

# North Dakota

## UNIFORM APPLICATION

FY 2025 SUPTRS Block Grant Report

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025  
(generated on 12/02/2024 12.42.00 PM)

Center for Substance Abuse Prevention  
Division of Primary Prevention

Center for Substance Abuse Treatment  
Division of State and Community Systems (DSCS)

# I: State Information

## State Information

### I. State Agency for the Block Grant

Agency Name North Dakota Department of Health & Human Services  
Organizational Unit Behavioral Health Division  
Mailing Address 600 E Boulevard Ave  
City Bismarck  
Zip Code 58505

### II. Contact Person for the Block Grant

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### III. Expenditure Period

#### State Expenditure Period

From 7/1/2023  
To 6/30/2024

#### Block Grant Expenditure Period

From 10/1/2021  
To 9/30/2023

### IV. Date Submitted

Submission Date 12/2/2024 12:37:46 PM  
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### V. Contact Person Responsible for Report Submission

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**Footnotes:**

## II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

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

**Goal of the priority area:**

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

**Objective:**

Decrease adult binge drinking, underage drinking, and suicide.

**Strategies to attain the goal:**

Fund North Dakota communities to follow the Strategic Prevention Framework model and implement evidence-based strategies; Provide support for North Dakota communities to follow the Strategic Prevention Framework model and implement evidence-based strategies.

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

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Decreased past month binge drinking rates among adults  
**Baseline Measurement:** Ages 18-25: 41.08%. Ages 26+: 25.99% (2021 NSDUH)  
**First-year target/outcome measurement:** Increase statewide media efforts with the Speak Volumes media campaign.  
**Second-year target/outcome measurement:** 2% decrease for ages 18-25 and 1% decrease for ages 26+  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

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

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

**Description of Data:**

Quantitative

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

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

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):

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Indicator #: 2

Indicator: Decreased past month alcohol use among ND high school students

Baseline Measurement: 23.7 % of ND high school students reported alcohol use in the past 30 days (2021 YRBS)

First-year target/outcome measurement: Implement Kognito education module relating to substance use prevention within grades 6-12.

Second-year target/outcome measurement: A 2% decrease in past 30 day alcohol use among ND high school students.

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

Data Source:

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

New Data Source(if needed):

Description of Data:

Quantitative

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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):

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Indicator #: 3

Indicator: Increasing availability of early intervention services for individuals with a marijuana related offense

Baseline Measurement: Increase the number of instructors for marijuana education

First-year target/outcome measurement: Develop a certification of evidence based marijuana education providers

Second-year target/outcome measurement: Have at least 1 certified provider in each of the 8 regions

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

Data Source:

ND Administrative Code, BHD

New Data Source(if needed):

**Description of Data:**

Quantitative

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

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

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:**

Due to ASAM 4th edition updates, the State is in the process of updating administrative rules in a more comprehensive manner which has delayed the update for the marijuana early intervention certification.

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

**Indicator #:** 4

**Indicator:** Suicide Fatality Review Commission

**Baseline Measurement:** No statewide suicide fatality review commission

**First-year target/outcome measurement:** Establish the membership and processes and procedures for the statewide suicide fatality review commission

**Second-year target/outcome measurement:** Implement the processes and procedures and develop recommendations

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

**Data Source:**

Behavioral Health Division, Suicide Fatality Review Commission

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

**Description of Data:**

Quantitative and Qualitative

**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):**

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

**Goal of the priority area:**

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

**Objective:**

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

**Strategies to attain the goal:**

Increase services through education systems, CCBHC, crisis and system of care for children development.

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

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Expand behavioral health services and supports in K-12 schools  
**Baseline Measurement:** Limited behavioral health services and supports integrated with K-12 schools.  
**First-year target/outcome measurement:** Increase number of schools utilizing funding programs with the Behavioral Health Division.  
**Second-year target/outcome measurement:** Increase number of students served.  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Behavioral Health Division, Contract Management and reports

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

**Description of Data:**

Quantitative and Qualitative

**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):**



**Indicator #:** 2

**Indicator:** Enhance Statewide Crisis Services

**Baseline Measurement:** Mobile crisis services are limited to 45 mile radius of regional community clinics. Limited target efforts for specific populations.

**First-year target/outcome measurement:** Build capacity of behavioral health providers to respond to crises by providing training.

**Second-year target/outcome measurement:** Partner with rural law enforcement to enhance their ability to effectively respond to adult and youth behavioral health crises.

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

**Data Source:**

Behavioral Health Division, training documentation, contract management

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



**Description of Data:**

Quantitative and Qualitative

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



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

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):**



**Indicator #:** 3

**Indicator:** Expand awareness of and access to Early Episode Psychosis Programming

**Baseline Measurement:** Increase awareness of First Episode Psychosis programs in the state and gather data of need in underserved areas.

**First-year target/outcome measurement:** Contract to provide outreach and education of First Episode Psychosis programs in the state

**Second-year target/outcome measurement:** Complete full fidelity review to ensure best practice of Coordinated Specialty Care model.

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

**Data Source:**

Program monthly reports, fidelity review and additional data as requested.

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



**Description of Data:**



Self-report by organizations: qualitative and quantitative

**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):**

**Indicator #:**

4

**Indicator:**

Build capacity to certify Certified Community Behavioral Health Clinics (CCBHC)

**Baseline Measurement:**

No CCBHC clinics in North Dakota

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

Develop a CCBHC certification process and guidelines

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

Certify one CCBHC

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

**Data Source:**

Behavioral Health Division

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

**Description of Data:**

Quantitative and Qualitative

**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:**

The State is drafting certification guidelines and requesting authority through the 2025 ND Legislative Session.

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

**Indicator #:**

5

**Indicator:** Enhance system of care for children with a serious emotional disturbance  
**Baseline Measurement:** Limited infrastructure and service providers for children's behavioral health services.  
**First-year target/outcome measurement:** Enter into contract with behavioral health provider to provide day treatment  
**Second-year target/outcome measurement:** Enhance parent and youth peer support services  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

NOMS and Human Service Center data

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

**Description of Data:**

Qualitative and Quantitative

**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):**

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

**Goal of the priority area:**

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

**Objective:**

Increase implementation of person-centered strategies and efforts.

**Strategies to attain the goal:**

Implement culturally-relevant services and supports for specific populations.

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

(if needed)

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Expand awareness of American Indian culture among behavioral health providers

**Baseline Measurement:** Limited understanding of unique behavioral health needs of the American Indian population.

**First-year target/outcome measurement:** Facilitate listening sessions across North Dakota with tribal entities to identify strengths, needs, and opportunities.

