

Iowa

UNIFORM APPLICATION

FY 2023 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT  
BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025  
(generated on 11/22/2022 11.50.05 AM)

Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

# I: State Information

## State Information

### I. State Agency for the Block Grant

Agency Name Iowa Department of Public Health

Organizational Unit Division of Behavioral Health

Mailing Address 321 E. 12th St.

City Des Moines

Zip Code 50319-0075

### II. Contact Person for the Block Grant

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Last Name Decker

Agency Name Iowa Department of Public Health

Mailing Address 321 E. 12th St.

City Des Moines

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### III. Expenditure Period

#### State Expenditure Period

From

To

#### Block Grant Expenditure Period

From 10/1/2019

To 9/30/2021

### IV. Date Submitted

Submission Date

Revision Date

### V. Contact Person Responsible for Report Submission

First Name

Last Name

Telephone

Fax

Email Address

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

First Name

Last Name

Telephone

Email Address

**Footnotes:**

NOT FINAL

## II: Annual Update

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

**Priority #:** 1  
**Priority Area:** Pregnant and Parenting Women  
**Priority Type:** SAT  
**Population(s):** PWWDC

**Goal of the priority area:**

Facilitate Access to Women and Children Treatment Services

**Objective:**

IDPH contractors will have increased access to services for Pregnant and Parenting Women

**Strategies to attain the goal:**

Continuous Quality Improvement activities to increase access to services including data management, data reports and corrective action plans. Contracting with UNI for simulated calls to monitor knowledge, access and understanding of SABG regulations

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Increased access for priority population-within 5 days from date of first contact to admission  
**Baseline Measurement:** IBHRS data for women and children contractors ; greater than five days  
**First-year target/outcome measurement:** By the end of year one, access to services will occur within 5 days from date of first contact to admission  
**Second-year target/outcome measurement:** By the end of year two, access to services will occur within 3 days from date of first contact to admission  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

IBHRS data-Wait Time Report

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

**Description of Data:**

Iowa Behavioral Health Reporting System is Iowa's data management system

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

Baseline data (pregnant and parenting women have access to services within 5 days from the first date of contact is 57% for SFY21 (149/261).

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

Workforce developments concerns

**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:

IDPH transitioned to a new data system called IBHRS, effective on July 1, 2021. This transition introduced wholesale changes including new data points, changed data points, different reporting timeframes, and data grouped differently. Therefore it is much harder and less appropriate to compare these values. In addition, all providers have not yet reported their FY22 data into IBHRS, so the data pulled to calculate the Year one data are incomplete. Another year of data, and technical assistance to providers to ensure data are reported correctly and timely, should provide more stability and a better measure of this goal.

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

**Priority #:** 2  
**Priority Area:** Substance Abuse Treatment  
**Priority Type:** SAT  
**Population(s):** PWWDC, PWID (Rural)

## Goal of the priority area:

Advance Treatment Continuum of Care

## Objective:

Implement Recovery Housing and Community Centers in Iowa, within 2 years, to ensure a comprehensive system and full range of recovery services available to Iowans.

## Strategies to attain the goal:

IDPH will contract with two contractors to implement Recovery Housing Community Centers. IDPH will develop and release an RFP for Recovery Community Centers

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

## Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Implement Recovery Housing and Community Centers in Iowa  
**Baseline Measurement:** Development of RFP  
**First-year target/outcome measurement:** By the end of year one, IDPH will contract with two contractors to implement Recovery Housing Community Centers  
**Second-year target/outcome measurement:** By the end of year two, IDPH will release an RFP to implement Recovery Community organizations in 2 Iowa communities

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

### Data Source:

RFP, contracts

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

### Description of Data:

RFP, development, contracts, implementation of services

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

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

Absence of contractors or absence of contractors who meet minimum scoring on RFP

**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:**

IDPH added its first Recovery Housing provider under the temporary NARR affiliation offered in the state. The Beacon of Life became the first program in Iowa to obtain NARR accreditation, doing so in August of 2022. Unfortunately, Iowa did not meet the goal of awarding two contracts due to the length of time it took to contract with NARR and for them to subcontract with an affiliate state to offer temporary services to Iowa while the state develops a permanent affiliate program.

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

**Priority #:** 3  
**Priority Area:** Primary Prevention  
**Priority Type:** SAP  
**Population(s):** PP

**Goal of the priority area:**

Increase Iowan's Access to and Quality of Primary Prevention Services

**Objective:**

Increase the competency of Iowa IPN prevention contractors ability to utilize the Strategic Prevention Framework Model and implement evidence-based practices.

**Strategies to attain the goal:**

Conduct a training needs assessment, establish a prevention training calendar with needs identified in assessment, engage stakeholder to host 10 trainings.

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

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** increased access and quality of primary prevention trainings  
**Baseline Measurement:** Training needs assessment  
**First-year target/outcome measurement:** By the end of year one, IDPH will conduct a training needs assessment with IPN prevention contractors to determine priority training topics. IDPH will establish a two-year prevention training calendar which will include topics identified in the training needs assessment. a) IDPH will engage Iowa State University Extension to organize and host at least 10 ten training opportunities over a two-year period. b) In collaboration with Iowa State University Extension, create at least 5 promotional items to highlight various training opportunities.  
**Second-year target/outcome measurement:** By the end of year 2, at least 80% of IPN prevention contractors will report an increase ability to provide quality prevention services.  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

training needs assessment, evidence of 10 trainings over 2-year period, evidence of promotional items to highlight training opportunities

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

**Description of Data:**

training needs assessment data, calendar of trainings, contract with Iowa State University, survey of providers at end of two year period to assess if learning objectives were met

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

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

workforce constraints, possible continuation of pandemic.

