
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	281
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	267

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

#### 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]	135	369
All clients with non-missing values on at least one substance/frequency of use [denominator]	771	771
Percent of clients abstinent from drugs	17.5 %	47.9 %

#### 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]		250
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	636	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		39.3 %

#### 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]		119
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	135	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		88.1 %

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

Number of CY 2022 admissions submitted:	1,065
Number of CY 2022 discharges submitted:	974
Number of CY 2022 discharges linked to an admission:	841
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	775
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	771

## 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]	95	115
All clients with non-missing values on at least one substance/frequency of use [denominator]	187	187
Percent of clients abstinent from drugs	50.8 %	61.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		46
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	92	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		50.0 %

### 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]		69
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	95	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		72.6 %

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

Number of CY 2022 admissions submitted:	163
Number of CY 2022 discharges submitted:	264
Number of CY 2022 discharges linked to an admission:	223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	188
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	187

## 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]	127	209
All clients with non-missing values on at least one substance/frequency of use [denominator]	403	403
Percent of clients abstinent from drugs	31.5 %	51.9 %

**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]		112
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	276	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		40.6 %

**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]		97
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	127	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.4 %

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

Number of CY 2022 admissions submitted:	409
Number of CY 2022 discharges submitted:	636
Number of CY 2022 discharges linked to an admission:	450
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	409
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	403

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 5/1/2023]

**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]	102	157
All clients with non-missing values on at least one substance/frequency of use [denominator]	267	267
Percent of clients abstinent from drugs	38.2 %	58.8 %

## 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]		80
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	165	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		48.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		77
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	102	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		75.5 %

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

Number of CY 2022 admissions submitted:	306
Number of CY 2022 discharges submitted:	362
Number of CY 2022 discharges linked to an admission:	321
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	281
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	267

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

### Footnotes:

## V: Performance Data and Outcomes

**Table 19 – State Description of Social Support of Recovery Data Collection**

### 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]	35	261
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	366	366
Percent of clients participating in self-help groups	9.6 %	71.3 %
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]	61.7 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:	1,065	
Number of CY 2022 discharges submitted:	974	
Number of CY 2022 discharges linked to an admission:	841	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	775	
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	366	

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### 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]	36	110
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	142	142
Percent of clients participating in self-help groups	25.4 %	77.5 %
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]	52.1 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:	163	
Number of CY 2022 discharges submitted:	264	

Number of CY 2022 discharges linked to an admission:	223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	188
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	142

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

## 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]	25	18
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	171	171
Percent of clients participating in self-help groups	14.6 %	10.5 %
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]	-4.1 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:	409	
Number of CY 2022 discharges submitted:	636	
Number of CY 2022 discharges linked to an admission:	450	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	409	
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	171	

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

## 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]	25	38
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	115	115
Percent of clients participating in self-help groups	21.7 %	33.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	11.3 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:	306	

Number of CY 2022 discharges submitted:	362
Number of CY 2022 discharges linked to an admission:	321
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	281
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	115

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**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	90	4	5	7
2. Free-Standing Residential	24	3	4	5
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	29	8	27	32
5. Long-term (over 30 days)	74	42	83	91
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	195	46	125	252
7. Intensive Outpatient	143	40	71	157
8. Detoxification	0	0	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification <sup>1</sup>	7	3	5	6
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	155	36	136	170

Level of Care	2022 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	18	17
2. Free-Standing Residential	222	182
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	974	841

5. Long-term (over 30 days)	264	223
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	636	414
7. Intensive Outpatient	362	321
8. Detoxification	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification <sup>1</sup>		8
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>		36

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

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

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

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**

## V: Performance Data and Outcomes

**Table 21 – Substance Use Disorder Primary 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. Approved Substitute Data
1. 30-day Alcohol Use	<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.]" <b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. 30-day Cigarette Use	<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.]" <b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
3. 30-day Use of Other Tobacco Products	<b>Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] <sup>[1]</sup> ?[Response option: Write in a number between 0 and 30.]" <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).		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
4. 30-day Use of Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]" <b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
5. 30-day Use of Illicit Drugs Other Than Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illicit drug]? <sup>[2]</sup> " <b>Outcome Reported:</b> Percent who reported having used illicit 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).		
	Age 12 - 17 - CY 2020 - 2021		

[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 illicit drug. The number provided combines responses to all questions about illicit drugs other than marijuana or hashish.

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**Table 22 – Substance Use Disorder Primary 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. Approved Substitute Data
1. Perception of Risk From Alcohol	<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.		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. Perception of Risk From Cigarettes	<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.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
3. Perception of Risk From Marijuana	<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.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

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**Table 23 – Substance Use Disorder Primary 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. Approved Substitute Data
1. Age at First Use of Alcohol	<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.]" <b>Outcome Reported:</b> Average age at first use of alcohol.		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. Age at First Use of Cigarettes	<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.]" <b>Outcome Reported:</b> Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
3. Age at First Use of Tobacco Products Other Than Cigarettes	<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.]" <b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
4. Age at First Use of Marijuana or Hashish	<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.]" <b>Outcome Reported:</b> Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
5. Age at First Use Heroin	<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.]" <b>Outcome Reported:</b> Average age at first use of heroin.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<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.]" <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.		