**Second-year target/outcome measurement:** Develop and implement a training for behavioral health service providers to increase knowledge of American Indian culture

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

**Data Source:**

Behavioral Health Division, contract management and meeting and training records

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

**Description of Data:**

Quantitative and Qualitative

**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):**

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**Indicator #:** 2

**Indicator:** Expand awareness of behavioral health in aging services providers

**Baseline Measurement:** Adult and aging community providers have limited behavioral health needs of individuals who are aging and/or struggling with dementia including Alzheimer's Disease.

**First-year target/outcome measurement:** Identify and develop training specific for behavioral health needs of the aging population.

**Second-year target/outcome measurement:** Develop and implement a training plan for providers

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

**Data Source:**

Behavioral Health Division, contract management

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

**Description of Data:**

Quantitative and Qualitative

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

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

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):**

**Indicator #:** 3

**Indicator:** Expand access to behavioral health services for high risk professionals (i.e. Veterans, Law Enforcement, First Responders)

**Baseline Measurement:** Increase the number of behavioral health providers with population specific expertise in serving high risk populations.

**First-year target/outcome measurement:** Train providers in Critical Incident Stress Management Training (CISM) and Accelerated Resollution Therapy (ART) best practices.

**Second-year target/outcome measurement:** Increase number of providers serving high risk populations within local communities.

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

**Data Source:**

Behavioral Health Division, contract management

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

**Description of Data:**

Quantitative and Qualitative

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

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

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):**

**Indicator #:** 4

**Indicator:** Expand culturally-relevant mental health services to North Dakota tribal areas and New American, foreign born immigrant (NFI) and refugee populations.

**Baseline Measurement:** Limited cultural knowledge in serving NFI / refugee community among behavioral health

providers

**First-year target/outcome measurement:** Identify and develop training specific for behavioral health needs of the NFI / refugee populations.

**Second-year target/outcome measurement:** Develop and implement a training plan for providers

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

**Data Source:**

Behavioral Health Division, contract management

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

**Description of Data:**

Quantitative and Qualitative

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

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

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):**

**Priority #:** 4

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

**Priority Type:**

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

**Goal of the priority area:**

Ensure quality services are available for individuals with a substance use disorder.

**Objective:**

Increase targeted services across North Dakota for individuals with a behavioral health diagnosis.

**Strategies to attain the goal:**

Implement efforts to increase evidence-based practices for women and women with dependent children, expand withdrawal management and awareness of residential treatment services.

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

*(if needed)*

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Increased implementation of evidence-based practices among behavioral health and

healthcare providers serving pregnant women and women with dependent children.

**Baseline Measurement:**

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

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

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

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

Serve at least 25 pregnant women and women with dependent children in a residential program.

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

**Data Source:**

Behavioral Health Division, Contract Management

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

**Description of Data:**

Quantitative and Qualitative

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

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

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):**

**Indicator #:**

2

**Indicator:**

Withdrawal management

**Baseline Measurement:**

Limited withdrawal management service systems in communities in the state.

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

Identify communities needing assistance with development of withdrawal management strategic plans and withdrawal management services.

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

Provide communities with training & technical assistance in developing withdrawal management strategic plans and increase withdrawal management services.

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

**Data Source:**

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

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

**Description of Data:**

Quantitative

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

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

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):**

**Indicator #:** 3

**Indicator:** Expand awareness of and access to residential treatment services

**Baseline Measurement:** Currently limited ability for individuals and providers to know availability of treatment services across the state.

**First-year target/outcome measurement:** Identify a process for implementing a bed-management system in North Dakota

**Second-year target/outcome measurement:** Implement a bed-management system

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

**Data Source:**

Behavioral Health Division, contract management

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

**Description of Data:**

Quantitative and Qualitative

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

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

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):**

**Priority #:** 5

**Priority Area:** Workforce

**Priority Type:** MHS, ESMI, BHCS

**Population(s):** SMI, SED, ESMI, BHCS, PWWDC, PP, PWID, TB

**Goal of the priority area:**

Ensure a competent and trained behavioral health workforce to meet the behavioral health needs of North Dakotans

**Objective:**

Improve the behavioral health workforce.

**Strategies to attain the goal:**

Implement efforts to increase substance use primary prevention workforce, peer support service and developing a single entity responsible for supporting behavioral health workforce implementation.

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

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Increase the infrastructure of the Substance Use Primary Prevention workforce in the State

**Baseline Measurement:** Number of individuals who complete a substance use prevention training and individuals who participate in a substance use prevention internship

**First-year target/outcome measurement:** Collaborate with a vendor to develop community level capacity assessments.

**Second-year target/outcome measurement:** Implementation of capacity building activities among new and existing community prevention workforce.

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

**Data Source:**

Behavioral Health Division, Contract Management

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

**Description of Data:**

Quantitative

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

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

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):**

**Indicator #:** 2



**Indicator:** Expand peer support services

**Baseline Measurement:** There is no specific training available in North Dakota for family peer support and culturally relevant peer support services

**First-year target/outcome measurement:** Determine specific training for family peer support and culturally relevant peer support

**Second-year target/outcome measurement:** Deliver peer support training tracks specific to culturally relevant peer support services and family peer support services.

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

**Data Source:**

Behavioral Health Division, Contract Management

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

**Description of Data:**

Quantitative

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

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

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):**

**Indicator #:** 3

**Indicator:** Designate a single entity responsible for supporting behavioral health workforce implementation

**Baseline Measurement:** No current single entity responsible for supporting behavioral health workforce implementation and current capacity is not sufficient to address needs.

**First-year target/outcome measurement:** Develop specifications for a single entity responsible for supporting behavioral health workforce implementation

**Second-year target/outcome measurement:** Develop and implement strategic plan to engage in targeted efforts to recruit and retain behavioral health workforce

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

**Data Source:**

Behavioral Health Division, contract management

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

**Description of Data:**

Quantitative and Qualitative

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

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

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)*:**

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

**Footnotes:**

**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>	\$4,806,177.00		\$0.00	\$2,081,748.00	\$9,399,300.00	\$0.00	\$0.00	\$1,726,222.00	\$148,235.00
a. Pregnant Women and Women with Dependent Children	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b. Recovery Support Services	\$259,168.00		\$0.00	\$0.00	\$932,926.00	\$0.00	\$0.00	\$0.00	\$0.00
c. All Other	\$4,547,009.00		\$0.00	\$2,081,748.00	\$8,466,374.00	\$0.00	\$0.00	\$1,726,222.00	\$148,235.00
2. Substance Use Disorder Primary Prevention	\$2,166,455.00		\$0.00	\$2,483,826.00	\$25,529.00	\$0.00	\$0.00	\$2,190,925.00	\$0.00
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>4</sup>	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	\$124,316.00		\$0.00	\$0.00	\$772,691.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>11. Total</b>	<b>\$7,096,948.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$4,565,574.00</b>	<b>\$10,197,520.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3,917,147.00</b>	<b>\$148,235.00</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 **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** 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

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**Footnotes:**

### III: Expenditure Reports

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

Expenditure Start Date: 10/01/2021 Expenditure End Date: 09/30/2023

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
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 **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** 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 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.