**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):**

A training needs assessment was created and disseminated with 66 responses. The results were tabulated and have been utilized to create a robust training calendar to support primary prevention efforts.

In the fall of 2021, six trainings were provided. Four regional trainings were facilitated on the Planning step of the Strategic Prevention Framework process and two training were provided on utilizing environmental strategies in primary prevention services. During the fall of 2022, at least ten additional trainings will be provided on a variety of prevention topics as noted in the training needs assessment.

**Priority #:** 4  
**Priority Area:** TB  
**Priority Type:** SAT  
**Population(s):** TB

**Goal of the priority area:**

Iowan's will have increased access to TB services

**Objective:**

IDPH funded contractors will increase competency in TB training , policy development, and service delivery by year 2

**Strategies to attain the goal:**

Education on TB regulations and education regarding TB with all IPN contractors. Implement SABG SABG Prevention and Treatment Regulation Policy Template form for IPN providers to ensure policy regarding TB services and coordination of care.

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

### Annual Performance Indicators to measure goal success

<b>Indicator #:</b>	1
<b>Indicator:</b>	IPN providers will demonstrate compliance with TB SABG regulations and competency in serving individuals who have TB
<b>Baseline Measurement:</b>	Policy development within IPN provider network and increase in competency in serving Iowan's with TB

**First-year target/outcome measurement:** By the end of year one,, All IPN providers will complete the SABG Prevention and Treatment Regulations form which documents compliance with requirements for individuals who screen positive for TB

**Second-year target/outcome measurement:** By the end of year two, 60% of all IPN providers will participate in a education opportunity for TB as arranged by IDPH

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

**Data Source:**

Training logs, training calendar, policy development

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

**Description of Data:**

IDPH will implement the SABG Prevention and Treatment Regulations form, review compliance of policy against regulations. IDPH will arrange a TB training by end of year two.

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

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

Workforce challenges.

**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):**

All IPN contractors submitted policies and procedures related to SABG TB regulations between March-June 2022 as part of a Desk Audit reviewed by the SABG Manager. Technical Assistance was provided to contractors as applicable.

**Priority #:** 5  
**Priority Area:** Persons who Inject Drugs  
**Priority Type:** SAT  
**Population(s):** PWID

**Goal of the priority area:**

Iowan's who inject drugs will have increased access to services

**Objective:**

All IPN providers will demonstrate competency in service delivery to individuals who inject drugs

**Strategies to attain the goal:**

Training to IPN providers on SABG regulations, contract with UNI for simulated calls, review data with providers, quarterly review and follow-up with IPN providers on data trends. Corrective action as appropriate.

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

## Annual Performance Indicators to measure goal success

**Indicator #:** 1



**Indicator:** Competency and increased access to services for individuals who inject drugs

**Baseline Measurement:** Policy development and training within IPN provider network and increase in competency in serving Iowans who inject drugs

**First-year target/outcome measurement:** By the end of year one,, All IPN providers will complete the SABG Prevention and Treatment Regulations form which documents requirements for individuals who inject drugs

**Second-year target/outcome measurement:** By the end of year 2, all IPN providers will implement policies addressing outreach services to persons who inject drugs

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

**Data Source:**

SABG Prevention and Treatment Regulations Form, policy review and implementation

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

**Description of Data:**

IDPH Prevention and Treatment Regulations Form, contractor policies

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

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

workforce challenges

**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):**

All IPN contractors submitted policies and procedures related to 'Individuals who inject drugs' SABG regulations between March-June 2022 as part of a Desk Audit reviewed by the SABG Manager. Technical Assistance was provided to contractors as applicable..

**Priority #:** 6

**Priority Area:** Crisis Services

**Priority Type:** SAP, SAT, MHS

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

**Goal of the priority area:**

IDPH and DHS will work together to implement 988 Crisis Line in Iowa

**Objective:**

988 line will be implemented within target dates July 2022

**Strategies to attain the goal:**

Develop a 988 implementation plan with the assistance of the stakeholder coalition  
Implement 988 plan

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** IDPH and DHS will collaborate on the 988 plan development, collaboration and submission  
**Baseline Measurement:** plan in development  
**First-year target/outcome measurement:** Plan submitted to contractor (Vibrant) and approved for implementation during SFY22  
**Second-year target/outcome measurement:** Plan implemented and Iowa Life Line centers begin answering calls effective July 16, 2022  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

IDPH and DHS data

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

Baseline data for the month of July /22 indicates: State calls received: 1,377 (79% response rate), state chats received was 154; (100% response rate), and State texts received was 137 ( 97% response rate).

**Description of Data:**

Plan submitted to Vibrant and State agency oversight of 988 activities

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

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

Availability of funding and workforce to implement the plan may impact implementation

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

## Report of Progress Toward Goal Attainment

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

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

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

The 9-8-8 plan was submitted to Vibrant and approved. Data for the month of August reflects: 1,654 state calls were answered (response rate of 93%), 320 State Chats received (100% response rate), and 319 state texts were received (99% response rate).