	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.  
[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.  
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**Table 24 – Substance Use Disorder Primary 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. Approved Substitute Data
1. Disapproval of Cigarettes	<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]" <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2020 - 2021		
2. Perception of Peer Disapproval of Cigarettes	<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]" <b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2020 - 2021		
3. Disapproval of Using Marijuana Experimentally	<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]" <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2020 - 2021		
4. Disapproval of Using Marijuana Regularly	<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]" <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2020 - 2021		
5. Disapproval of Alcohol	<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]" <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2020 - 2021		

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Table 25 – Substance 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. Approved Substitute Data
Perception of Workplace Policy	<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]" <b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

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Table 26 – Substance Use Disorder Primary 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. Approved Substitute Data
Average Daily School Attendance Rate	<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> . <b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2020		

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	<b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System <b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2021		

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol- and Drug-Related Arrests	<b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports <b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2021		

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	<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] <b>Outcome Reported:</b> Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2020 - 2021		
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<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?" <sup>[1]</sup> [Response options: 0 times, 1 to 2 times, a few times, many times] <b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2020 - 2021		

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

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Table 30 – Substance Use Disorder Primary 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. Approved Substitute Data
Exposure to Prevention Messages	<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> ?" <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2020 - 2021		

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context  
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### Reporting Period Start and End Dates for Information Reported on SUPTRS BG 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 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2021	12/31/2021
2. Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2021	12/31/2021
3. Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2021	12/31/2021
4. Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention	1/1/2021	12/31/2021
5. Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies	10/1/2020	9/30/2022

### 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).

Monthly programmatic progress reports from sub-grantees are how data are collected.

**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.

Data is captured as self-reported by participants.

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

Category	Total
<b>A. Age</b>	<b>329</b>
0-5	0
6-12	6
13-17	30
18-20	111
21-24	20
25-44	12
45-64	60
65-74	43
75 and Over	13
Age Not Known	34
<b>B. Gender</b>	<b>329</b>
Male	113
Female	183
Trans man	0
Trans woman	0
Gender non-conforming	0
Other	33
<b>C. Race</b>	<b>329</b>
White	12
Black or African American	255
Native Hawaiian/Other Pacific Islander	0

Asian	9
American Indian/Alaska Native	0
More Than One Race (not OMB required)	0
Race Not Known or Other (not OMB required)	53
<b>D. Ethnicity</b>	<b>329</b>
Hispanic or Latino	15
Not Hispanic or Latino	229
Ethnicity Unknown	85

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

Category	Total
<b>A. Age</b>	<b>11511</b>
0-5	8
6-12	301
13-17	443
18-20	736
21-24	347
25-44	313
45-64	1318
65-74	948
75 and Over	554
Age Not Known	6543
<b>B. Gender</b>	<b>11511</b>
Male	2229
Female	2391
Trans man	0
Trans woman	0
Gender non-conforming	0
Other	6891
<b>C. Race</b>	<b>11511</b>
White	241
Black or African American	4137
Native Hawaiian/Other Pacific Islander	0

Asian	21
American Indian/Alaska Native	0
More Than One Race (not OMB required)	0
Race Not Known or Other (not OMB required)	7112
<b>D. Ethnicity</b>	<b>11511</b>
Hispanic or Latino	205
Not Hispanic or Latino	4398
Ethnicity Unknown	6908

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Table 33 (Optional) – Substance Use Disorder Primary 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
5. Total	0	\$0.00
Number of Persons Served <sup>1</sup>	329	11,511

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**Table 34 – Substance Use Disorder Primary Prevention Number of 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.

In the identification and selection of evidence based programs and strategies, the District used the aforementioned guidelines to determine whether or not the criteria was met.

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

The District used monthly programmatic reports from it's sub-grantees that were into the Data Infrastructure and Reporting System (DIRS) to determine the number of programs and strategies.

Table 34 - SUBSTANCE USE DISORDER PRIMARY PREVENTION **Number of Evidence-Based Programs and Strategies by Type of Intervention**

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	0	0	0	0	0	0
2. Total number of Programs and Strategies Funded	0	0	0	0	0	0
3. Percent of Evidence-Based Programs and Strategies						

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

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total Substance Use Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 0	\$0.00
Universal Indirect	Total # 0	\$0.00
Selective	Total # 0	\$0.00
Indicated	Total # 0	\$0.00
Unspecified	Total # 0	\$0.00
	Total EBPs: 0	Total Dollars Spent: \$0.00

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Prevention Attachments

Submission Uploads

FFY 2024 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category D:		
File	Version	Date Added

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