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**Footnotes:**

### III: Expenditure Reports

**Table 3b - Syringe Services Program**

Expenditure Start Date: 10/1/2021 Expenditure End Date: 9/30/2023

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 **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** 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.

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**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. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 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.

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**Footnotes:**

### III: Expenditure Reports

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

This table is for the reporting of expenditures by category for the SUPTRS BG FY 2022 Award. States should complete this table and demonstrate compliance with SUPTRS BG statute and regulations during the two-year expenditure period for which the state was awarded. These include a minimum expenditure of no less than 20 percent for primary prevention, a capitation of 5 percent in SSA administration of the SUPTRS BG, and a required 5 percent for EIS/HIV in designated states during the award period. For detailed instructions, refer to those in WebBGAS.

Expenditure Period Start Date: 10/1/2021      Expenditure Period End Date: 9/30/2023

Expenditure Category	FY 2022 SA Block Grant Award
1. Substance Use Prevention <sup>1</sup> , Treatment, and Recovery	\$5,311,285.00
2. Substance Use Primary Prevention	\$1,656,853.00
3. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>2</sup>	\$0.00
4. Tuberculosis Services	\$0.00
5. Administration (excluding program/provider level)	\$93,525.00
<b>Total</b>	<b>\$7,061,663.00</b>

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

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

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**Footnotes:**



### III: Expenditure Reports

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

This table is for the reporting of expenditures on primary prevention activities and must demonstrate the state's compliance with the statutory minimum set-aside of no less than 20 percent of the SUPTRS BG 2022 Award during the two-year award period. The state or jurisdiction must complete SUPTRS BG Table 5a. The total reported on this table should be equal to that found in Table 4, Row 2 unless the state also reports expenditures in Table 6, Column B. In which case, the sum of Table 5a + Table 6, Column B should be equal to that reported on Table 4, Row 2. Expenditures within the six strategies should be directly associated with the cost of completing the activity or task. If a state used strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other."

Expenditure Period Start Date:

Expenditure Period End Date:

Strategy	IOM Target	Substance Use Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Unspecified	\$1,041,265.00	\$2,512,651.00	\$0.00	\$0.00	\$0.00
<b>Information Dissemination</b>	<b>Total</b>	<b>\$1,041,265.00</b>	<b>\$2,512,651.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Unspecified	\$18,413.00	\$574,320.00	\$0.00	\$0.00	\$0.00
<b>Education</b>	<b>Total</b>	<b>\$18,413.00</b>	<b>\$574,320.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Unspecified	\$45,687.00	\$71,790.00	\$0.00	\$0.00	\$0.00
<b>Alternatives</b>	<b>Total</b>	<b>\$45,687.00</b>	<b>\$71,790.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Unspecified	\$8,192.00	\$358,950.00	\$0.00	\$0.00	\$0.00

<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$8,192.00</b>	<b>\$358,950.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Community-Based Process	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Unspecified	\$399,881.00	\$1,866,541.00	\$0.00	\$0.00	\$0.00
<b>Community-Based Process</b>	<b>Total</b>	<b>\$399,881.00</b>	<b>\$1,866,541.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Unspecified	\$143,415.00	\$1,794,751.00	\$0.00	\$0.00	\$0.00
<b>Environmental</b>	<b>Total</b>	<b>\$143,415.00</b>	<b>\$1,794,751.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 (Synar)-Tobacco	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Section 1926 (Synar)-Tobacco</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Other	Universal Direct	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Universal Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Other</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Grand Total</b>	<b>\$1,656,853.00</b>	<b>\$7,179,003.00</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 SUPTRS BG 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-SUPTRS BG funds\* that were allotted for Synar activities in the appropriate columns under 7 below.

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

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**Footnotes:**

### III: Expenditure Reports

**Table 5b - 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 2022 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: 10/1/2021      Expenditure Period End Date: 9/30/2023

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

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

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**Footnotes:**

### III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2021      Expenditure Period End Date: 9/30/2023

Activity	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated <sup>1</sup>
1. Information Systems	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$0.00	\$0.00	\$0.00
7. Training and Education	\$0.00	\$0.00	\$0.00
<b>8. Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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

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**Footnotes:**

### 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: 10/01/2021 Expenditure Period End Date: 09/30/2023

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. Opioid Treatment Programs (OTPs)	H. Office-based opioid treatment (OBOTs)
10	X		99	Cavalier County Health District	901 3rd St Suite 11	Langdon	ND	58249	\$57,500.00	\$0.00	\$0.00	\$57,500.00	\$0.00	\$0.00	\$0.00	\$0.00
11	X		99	Central Valley Health Unit	122 2nd St NW	Jamestown	ND	58401	\$50,050.00	\$0.00	\$0.00	\$50,050.00	\$0.00	\$0.00	\$0.00	\$0.00
100088	ND100103		SEHSC ND900064	Centre	P.O. Box 1269	Fargo	ND	58107-9363	\$680,898.00	\$680,898.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	X		99	City County Health & Home Care	415 2nd Ave NE	Valley City	ND	58702-3011	\$57,507.00	\$0.00	\$0.00	\$57,507.00	\$0.00	\$0.00	\$0.00	\$0.00
2	X		North Dakota Statewide	City of Fargo	1240 25th St S	Fargo	ND	58103	\$290,175.00	\$288,475.00	\$0.00	\$1,700.00	\$0.00	\$0.00	\$0.00	\$0.00
6	X		99	City of Grand Forks	151 S 4th Street Suite N301	Grand Forks	ND	58201	\$33,150.00	\$0.00	\$0.00	\$33,150.00	\$0.00	\$0.00	\$0.00	\$0.00
MN101245	MN101245		North Dakota Statewide	Clay County Receiving Center	715 North 11th Street Suite 203	Moorhead	MN	56560	\$535,572.00	\$535,572.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	X		99	Custer District Health	403 Burlington St SE	Mandan	ND	58554	\$23,100.00	\$0.00	\$0.00	\$23,100.00	\$0.00	\$0.00	\$0.00	\$0.00
100087	ND100183		North Dakota Statewide	Dacotah Foundation	4624 38th Avenue South	Fargo	ND	58104	\$717,580.00	\$717,580.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
36	X		99	Dickey County	205 15th St NW	Ellendale	ND	58436	\$57,900.00	\$0.00	\$0.00	\$57,900.00	\$0.00	\$0.00	\$0.00	\$0.00
14	X		99	First District Health Unit	801 11th Ave SW	Minot	ND	58702-1268	\$46,500.00	\$0.00	\$0.00	\$46,500.00	\$0.00	\$0.00	\$0.00	\$0.00
15	X		99	Foster County	881 Main St	Carrington	ND	58421	\$54,675.00	\$0.00	\$0.00	\$54,675.00	\$0.00	\$0.00	\$0.00	\$0.00
100065	ND102060		North Dakota Statewide	Fred and Clara Eckert Foundation	P.O. Box 2291	Williston	ND	58802	\$613,036.00	\$613,036.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35	X		North Dakota Statewide	Health Management Associates	120 N Washington Sq, Suite 705	Lansing	ND	48933	\$78,880.00	\$78,880.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	X		99	Lake Region District Health	524 4th Ave NE Unit 9	Devils Lake	ND	58301	\$38,738.00	\$0.00	\$0.00	\$38,738.00	\$0.00	\$0.00	\$0.00	\$0.00
18	X		99	LaMoure County	100 1st Ave SW	LaMoure	ND	58458	\$34,756.00	\$0.00	\$0.00	\$34,756.00	\$0.00	\$0.00	\$0.00	\$0.00
4	X		North Dakota Statewide	ND Board of Pharmacy	1838 E Interstate Ave Suite D	Bismarck	ND	58503	\$87,000.00	\$0.00	\$0.00	\$87,000.00	\$0.00	\$0.00	\$0.00	\$0.00
21	X		99	Nelson-Griggs District Health Unit	116 Main St S	McVille	ND	58254	\$54,900.00	\$0.00	\$0.00	\$54,900.00	\$0.00	\$0.00	\$0.00	\$0.00
34	X		North Dakota Statewide	North Dakota Safety Council	1710 Canary Ave Ste A	Bismarck	ND	58501	\$24,787.00	\$0.00	\$0.00	\$24,787.00	\$0.00	\$0.00	\$0.00	\$0.00
38	X		99	Pembina County	301 Dakota Street West #2	Cavalier	ND	58220	\$22,750.00	\$0.00	\$0.00	\$22,750.00	\$0.00	\$0.00	\$0.00	\$0.00
100050	ND102103		North Dakota Statewide	Prairie Recovery Center	7785 Saint Gertrude Avenue	Raleigh	ND	58564	\$372,781.00	\$372,781.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