**Priority #:** 7  
**Priority Area:** Support and Development of the Behavioral Health Workforce  
**Priority Type:** SAP, SAT, MHS  
**Population(s):** SMI, SED, PWWDC, PP, ESMI, PWID, TB

**Goal of the priority area:**

Promote retention and recruitment of qualified individuals for the behavioral health workforce. Increase competency of the workforce through training and technical assistance

**Objective:**

IDPH and DHS will collaborate to increase access to peer support/family peer support/recovery peer coach training through DHS/IDPH joint training collaborative

**Strategies to attain the goal:**

IDPH and DHS implement a shared peer support training collaborative for peers serving individuals with a SUD, SMI and parents of children with an SED.  
IDPH will collaborate to expand Relias behavioral Health online training platform to engage statewide use of online training platform

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** IDPH will increase the number of providers and agencies who utilize Relias  
**Baseline Measurement:** 555 urrent providers and 13 independent organizations  
**First-year target/outcome measurement:** 600 providers  
**Second-year target/outcome measurement:** 17 agencies  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Relias data

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

**Description of Data:**

Data from Relias platform

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

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

Voluntary use of platform, workforce challenges, ability to obtain continuing education for courses

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

**Report of Progress Toward Goal Attainment**

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

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

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

The target goal was met and exceeded the estimated number of providers added to the Relias Online training platform. By June 30, 2022, there was 617 providers (555 baseline measurement, 600 target goal).

**Indicator #:** 2  
**Indicator:** IDPH and DHS will Increase access to peer recovery coaching/peer support/ family peer support training through IDPH/DHS collaboration  
**Baseline Measurement:** new peer support contract effective 6/1/2021  
**First-year target/outcome measurement:** Contractor will provide 3 Recovery Peer Coach trainings, 6 family peer support and 6 peer support trainings  
**Second-year target/outcome measurement:** Contractor will provide 3 Recovery Peer Coach trainings, 6 family peer support and 6 peer support trainings  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Contract documents, DHS contract reports of annual trainings

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

**Description of Data:**

Contracts and contractor reports to DHS

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

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

Workforce development challenges/ pandemic related issues

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

**Report of Progress Toward Goal Attainment**

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

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

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

Trainings specific to target numbers met. Specific to Recovery Peer Coaching, a total of 8 training sessions were held with 52 individuals participating in the training event. Recovery Peer Coaching is an RSS specific to Substance Use Disorder Services.

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**Footnotes:**

NOT FINAL

**III: Expenditure Reports**

**Table 2a - State Agency Expenditure Report**

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

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 <sup>1</sup>	I. ARP <sup>2</sup>
1. Substance Abuse Prevention (Other than Primary Prevention) and Treatment <sup>3</sup>	\$8,417,397.00		\$9,846,771.00	\$0.00	\$17,334,225.00	\$0.00	\$0.00	\$3,344,330.00	\$0.00
a. Pregnant Women and Women with Dependent Children	\$1,300,301.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$665,183.00	\$0.00
b. All Other	\$7,117,096.00		\$9,846,771.00	\$0.00	\$17,334,225.00	\$0.00	\$0.00	\$2,679,147.00	\$0.00
2. Substance Use Disorder Primary Prevention	\$2,804,999.00		\$2,157,407.00	\$0.00	\$1,821,694.00	\$0.00	\$0.00	\$267,948.00	\$29,719.00
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)	\$280,046.00		\$4,847,009.00	\$0.00	\$705,937.00	\$0.00	\$0.00	\$165,084.00	\$0.00
<b>11. Total</b>	<b>\$11,502,442.00</b>	<b>\$0.00</b>	<b>\$16,851,187.00</b>	<b>\$0.00</b>	<b>\$19,861,856.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3,777,362.00</b>	<b>\$29,719.00</b>

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

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

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

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

Please indicate the expenditures are actual or estimated.

Actual     Estimated

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**Footnotes:**

### III: Expenditure Reports

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

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

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

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

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



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

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

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**Footnotes:**

NOT FINAL

### III: Expenditure Reports

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

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

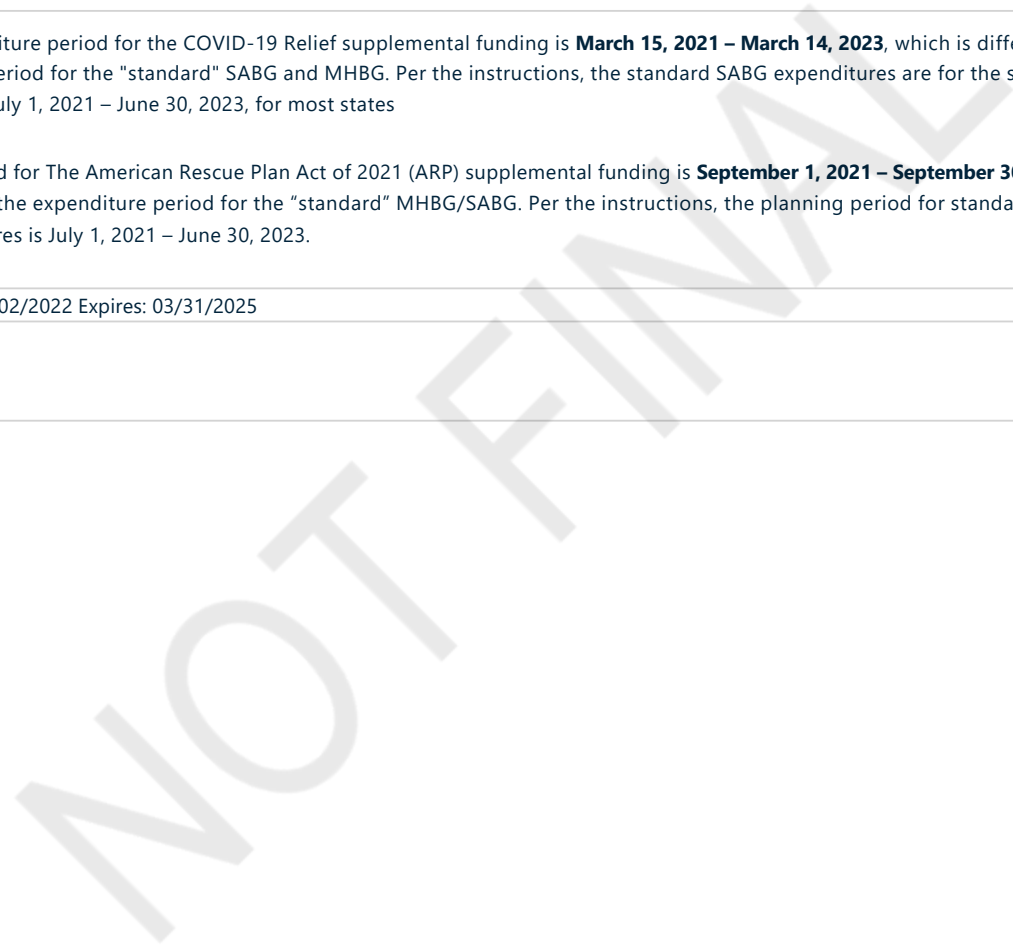
Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	Dollar Amount of COVID-19 <sup>1</sup> Funds Expended for SSP	Dollar Amount of ARP <sup>2</sup> Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of locations (Include any mobile locations)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

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

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

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**Footnotes:**



### III: Expenditure Reports

Table 3b SABG - Syringe Services Program

Expenditure Start Date: Expenditure End Date:

SABG							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (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							
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							
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

**Footnotes:**

NOT FINAL

### III: Expenditure Reports

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

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

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

Expenditure Category	FY 2020 SA Block Grant Award
1. Substance Abuse Prevention <sup>1</sup> and Treatment	\$9,518,614.00
2. Primary Prevention	\$3,124,241.00
3. HIV Early Intervention Services <sup>2</sup>	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)	\$0.00
5. Administration (excluding program/provider level)	\$595,602.00
<b>Total</b>	<b>\$13,238,457.00</b>

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

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

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**Footnotes:**

Technical Assistance Monies - \$251,963 expended during the same grant period; not reported in the above cells.

Dollar amount awarded in PMS and dollar amount reported via FFR was \$13,490,420. SABG reporting is for \$13,238,457 (+ \$251,963 = \$13,490,420).

Treatment expenses are reported as:

Table 4: \$9,518,614

Table 7 (Inventory): \$7,695,364

The difference of \$1,823,250 is for program expenses of direct benefit to subrecipients for provided treatment services, eg personnel, data services/updates, media campaigns, program evaluations, and line item support (travel, printing, office supplies, etc.) that were historically determined to be direct service and not state-level administration expenditures.

Primary prevention expenses are reported as:

Table 4: \$3,124,551

Table 7 (Inventory): \$2,802,818

The difference in the tables of \$321,733 matches the dollar amount reported in Table 6 Resource Development Expenditure's, which consists of a variety of expenses (percentages of some personnel, reviewers, IT for internal/external users, and evaluations).

### III: Expenditure Reports

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

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

Expenditure Period Start Date:

Expenditure Period End Date:

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective					
Information Dissemination	Indicated					
Information Dissemination	Universal					
Information Dissemination	Unspecified					
<b>Information Dissemination</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective					
Education	Indicated					
Education	Universal					
Education	Unspecified					
<b>Education</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective					
Alternatives	Indicated					
Alternatives	Universal					
Alternatives	Unspecified					
<b>Alternatives</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective					
Problem Identification and Referral	Indicated					
Problem Identification and Referral	Universal					
Problem Identification and Referral	Unspecified					
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Community-Based Process	Selective					
Community-Based Process	Indicated					
Community-Based Process	Universal					
Community-Based Process	Unspecified					
<b>Community-Based Process</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal					
Environmental	Unspecified					
<b>Environmental</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 (Synar)-Tobacco	Selective					
Section 1926 (Synar)-Tobacco	Indicated					
Section 1926 (Synar)-Tobacco	Universal					
Section 1926 (Synar)-Tobacco	Unspecified					
<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	Selective	\$193,675.00	\$23,780.00	\$125,879.00		
Other	Indicated	\$133,414.00	\$16,381.00	\$86,713.00		
Other	Universal	\$2,389,684.00	\$293,409.00	\$1,553,176.00		
Other	Unspecified	\$86,047.00	\$10,565.00	\$55,926.00		
<b>Other</b>	<b>Total</b>	<b>\$2,802,820.00</b>	<b>\$344,135.00</b>	<b>\$1,821,694.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Grand Total</b>	<b>\$2,802,820.00</b>	<b>\$344,135.00</b>	<b>\$1,821,694.00</b>		

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

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

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**Footnotes:**

No Block Grant funds were used for Section 1926-Tobacco. No substance abuse funds were used for activities targeting individuals or subgroups.