39	X	✘	99	Ransom County	404 Forest St	Lisbon	ND	58054	\$55,474.00	\$0.00	\$0.00	\$55,474.00	\$0.00	\$0.00	\$0.00	\$0.00
37	X	✘	North Dakota Statewide	Recovery Support Services	600 E Boulevard Ave	Bismarck	ND	58505	\$238,042.00	\$238,042.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	X	✘	North Dakota Statewide	Rehab Services Inc	112 2nd Ave SW	Minot	ND	58701	\$1,371,862.00	\$1,371,862.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40	X	✘	99	Richland County	413 3rd Ave N	Wahpeton	ND	58075	\$52,000.00	\$0.00	\$0.00	\$52,000.00	\$0.00	\$0.00	\$0.00	\$0.00
20	X	✘	99	Rolette County Public Health	114 3rd Ste NE	Rolla	ND	58367-0726	\$56,350.00	\$0.00	\$0.00	\$56,350.00	\$0.00	\$0.00	\$0.00	\$0.00
ND100022	ND100022	✔	North Dakota Statewide	Sanford Medical Center	P.O. Box 2010	Fargo	ND	58122	\$64,172.00	\$64,172.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	X	✘	99	Sargent County	316 Main St S	Forman	ND	58032	\$53,499.00	\$0.00	\$0.00	\$53,499.00	\$0.00	\$0.00	\$0.00	\$0.00
22	X	✘	99	Southwestern District Health Unit	528 21st St W	Dickinson	ND	58601-2661	\$52,600.00	\$0.00	\$0.00	\$52,600.00	\$0.00	\$0.00	\$0.00	\$0.00
23	X	✘	99	Spirit Lake Tribe	816 3rd Ave N	Fort Totten	ND	58335-0359	\$62,550.00	\$0.00	\$0.00	\$62,550.00	\$0.00	\$0.00	\$0.00	\$0.00
24	X	✘	99	Standing Rock Sioux Tribe	1 Standing Rock Ave	Fort Yates	ND	58538	\$80,700.00	\$0.00	\$0.00	\$80,700.00	\$0.00	\$0.00	\$0.00	\$0.00
4	X	✘	99	Three Affiliated Tribes	404 Frontage Road	New Town	ND	58763	\$146,096.00	\$146,096.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	X	✘	99	Towner County	404 5th Ave Ste 3	Cando	ND	58324-0705	\$44,835.00	\$0.00	\$0.00	\$44,835.00	\$0.00	\$0.00	\$0.00	\$0.00
8	X	✘	North Dakota Statewide	Training and Technical Assistance	600 E Boulevard Ave	Bismarck	ND	58505	\$284,404.00	\$0.00	\$0.00	\$284,404.00	\$0.00	\$0.00	\$0.00	\$0.00
26	X	✘	99	Turtle Mountain Community College	10145 BIA Road 7	Belcourt	ND	58316	\$87,628.00	\$0.00	\$0.00	\$87,628.00	\$0.00	\$0.00	\$0.00	\$0.00
100052	ND100434	✔	North Dakota Statewide	University of North Dakota	200 McCannel Hall	Grand Forks	ND	58202	\$36,498.00	\$36,498.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27	X	✘	99	Upper Missouri District Health Unit	110 Bdwy W Ste 101	Williston	ND	58801	\$47,750.00	\$0.00	\$0.00	\$47,750.00	\$0.00	\$0.00	\$0.00	\$0.00
28	X	✘	99	Walsh County Health District	638 Cooper Ave Suite 3	Grafton	ND	58237	\$46,500.00	\$0.00	\$0.00	\$46,500.00	\$0.00	\$0.00	\$0.00	\$0.00
29	X	✘	99	Wells County District Health Unit	600 Railway St N	Fessenden	ND	58438-0266	\$57,500.00	\$0.00	\$0.00	\$57,500.00	\$0.00	\$0.00	\$0.00	\$0.00
19	X	✘	99	Western Plains Public Health	403 Burlington St SE	Mandan	ND	58554	\$30,050.00	\$0.00	\$0.00	\$30,050.00	\$0.00	\$0.00	\$0.00	\$0.00
7	X	✘	North Dakota Statewide	Workforce Development	600 E Boulevard Ave	Bismarck	ND	58505	\$67,393.00	\$67,393.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	X	✘	North Dakota Statewide	WorldWide Interpreters	516 Missouri St	South Houston	ND	77587-4521	\$100,000.00	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total									\$6,968,138.00	\$5,311,285.00	\$0.00	\$1,656,853.00	\$0.00	\$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  
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**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.