Iowa has reported via IOM Expenditure Table that is not available this time; indicated in last section of this page.

NOT FINAL



### III: Expenditure Reports

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

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

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

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

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

**Footnotes:**

NOT FINAL

### III: Expenditure Reports

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

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

Activity	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated <sup>1</sup>
1. Information Systems	\$37,481.00	\$22,977.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$511,005.00	\$99,861.00	\$0.00
4. Planning Council Activities (MHBG required, SABG optional)	\$453,173.00	\$69,203.00	\$0.00
5. Quality Assurance and Improvement	\$669,008.00	\$91,972.00	\$0.00
6. Research and Evaluation	\$152,583.00	\$37,720.00	\$0.00
7. Training and Education	\$0.00	\$0.00	\$0.00
<b>8. Total</b>	<b>\$1,823,250.00</b>	<b>\$321,733.00</b>	<b>\$0.00</b>

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

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**Footnotes:**

Technical Assistance Monies - \$251,963 expended during the same grant period; not reported in the above cells.

Dollar amount awarded in PMS and dollar amount reported via FFR was \$13,490,420. SABG reporting is for \$13,238,457 (+ \$251,963 = \$13,490,420).

Treatment expenses are reported as:

Table 4: \$9,518,614

Table 7 (Inventory): \$7,695,364

The difference of \$1,823,250 is for program expenses of direct benefit to subrecipients for provided treatment services, eg personnel, data services/updates, media campaigns, program evaluations, and line item support (travel, printing, office supplies, etc.) that were historically determined to be direct service and not state-level administration expenditures.

Primary prevention expenses are reported as:

Table 4: \$3,124,551

Table 7 (Inventory): \$2,802,818

The difference in the tables of \$321,733 matches the dollar amount reported in Table 6 Resource Development Expenditure's, which consists of a variety of expenses (percentages of some personnel, reviewers, IT for internal/external users, and evaluations).

### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

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

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

Entity Number	I-BHS ID (formerly I-SATS)	i	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	Source of Funds SAPT Block Grant					
									A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
1283.01	IA900786	✓	Southeast	Alcohol and Drug Dep Services of SE IA	1340 Mount Pleasant Street	Burlington	IA	52601	\$285,470.00	\$243,060.00	\$0.00	\$42,410.00	\$0.00	\$0.00
1221.01	IA301316	✓	Northeast	Area Substance Abuse Council	3601 16th Avenue SW	Cedar Rapids	IA	52404	\$725,534.00	\$455,645.00	\$284,179.00	\$269,889.00	\$0.00	\$0.00
15	IA301027	✓	Southeast	Center for Alc and Drug Services Inc	1523 South Fairmount Street	Davenport	IA	52802-3644	\$590,031.00	\$437,866.00	\$0.00	\$152,165.00	\$0.00	\$0.00
21	IA750454	✓	Northwest	Community and Family Resources	211 Avenue M West	Fort Dodge	IA	50501	\$352,163.00	\$216,208.00	\$0.00	\$135,955.00	\$0.00	\$0.00
14	IA100269	✓	Southwest	Crossroads Behavioral Health Services	1003 Cottonwood Road	Creston	IA	50801	\$218,085.00	\$84,098.00	\$0.00	\$133,987.00	\$0.00	\$0.00
40	IA902170	✓	Southwest	Heartland Family Service	515 East Broadway	Council Bluffs	IA	51503	\$247,637.00	\$136,170.00	\$133,635.00	\$111,467.00	\$0.00	\$0.00
64	IA901776	✓	Central	House of Mercy	1409 Clark Street	Des Moines	IA	50314	\$186,796.00	\$186,796.00	\$186,795.00	\$0.00	\$0.00	\$0.00
31	IA301498	✓	Northwest	Jackson Recovery Centers Inc	800 5th Street Suite 200	Sioux City	IA	51101	\$987,721.00	\$615,909.00	\$367,252.00	\$371,812.00	\$0.00	\$0.00
24	IA750363	✓	Northwest	New Opportunities Inc	P.O. Box 427	Carroll	IA	51401	\$230,045.00	\$123,788.00	\$0.00	\$106,257.00	\$0.00	\$0.00
16	IA900232	✓	Northeast	Northeast Iowa Behavioral Health	905 Montgomery Street	Decorah	IA	52101	\$216,398.00	\$115,199.00	\$0.00	\$101,199.00	\$0.00	\$0.00
36	IA301209	✓	Northeast	Pathways Behavioral Services Inc	3362 University Avenue	Waterloo	IA	50701-2006	\$489,346.00	\$283,865.00	\$0.00	\$205,481.00	\$0.00	\$0.00
26	IA301357	✓	North Central	Prairie Ridge Integrated Behavioral	320 North Eisenhower Ave	Mason City	IA	50401-1521	\$830,346.00	\$658,334.00	\$0.00	\$172,012.00	\$0.00	\$0.00
23	IA301571	✓	Southeast	Prelude Behavioral Services	430 Southgate Avenue	Iowa City	IA	52240	\$1,359,992.00	\$1,175,475.00	\$0.00	\$184,517.00	\$0.00	\$0.00
IL104047	IL104047	✓	Southeast	Robert Young Center	4600 3rd Street	Moline	IL	61265	\$111,744.00	\$49,364.00	\$0.00	\$62,380.00	\$0.00	\$0.00
30	IA750256	✓	Southeast	Sieda Behavioral Health and Trt Servs	P.O. Box 658	Ottumwa	IA	52501-0658	\$360,292.00	\$255,348.00	\$0.00	\$104,944.00	\$0.00	\$0.00
20	IA901958	✓	Northeast	Substance Abuse Services Center Inc	799 Main Street Suite 110	Dubuque	IA	52001	\$396,447.00	\$286,132.00	\$0.00	\$110,315.00	\$0.00	\$0.00
IA102289	IA102289	✓	North Central	Substance Abuse Treatment Unit of	P.O. Box 1453	Marshalltown	IA	50158	\$295,632.00	\$168,796.00	\$0.00	\$126,836.00	\$0.00	\$0.00
130	IA100759	✗	Central	United Community Services, Inc DBA UCS Healthcare	1300 Woodland Ave	West Des Moines	IA	50265	\$611,593.00	\$359,268.00	\$0.00	\$252,325.00	\$0.00	\$0.00
IA102300	IA102300	✓	Southwest	Zion Recovery	P.O. Box 34	Atlantic	IA	50022	\$611,971.00	\$453,104.00	\$0.00	\$158,867.00	\$0.00	\$0.00

Total										\$9,107,243.00	\$6,304,425.00	\$971,861.00	\$2,802,818.00	\$0.00	\$0.00
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\* Indicates the imported record has an error.

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**Footnotes:**

The system did not allow reporting of actual dollar amount for House of Mercy (would not save as it exceeded the dollar amount reported for Treatment Services). Actual amount expended by House of Mercy for Women and Children was \$605,873 (rather than \$186,795). Actual dollar amount expended for WT from SAPT 2020 was \$1,390,939.

Technical Assistance Monies - \$251,963 expended during the same grant period; not reported in the above cells.

Dollar amount awarded in PMS and dollar amount reported via FFR was \$13,490,420. SABG reporting is for \$13,238,457 (+ \$251,963 = \$13,490,420).

Treatment expenses are reported as:

Table 4: \$9,518,614

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The difference of \$1,823,250 is for program expenses of direct benefit to subrecipients for provided treatment services, eg personnel, data services/updates, media campaigns, program evaluations, and line item support (travel, printing, office supplies, etc.) that were historically determined to be direct service and not state-level administration expenditures.

Primary prevention expenses are reported as:

Table 4: \$3,124,551

Table 7 (Inventory): \$2,802,818

The difference in the tables of \$321,733 matches the dollar amount reported in Table 6 Resource Development Expenditure's, which consists of a variety of expenses (percentages of some personnel, reviewers, IT for internal/external users, and evaluations).

NOT FINAL

### III: Expenditure Reports

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

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

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2020) + B2(2021)</u> 2 (C)
SFY 2020 (1)	\$19,807,647.00	
SFY 2021 (2)	\$19,893,263.00	\$19,850,455.00
SFY 2022 (3)	\$19,861,856.00	

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

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

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

Yes    \_\_\_\_\_    No      X  

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

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

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

Yes    \_\_\_\_\_    No    \_\_\_\_\_

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

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

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

1) Funds are expended by the principal agency on a consistent basis.

State funds are appropriated for substance abuse prevention and treatment by the Iowa Legislature on an annual basis. The Iowa Department of Public Health ("Dept") dispenses these monies via subcontracts with agency providers, with the expectation they will submit a claim each month or as directed. Claims are paid from state and SAPT Block Grant funds. The Dept pulls down dollars from the federal system as needed in order to ensure prompt

payment to providers.

2) MOE funds computations are historically consistent.

Provider contracts are funded with a combination of state and SAPT BG monies, based on service levels as well as current and historic funding.

The Dept Legislative Liaison meets with legislators daily during session to provide ongoing discussion of priorities, one of which is the MOE requirement tied to the SAPT BG funds.

3) MOE funds are expended for authorized activities.

The Dept monitors and provides oversight to all providers, via online reports and in-person site visits (or virtual during the ongoing pandemic), to ensure activities are compliant with SAPT BG requirements and as authorized and approved by the Dept.

4) Organizational structure changes and/or the placement of the principal agency within state government does not result in changes in funding.

The Bureau of Substance Abuse became a part of the Dept on July 1, 1986, as a result of state government reorganization. The Dept is in the process of being merged with the state Department of Human Services.

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

**Footnotes:**

NOT FINAL

### III: Expenditure Reports

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

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

Expenditure Period Start Date: 04/23/2020 Expenditure Period End Date: 08/20/2021

#### Base

Period	Total Women's Base (A)
SFY 1994	\$ 1,302,477.00

#### Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2020		\$ 1,469,078.00	
SFY 2021		\$ 1,390,939.00	
SFY 2022		\$ 1,390,939.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2023 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): \$ 1390939.00

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). No state funds are utilized for PWWDC services or activities.