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2022) + B2(2023)</u> 2 (C)
SFY 2022 (1)	\$3,799,316.00	
SFY 2023 (2)	\$6,702,998.00	\$5,251,157.00
SFY 2024 (3)	\$10,197,520.00	

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

SFY 2022	Yes	<input checked="" type="checkbox"/>	No
SFY 2023	Yes	<input checked="" type="checkbox"/>	No
SFY 2024	Yes	<input checked="" type="checkbox"/>	No

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

Yes No

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

If yes, SFY:

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

Yes No

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

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

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

There was no change in methodology from SFY2023 to SFY2024 for Table 8a. The expenditures in Table 8a consist of the state's general fund expenditures for substance use programs. A large portion of the expenditures are for a substance abuse treatment program funded with state dollars. The program was established during SFY 2017 and then fully operational in SFY 2018.



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**Footnotes:**



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

#### Base

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

#### Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2022		\$ 0.00	
SFY 2023		\$ 0.00	
SFY 2024		\$ 0.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2025 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)): \$ 500,000.00;

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).

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**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: 10/1/2021      Expenditure Period End Date: 9/30/2023

Column A (Risks)	Column B (Strategies)	Column C (Providers)
<b>No Risk Assigned/Unknown</b>	<b>1. Information Dissemination</b>	
	1. Clearinghouse/information resources centers	3
	2. Resources directories	2
	3. Media campaigns	30
	4. Brochures	11
	5. Radio and TV public service announcements	10
	6. Speaking engagements	10
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	25
	8. Information lines/Hot lines	2
	9. Email trees, newsletters, press releases.	10
	<b>2. Education</b>	
	1. Parenting and family management	2
	2. Ongoing classroom and/or small group sessions	5
	3. Peer leader/helper programs	2
	4. Education programs for youth groups	5
	5. Mentors	2
	6. Preschool ATOD prevention programs	2
	<b>3. Alternatives</b>	
	1. Drug free dances and parties	14
	2. Youth/adult leadership activities	5
	3. Community drop-in centers	3
	4. Community service activities	2
	5. Outward Bound	2
	6. Recreation activities	3
	<b>4. Problem Identification and Referral</b>	
	1. Employee Assistance Programs	3
	2. Student Assistance Programs	2

3. Driving while under the influence/driving while intoxicated education programs	2
4. Screening and Brief Intervention	3
<b>5. Community-Based Process</b>	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	22
2. Systematic planning	23
3. Multi-agency coordination and collaboration/coalition	26
4. Community team-building	2
5. Accessing services and funding	2
<b>6. Environmental</b>	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	3
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	15
3. Modifying alcohol and tobacco advertising practices	2
4. Product pricing strategies	3

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**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	0	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Free-Standing Residential	877	552	0	0	0	0	3,499.00	2,076.00	4,573.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>REHABILITATION/RESIDENTIAL</b>															
3. Hospital Inpatient	0	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Short-term (up to 30 days)	703	484	0	0	0	0	2,216.00	1,586.00	2,891.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Long-term (over 30 days)	0	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>AMBULATORY (OUTPATIENT)</b>															
6. Outpatient	2,057	2,013	0	0	0	0	3,993.00	2,254.00	4,889.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Intensive Outpatient	0	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Detoxification	0	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>MOUD MEDICATION ASSISTED TREATMENT</b>															
9. MOUD Medication-Assisted Detoxification	0	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. MOUD Medication-Assisted Treatment Outpatient	0	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Please explain why Column A (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. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 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 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.

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**Footnotes:**

At this time ND's system does not have data capabilities to identify people served directly and reimbursed by the block grant. Data is collected in the same manner for previous reporting periods; the system accounts for people served by programs subsidized by the block grant.

## 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. For detailed instructions, see those in WebBGAS.

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	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	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

<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	2	1	0	0	0	0	0	8	5	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	5	3	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

	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	20	23	0	0	0	0	0	171	265	0	0	0	0	1
Peer-Led Support Group	6	7	0	0	0	0	0	114	160	0	0	0	0	1
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

	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	85	146	0	0	0	0	0	10	19	0	0	0	0	0
Peer-Led Support Group	38	74	0	0	0	0	0	4	3	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

	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	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	297	459	0	0	0	0	1	
Peer-Led Support Group	167	247	0	0	0	0	1	
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	
Recovery Housing	0	0	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	0	0	0	0	0	0	0
Comments on Data (Age):							
Comments on Data (Gender):	Gender is based on the biological sex field from the State's EHR system. While the State does gather data for gender identity, the data is not considered complete enough at this time to accurately report on the populations without making assumptions about null values.						
Comments on Data (Overall):	Peer Support Individual and Peer Support Group data represents count of persons with SUD diagnosis who received these services at the State's Human Service Centers (HSC), which are supported with SUPTRS funding; however, peer support services were not directly reimbursed by the block grant funds. SUPTRS funding is not tracked at a fee for service level at the HSCs at this time; data is being provided in a best effort to provide what is available for the new tables and guidance.						

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**Footnotes:**

## IV: Population and Services Reports

### Tables 11a, 11b and 11c - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions 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	1	2	0	0	0	0	0	3	0	0	0	0	0	0	0
13-17 years	115	121	0	0	0	0	1	237	31	28	0	0	0	0	0
18-20 years	95	99	0	0	0	0	0	194	27	30	0	0	0	0	0
21-24 years	128	127	0	0	0	0	0	255	43	34	0	0	0	0	0
25-44 years	954	1,304	0	0	0	0	1	2,259	317	265	0	0	0	0	0
45-64 years	374	629	0	0	0	0	3	1,006	73	110	0	0	0	0	0
65-74 years	41	69	0	0	0	0	0	110	4	7	0	0	0	0	0
75+ years	6	0	0	0	0	0	0	6	0	0	0	0	0	0	0
Not Available	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0
<b>Total</b>	<b>1,714</b>	<b>2,352</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>4,071</b>	<b>495</b>	<b>474</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	<b>27</b>								<b>11</b>						
Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period	1959														
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10	2112														

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)	Gender is based on the biological sex field from the State's EHR system. While the State does gather gender identity, the data is not complete enough at this time to accurately report on the populations without making assumptions about null values.
Comments on Data (Overall)	Sexual Orientation data in 11c is based on the available values in the State's EHR system. While this data is collected, it is not required on the admission form at this time. This creates a high number of unknown values for the patient population.