During the budgeting process for each new SAPT BG, the Dept ensures a similar dollar amount is allocated based on previous years expenditures.

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**Footnotes:**



## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

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

Column A (Risks)	Column B (Strategies)	Column C (Providers)
<b>No Risk Assigned</b>	<b>1. Information Dissemination</b>	
	4. Brochures	9
	6. Speaking engagements	18
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	4
	<b>2. Education</b>	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	17
	<b>3. Alternatives</b>	
	2. Youth/adult leadership activities	16
	<b>4. Problem Identification and Referral</b>	
	1. Employee Assistance Programs	5
	2. Student Assistance Programs	4
	3. Driving while under the influence/driving while intoxicated education programs	7
	<b>5. Community-Based Process</b>	
	3. Multi-agency coordination and collaboration/coalition	18
	<b>6. Environmental</b>	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	4
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	8
	5. Promoting the establishment or review of alcohol, tobacco, and drug use policies in the workplace or community	11
	<b>7. Other</b>	
2. Media Campaign - Environmental Process	7	
<b>Children of Persons with</b>	<b>1. Information Dissemination</b>	

<b>Substance Use Disorders</b>	6. Speaking engagements	2
	2. Education	
	2. Ongoing classroom and/or small group sessions	2
	3. Alternatives	
	2. Youth/adult leadership activities	1
	5. Community-Based Process	
<b>Pregnant women/teens</b>	1. Information Dissemination	
	6. Speaking engagements	2
<b>Violent and delinquent behavior</b>	1. Information Dissemination	
	6. Speaking engagements	3
	4. Problem Identification and Referral	
	3. Driving while under the influence/driving while intoxicated education programs	1
	5. Community-Based Process	
<b>Mental health problems</b>	3. Multi-agency coordination and collaboration/coalition	
	1. Information Dissemination	
	6. Speaking engagements	4
	2. Education	
	2. Ongoing classroom and/or small group sessions	1
	3. Alternatives	
	2. Youth/adult leadership activities	1
5. Community-Based Process		
<b>Economically disadvantaged</b>	3. Multi-agency coordination and collaboration/coalition	
	1. Information Dissemination	
	6. Speaking engagements	2
	3. Alternatives	
	2. Youth/adult leadership activities	1
	5. Community-Based Process	
<b>Physically disabled</b>	3. Multi-agency coordination and collaboration/coalition	
	1. Information Dissemination	
	6. Speaking engagements	2
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1

	6. Environmental	
	5. Promoting the establishment or review of alcohol, tobacco, and drug use policies in the workplace or community	1
<b>Abuse victims</b>	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1
<b>Already using substances</b>	1. Information Dissemination	
	6. Speaking engagements	4
	3. Alternatives	
	2. Youth/adult leadership activities	1
	4. Problem Identification and Referral	
	3. Driving while under the influence/driving while intoxicated education programs	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	3
	6. Environmental	
	5. Promoting the establishment or review of alcohol, tobacco, and drug use policies in the workplace or community	1
<b>Older Adults</b>	1. Information Dissemination	
	4. Brochures	2
	6. Speaking engagements	10
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	7
	3. Alternatives	
	2. Youth/adult leadership activities	2
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	9

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**Footnotes:**

**IV: Population and Services Reports**

**Table 10 - Treatment Utilization Matrix**

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

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

Level of Care	SABG Number of Admissions ≥ Number of Persons Served		COVID-19 Number of Admissions ≥ Number of Persons Served		SABG Costs per Person			COVID-19 Costs per Person <sup>1</sup>			ARP Costs per Person <sup>2</sup>		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
<b>DETOXIFICATION (24-HOUR CARE)</b>													
1. Hospital Inpatient	5	5	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Free-Standing Residential	94	87	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>REHABILITATION/RESIDENTIAL</b>													
3. Hospital Inpatient	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Short-term (up to 30 days)	2,755	2,113	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Long-term (over 30 days)	428	381	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	6,745	6,127	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Intensive Outpatient	1,040	938	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Detoxification	5	5	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>OUD MEDICATION ASSISTED TREATMENT</b>													
9. OUD Medication-Assisted Detoxification <sup>3</sup>	13	12	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. OUD Medication-Assisted Treatment Outpatient <sup>4</sup>	339	309	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

Not applicable.

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

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

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

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

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**Footnotes:**  
 SABG Costs per person not available  
 11/18/22 MTilotta- COVID 19 and ARP funding costs per person and number of admssions is marked 0 as funding expended is not client specific. SAMHSA approved plan allowed for the Department to expend funding on infrastructure including, but not limited to, sud primary prevention, treatment staffing and training, physical plant expenditures, workforce development recruitment, staffing and retention needs, EHR/data system enhancements, enhanced service reimbursement, staffing capacity, training, recovery housing and community centers, and data collection.