<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	1	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	9	7	0	0	0	0	0
18-20 years	0	1	0	0	0	0	0	0	6	0	0	0	0	0
21-24 years	1	1	0	0	0	0	0	4	10	0	0	0	0	0
25-44 years	3	9	0	0	0	0	0	29	73	0	0	0	0	0
45-64 years	2	2	0	0	0	0	0	11	21	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	2	1	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	1	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>6</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>57</b>	<b>118</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	0							1						

<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	1	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	52	61	0	0	0	0	1
18-20 years	0	0	0	0	0	0	0	52	44	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	65	58	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	501	746	0	0	0	0	1
45-64 years	0	0	0	0	0	0	0	248	424	0	0	0	0	2
65-74 years	0	0	0	0	0	0	0	26	53	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	5	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>949</b>	<b>1,387</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
<b>Pregnant Women</b>	0							12						

<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	1	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	2	6	0	0	0	0	0	12	11	0	0	0	0	0
18-20 years	1	3	0	0	0	0	0	9	6	0	0	0	0	0
21-24 years	2	5	0	0	0	0	0	7	11	0	0	0	0	0
25-44 years	11	38	0	0	0	0	0	42	61	0	0	0	0	0
45-64 years	3	14	0	0	0	0	0	11	13	0	0	0	0	0
65-74 years	2	1	0	0	0	0	0	0	1	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>21</b>	<b>68</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>81</b>	<b>103</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	1							2						

<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	1	1	0	0	0	0	0
13-17 years	9	8	0	0	0	0	0	95	97	0	0	0	0	1
18-20 years	6	9	0	0	0	0	0	82	81	0	0	0	0	0
21-24 years	6	8	0	0	0	0	0	115	104	0	0	0	0	0
25-44 years	51	112	0	0	0	0	0	848	1,067	0	0	0	0	1
45-64 years	26	45	0	0	0	0	1	333	540	0	0	0	0	1
65-74 years	7	6	0	0	0	0	0	33	58	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	5	0	0	0	0	0	0
Not Available	0	1	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>105</b>	<b>189</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1,512</b>	<b>1,948</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>Pregnant Women</b>	0							26						

<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	1	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	6	7	0	0	0	0	0	14	17	0	0	0	0	0
18-20 years	2	6	0	0	0	0	0	11	12	0	0	0	0	0
21-24 years	4	10	0	0	0	0	0	9	13	0	0	0	0	0
25-44 years	28	52	0	0	0	0	0	78	185	0	0	0	0	0
45-64 years	3	19	0	0	0	0	0	38	70	0	0	0	0	2
65-74 years	1	1	0	0	0	0	0	7	10	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	1	0	0	0	0	0
<b>Total</b>	<b>44</b>	<b>96</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>158</b>	<b>308</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Pregnant Women</b>	1							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>
--------------	---

	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	0	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	0
25-44 years	0	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	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>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	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 Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 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>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	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)

	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	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)

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

A. Age	Sexual Orientation									
	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	3	0	0	0	0	0	0	0	0	
13-17 years	145	2	14	0	0	0	0	3	73	
18-20 years	106	2	22	0	0	0	0	8	55	
21-24 years	167	5	26	0	0	0	0	1	57	
25-44 years	1,535	40	105	0	0	0	0	18	561	
45-64 years	711	13	13	0	0	0	0	4	265	
65-74 years	79	2	2	0	0	0	0	1	26	
75+ years	4	0	0	0	0	0	0	0	2	

TOTAL	2,750	64	182	0	0	0	0	35	1,039
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<sup>1</sup>Age category 0-5 years is not applicable.

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

**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:	Rural:
2. Total number of individuals tested through SUPTRS BG sub-recipient EIS/HIV projects:		
3. Total number of HIV tests conducted with SUPTRS BG EIS/HIV funds:		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
7. Total number of persons at risk for HIV/AIDS referred for PrEP services?		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

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**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.**

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**Footnotes:**



## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	62	62
Total number of clients with non-missing values on employment/student status [denominator]	73	73
Percent of clients employed or student (full-time and part-time)	84.9%	84.9%
<b>Notes (for this level of care):</b>		
Number of CY 2023 admissions submitted:		64
Number of CY 2023 discharges submitted:		73
Number of CY 2023 discharges linked to an admission:		73
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		73

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 11/15/2024]

### 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]	126	126
Total number of clients with non-missing values on employment/student status [denominator]	761	761
Percent of clients employed or student (full-time and part-time)	16.6%	16.6%
<b>Notes (for this level of care):</b>		
Number of CY 2023 admissions submitted:		885
Number of CY 2023 discharges submitted:		897
Number of CY 2023 discharges linked to an admission:		864
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	761
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 11/15/2024]

**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]	693	694
Total number of clients with non-missing values on employment/student status [denominator]	2,468	2,468
Percent of clients employed or student (full-time and part-time)	28.1%	28.1%
<b>Notes (for this level of care):</b>		
Number of CY 2023 admissions submitted:		1,688
Number of CY 2023 discharges submitted:		2,965
Number of CY 2023 discharges linked to an admission:		2,760
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		2,468

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 11/15/2024]

**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]	136	137
Total number of clients with non-missing values on employment/student status [denominator]	511	511
Percent of clients employed or student (full-time and part-time)	26.6%	26.8%
<b>Notes (for this level of care):</b>		
Number of CY 2023 admissions submitted:		344
Number of CY 2023 discharges submitted:		607
Number of CY 2023 discharges linked to an admission:		589
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):

511

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 11/15/2024]

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**Footnotes:**

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	73	73
Total number of clients with non-missing values on living arrangements [denominator]	73	73
Percent of clients in stable living situation	100.0%	100.0%
<b>Notes (for this level of care):</b>		
Number of CY 2023 admissions submitted:		64
Number of CY 2023 discharges submitted:		73
Number of CY 2023 discharges linked to an admission:		73
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		73

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 11/15/2024]

### 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]	419	417
Total number of clients with non-missing values on living arrangements [denominator]	759	759
Percent of clients in stable living situation	55.2%	54.9%
<b>Notes (for this level of care):</b>		
Number of CY 2023 admissions submitted:		885
Number of CY 2023 discharges submitted:		897
Number of CY 2023 discharges linked to an admission:		864
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		759

**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]	1,642	1,599
Total number of clients with non-missing values on living arrangements [denominator]	2,468	2,468
Percent of clients in stable living situation	66.5%	64.8%
<b>Notes (for this level of care):</b>		
Number of CY 2023 admissions submitted:		1,688
Number of CY 2023 discharges submitted:		2,965
Number of CY 2023 discharges linked to an admission:		2,760
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		2,468

**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]	367	362
Total number of clients with non-missing values on living arrangements [denominator]	511	511
Percent of clients in stable living situation	71.8%	70.8%
<b>Notes (for this level of care):</b>		
Number of CY 2023 admissions submitted:		344
Number of CY 2023 discharges submitted:		607
Number of CY 2023 discharges linked to an admission:		589
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		511

**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]	45	64
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	73	73
Percent of clients without arrests	61.6%	87.7%
<b>Notes (for this level of care):</b>		
Number of CY 2023 admissions submitted:		64
Number of CY 2023 discharges submitted:		73
Number of CY 2023 discharges linked to an admission:		73
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		73

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 11/15/2024]

### 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]	634	642
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	764	764
Percent of clients without arrests	83.0%	84.0%
<b>Notes (for this level of care):</b>		
Number of CY 2023 admissions submitted:		885
Number of CY 2023 discharges submitted:		897
Number of CY 2023 discharges linked to an admission:		864
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	764
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 11/15/2024]

### 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]	2,091	2,063
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,523	2,523
Percent of clients without arrests	82.9%	81.8%
<b>Notes (for this level of care):</b>		
Number of CY 2023 admissions submitted:		1,688
Number of CY 2023 discharges submitted:		2,965
Number of CY 2023 discharges linked to an admission:		2,760
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		2,523

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 11/15/2024]

### 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]	418	420
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	533	533
Percent of clients without arrests	78.4%	78.8%
<b>Notes (for this level of care):</b>		
Number of CY 2023 admissions submitted:		344
Number of CY 2023 discharges submitted:		607
Number of CY 2023 discharges linked to an admission:		589
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0



Number of CY 2023 linked discharges eligible for this calculation (non-missing values):

533

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 11/15/2024]

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**Footnotes:**

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	47	51
All clients with non-missing values on at least one substance/frequency of use [denominator]	73	73
Percent of clients abstinent from alcohol	64.4%	69.9%

#### 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]		8
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	26	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		30.8%

#### 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]		43
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	47	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.5%

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

Number of CY 2023 admissions submitted:	64
Number of CY 2023 discharges submitted:	73
Number of CY 2023 discharges linked to an admission:	73
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	73

**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]	355	326
All clients with non-missing values on at least one substance/frequency of use [denominator]	765	765
Percent of clients abstinent from alcohol	46.4%	42.6%

**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]		15
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	410	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		3.7%

**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]		311
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	355	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		87.6%

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

Number of CY 2023 admissions submitted:	885
Number of CY 2023 discharges submitted:	897
Number of CY 2023 discharges linked to an admission:	864
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	765

**Outpatient (OP)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,464	1,362
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,534	2,534
Percent of clients abstinent from alcohol	57.8%	53.7%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		76
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,070	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		7.1%

**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]		1,286
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,464	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		87.8%

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

Number of CY 2023 admissions submitted:	1,688
Number of CY 2023 discharges submitted:	2,965
Number of CY 2023 discharges linked to an admission:	2,760
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	2,534

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file [Records received through 11/15/2024]

**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]	256	247
All clients with non-missing values on at least one substance/frequency of use [denominator]	534	534
Percent of clients abstinent from alcohol	47.9%	46.3%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		13
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	278	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		4.7%

**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]		234
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	256	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.4%

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

Number of CY 2023 admissions submitted:	344
Number of CY 2023 discharges submitted:	607
Number of CY 2023 discharges linked to an admission:	589
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	534

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file [Records received through 11/15/2024]

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**Footnotes:**

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	5	44
All clients with non-missing values on at least one substance/frequency of use [denominator]	73	73
Percent of clients abstinent from drugs	6.8%	60.3%

#### 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]		40
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	68	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		58.8%

#### 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]		4
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		80.0%

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

Number of CY 2023 admissions submitted:	64
Number of CY 2023 discharges submitted:	73
Number of CY 2023 discharges linked to an admission:	73
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	73

**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]	118	223
All clients with non-missing values on at least one substance/frequency of use [denominator]	765	765
Percent of clients abstinent from drugs	15.4%	29.2%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		136
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	647	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		21.0%

**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]		87
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	118	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		73.7%

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

Number of CY 2023 admissions submitted:	885
Number of CY 2023 discharges submitted:	897
Number of CY 2023 discharges linked to an admission:	864
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	765

**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]	406	630
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,534	2,534
Percent of clients abstinent from drugs	16.0%	24.9%

**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]		318
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,128	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		14.9%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		312
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	406	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.8%

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

Number of CY 2023 admissions submitted:	1,688
Number of CY 2023 discharges submitted:	2,965
Number of CY 2023 discharges linked to an admission:	2,760
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	2,534

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file [Records received through 11/15/2024]

**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]	85	129
All clients with non-missing values on at least one substance/frequency of use [denominator]	534	534
Percent of clients abstinent from drugs	15.9%	24.2%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		59
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	449	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		13.1%

**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]		70
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	85	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		82.4%

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

Number of CY 2023 admissions submitted:	344
Number of CY 2023 discharges submitted:	607
Number of CY 2023 discharges linked to an admission:	589
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	534

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 11/15/2024]

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**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]	16	58
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	73	73
Percent of clients participating in self-help groups	21.9%	79.5%
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]	57.5%	
<b>Notes (for this level of care):</b>		
Number of CY 2023 admissions submitted:		64
Number of CY 2023 discharges submitted:		73
Number of CY 2023 discharges linked to an admission:		73
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		73

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 11/15/2024]

### 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]	179	217
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	763	763
Percent of clients participating in self-help groups	23.5%	28.4%
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]	5.0%	
<b>Notes (for this level of care):</b>		
Number of CY 2023 admissions submitted:		885
Number of CY 2023 discharges submitted:		897

Number of CY 2023 discharges linked to an admission:	864
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	763

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 11/15/2024]

### 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]	394	397
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,520	2,520
Percent of clients participating in self-help groups	15.6%	15.8%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.1%	

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

Number of CY 2023 admissions submitted:	1,688
Number of CY 2023 discharges submitted:	2,965
Number of CY 2023 discharges linked to an admission:	2,760
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	2,520

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 11/15/2024]

### 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]	90	87
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	532	532
Percent of clients participating in self-help groups	16.9%	16.4%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-0.6%	

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

Number of CY 2023 admissions submitted:	344
---	-----

Number of CY 2023 discharges submitted:	607
Number of CY 2023 discharges linked to an admission:	589
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	532

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 11/15/2024]

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**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	0	0	0	0
2. Free-Standing Residential	3	1	2	4
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	27	19	28	32
5. Long-term (over 30 days)	21	5	14	31
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	144	22	88	207
7. Intensive Outpatient	141	30	91	219
8. Detoxification	0	0	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification <sup>1</sup>	3	1	3	5
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	133	25	75	178

Level of Care	2023 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	459	386
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	73	73

5. Long-term (over 30 days)	897	864
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	2965	2573
7. Intensive Outpatient	607	589
8. Detoxification	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification <sup>1</sup>		24
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>		187

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 11/15/2024]

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

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

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**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. Supplemental Data, if any
1. 30-day Alcohol Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2021 - 2022		<input type="text"/>
	Age 21+ - CY 2021 - 2022		<input type="text"/>
2. 30-day Cigarette Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>
3. 30-day Use of Other Tobacco Products	<p><b>Survey Item: NSDUH Questionnaire:</b> "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]<sup>[1]</sup>?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>

4. 30-day Use of Marijuana	<p><b>Source Survey Item: NSDUH Questionnaire:</b> "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>
5. 30-day Use of Illicit Drugs Other Than Marijuana	<p><b>Source Survey Item: NSDUH Questionnaire:</b> "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illicit drug]?<sup>[2]</sup>"</p> <p><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).</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>

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

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

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**Footnotes:**



## V: Performance Data and Outcomes

**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. Supplemental Data, if any
1. Perception of Risk From Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]"</p> <p><b>Outcome Reported:</b> Percent reporting moderate or great risk.</p>		
	Age 12 - 20 - CY 2021 - 2022		<input type="checkbox"/>
	Age 21+ - CY 2021 - 2022		<input type="checkbox"/>
2. Perception of Risk From Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk]"</p> <p><b>Outcome Reported:</b> Percent reporting moderate or great risk.</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>
3. Perception of Risk From Marijuana	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]"</p> <p><b>Outcome Reported:</b> Percent reporting moderate or great risk.</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>

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**Footnotes:**

## V: Performance Data and Outcomes

**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. Supplemental Data, if any
1. Age at First Use of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of alcohol.</p>		
	Age 12 - 20 - CY 2021 - 2022		<input type="checkbox"/>
	Age 21+ - CY 2021 - 2022		<input type="checkbox"/>
2. Age at First Use of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product]<sup>[1]</sup>?[Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>

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 2021 - 2022		<input type="checkbox"/>
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>
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 2021 - 2022		<input type="checkbox"/>
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>
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 2021 - 2022		<input type="checkbox"/>
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>

[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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**Footnotes:**

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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. Supplemental Data, if any
1. Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
2. Perception of Peer Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
3. Disapproval of Using Marijuana Experimentally	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
4. Disapproval of Using Marijuana Regularly	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
5. Disapproval of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p>		

	<b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2021 - 2022		<input type="checkbox"/>

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**Footnotes:**

## V: Performance Data and Outcomes

**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. Supplemental Data, if any
Perception of Workplace Policy	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]"</p> <p><b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 15 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>

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**Footnotes:**

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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. Supplemental Data, if any
Average Daily School Attendance Rate	<p><b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a>.</p> <p><b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2021		<input type="text"/>

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**Footnotes:**



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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. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	<p><b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System</p> <p><b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.</p>		
	CY 2021		<input data-bbox="1304 625 1328 657" type="text"/>

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**Footnotes:**

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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. Supplemental Data, if any
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		<input type="text"/>

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**Footnotes:**

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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. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you." [Response options: Yes, No]</p> <p><b>Outcome Reported:</b> Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?" <sup>[1]</sup>[Response options: 0 times, 1 to 2 times, a few times, many times]</p> <p><b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>

[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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**Footnotes:**

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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. Supplemental Data, if any
Exposure to Prevention Messages	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use]<sup>[1]</sup>?"</p> <p><b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>

[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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**Footnotes:**

## V: Performance Data and Outcomes

### 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	1/1/2022	12/31/2022
2.	Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2022	12/31/2022
3.	Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2022	12/31/2022
4.	Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention	1/1/2022	12/31/2022
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	10/1/2021	9/30/2023

#### General Questions Regarding Prevention NOMS Reporting

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

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

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

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

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**Footnotes:**

## V: Performance Data and Outcomes

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

The reporting period for Tables 31 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Category	Total
<b>A. Age</b>	<b>1,589</b>
0-5	
6-12	
13-17	
18-20	
21-24	
25-44	
45-64	
65-74	
75 and Over	
Age Not Known	1,589
<b>B. Gender</b>	<b>1,589</b>
Male	
Female	
Trans man	
Trans woman	
Gender non-conforming	
Other	1,589
<b>C. Ethnicity</b>	<b>1,589</b>
Hispanic or Latino	
Not Hispanic or Latino	
Ethnicity Unknown	1,589
<b>D. Race</b>	<b>1,589</b>
White	
Black or African American	
Native Hawaiian/Other Pacific Islander	
Asian	
American Indian/Alaska Native	

More Than One Race (not OMB required)	
Race Not Known or Other (not OMB required)	1,589

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**Footnotes:**  
 Community grantees implementing individual-based programs don't have the capacity or ability to collect the demographic information accurately. The State is implementing a new data reporting system that will assist with these gaps. Considering there is no "Gender Unknown" category, B. Gender Other = unknown.

## V: Performance Data and Outcomes

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

The reporting period for Tables 32 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Category	Total
<b>A. Age</b>	<b>47424468</b>
0-5	
6-12	
13-17	
18-20	
21-24	
25-44	
45-64	
65-74	
75 and Over	
Age Not Known	47424468
<b>B. Gender</b>	<b>47424468</b>
Male	24328752
Female	23095716
Trans man	
Trans woman	
Gender non-conforming	
Other	
<b>C. Race</b>	<b>47424468</b>
White	40974740
Black or African American	1802130
Native Hawaiian/Other Pacific Islander	94849
Asian	806216
American Indian/Alaska Native	2513497
More Than One Race (not OMB required)	
Race Not Known or Other (not OMB required)	1233036
<b>D. Ethnicity</b>	<b>47424468</b>
Hispanic or Latino	2323799



Not Hispanic or Latino	45100669
Ethnicity Unknown	

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**Footnotes:**

For programs or strategies that reached the entire state of ND, U.S. Census Bureau data was used to estimate the number of persons served in the categories of Gender, Race, and Ethnicity. As SAMHSA's age categories do not align with the U.S. Census Bureau's age categories, an estimate of persons served were not calculated, and that number was included in the Age Not Known category. Census does not provide Gender breakdown of Trans men and women so estimates could not be provided.

## V: Performance Data and Outcomes

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

The reporting period for Tables 33 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
<b>5. Total</b>	<b>0</b>	<b>\$0.00</b>
<b>Number of Persons Served<sup>1</sup></b>	<b>1,589</b>	<b>47,424,468</b>

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

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**Footnotes:**

## V: Performance Data and Outcomes

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

The reporting period for Tables 34 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

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

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

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

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

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

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

**Table 34 - SUBSTANCE 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	182	182	29	0	211
2. Total number of Programs and Strategies Funded	0	182	182	29	0	211
3. Percent of Evidence-Based Programs and Strategies		100.00%	100.00%	100.00%		100.00%

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**Footnotes:**

## V: Performance Data and Outcomes

**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**

The reporting period for table 35 is the 24- month expenditure period of the FFY 2022 SUPTRS BG award.

Reporting Period Start Date: 10/01/2021 Reporting Period End Date: 09/30/2023

	<b>Total Number of Evidence-Based Programs/Strategies for IOM Category Below</b>	<b>Total Substance Use Block Grant Dollars Spent on evidence-based Programs/Strategies</b>
Universal Direct	Total # 0	\$0.00
Universal Indirect	Total # 182	\$1,394,604.00
Selective	Total # 29	\$262,249.00
Indicated	Total # 0	\$0.00
Unspecified	Total # 0	\$0.00
	Total EBPs: 211	Total Dollars Spent: \$1,656,853.00

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**Footnotes:**

## V: Performance Data and Outcomes

### Prevention Attachments

#### Submission Uploads

FFY 2025 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2025 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2025 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2025 Prevention Attachment Category D:		
File	Version	Date Added

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**Footnotes:**