Data as reported by licensed SUD providers  
 Number of Admissions is the distinct count of Admissions/Trasfer Care Status Records  
 Program Area equals SUD  
 Report filtered for Public Funds only

## IV: Population and Services Reports

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

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

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

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

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO		
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
1. 17 and Under	436	217	100	49	13	0	0	5	1	3	1	0	0	22	25	224	95	53	24	
2. 18 - 24	1,531	706	472	148	62	1	1	3	2	13	16	0	0	65	42	764	515	111	48	
3. 25 - 44	7,080	3,302	2,417	505	212	17	5	33	11	69	60	0	0	324	125	2,560	318	318	169	
4. 45 - 64	2,334	1,263	646	203	50	1	0	7	1	13	24	0	0	94	32	690	72	25	45	
5. 65 and Over	230	137	62	16	1	0	1	0	0	0	0	0	0	11	2	61	2	1	6	
<b>6. Total</b>	<b>11,611</b>	<b>5,625</b>	<b>3,697</b>	<b>921</b>	<b>338</b>	<b>19</b>	<b>7</b>	<b>48</b>	<b>15</b>	<b>98</b>	<b>101</b>	<b>0</b>	<b>0</b>	<b>516</b>	<b>226</b>	<b>4,299</b>	<b>1,002</b>	<b>508</b>	<b>292</b>	
7. Pregnant Women	197		168		20		0		1		3		0		5		182		13	
Number of persons served who were admitted in a period prior to the 12 month reporting period		2,070																		
Number of persons served outside of the levels of care described on Table 10		303																		

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

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

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

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

Age	Gender Identity (GI): "Do you think of yourself as:"					Sexual Orientation (SO): "Do you think of yourself as:"						
	Cisgender Male	Cisgender Female	Transgender Man/Trans Man/Female-To-Male	Transgender Woman/Trans Woman/Male-To-Female	Genderqueer/Gender Non-Conforming/Neither Exclusively Male Nor Female	Additional Gender Category (or Other)	Straight or Heterosexual	Lesbian or Gay	Bisexual	Queer, Pansexual, and/or Questioning	Something Else; Please Specify:	
1. 17 and Under	272	122	1	1	0	3	334	4	19	23	0	
2. 18 - 24	827	508	3	0	3	8	1,213	22	56	29	0	
3. 25 - 44	3,575	2,366	3	9	5	73	5,566	89	158	106	0	
4. 45 - 64	1,363	631	2	3	0	10	1,894	25	15	21	0	
5. 65 and Over	143	60	1	0	0	1	200	0	0	2	0	
<b>6. Total</b>	<b>6,180</b>	<b>3,687</b>	<b>10</b>	<b>13</b>	<b>8</b>	<b>95</b>	<b>9,207</b>	<b>140</b>	<b>248</b>	<b>181</b>	<b>0</b>	

**Footnotes:**

11/18/22 Mtilotta-

Table 11B COVID 19 Unduplicated Count of Persons- Marked as 0 as not applicable to the Department. Funding recieved was utilized for infrastructure and not client specific. Approved plan by SAMHSA allowed for the Department to expend funding on infrastructure including, but not limited to, sud primary prevention staffing and training, physical plant expenditures, workforce development recruitment, staffing and retention needs, EHR/data system enhancements, enhanced service reimbursement, staffing capacity, training, recovery housing and community centers, and data collection.

Table 11C- Two or more races documented within unknown column as data of more than two races is not collected. Data collected by individuals who agreed to respond to the questions. Not included in the counts are "not collected" or "refused"

Table 11A- Data as reported by licensed SUD providers

Number of Admissions is the distinct count of Admissions/Transfer Care Status Records  
Program Area equals SUD

Regarding Data:

Iowa launched the Iowa Behavioral Health Reporting System (IBHRS) on July 1, 2021 to replace the legacy Central Data Repository and I-SMART data collection systems. IBHRS houses data reported to the State by licensed substance use disorder treatment providers as required in code. The Iowa Department of Health and Human Services (Department) manages IBHRS, and has provided and offered IBHRS training opportunities and technical assistance to providers since January 2021. With a significant number of licensed providers not yet up to date with reporting required data, IBHRS data reported from July 1, 2021 onward should be considered incomplete at this time. The Department will continue to work with providers not yet current in their IBHRS data reporting and assist them in reporting missing data and resume regular (at least monthly) data reporting.

NOT FINAL

## IV: Population and Services Reports

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

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

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

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**Footnotes:**

Iowa is not a HIV designated state. Michele Tilotta 9/19/22

NOT FINAL

## IV: Population and Services Reports

### Table 13 - Charitable Choice

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

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

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

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

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

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

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

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

Trainings are held annually with the Iowa Provider Network Contractors; none of which are faith based organizations. IPN contractors have internal policies and procedures regarding referral processes if clients object to services.

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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]	197	174
Total number of clients with non-missing values on employment/student status [denominator]	991	991
Percent of clients employed or student (full-time and part-time)	19.9 %	17.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,903
Number of CY 2021 discharges submitted:		1,471
Number of CY 2021 discharges linked to an admission:		1,175
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,116
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		991

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

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	24	40
Total number of clients with non-missing values on employment/student status [denominator]	197	197
Percent of clients employed or student (full-time and part-time)	12.2 %	20.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		351
Number of CY 2021 discharges submitted:		291
Number of CY 2021 discharges linked to an admission:		210
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		201

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	197
-----------------------------------------------------------------------------------------	-----

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

### 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]	2,086	2,228
Total number of clients with non-missing values on employment/student status [denominator]	3,750	3,750
Percent of clients employed or student (full-time and part-time)	55.6 %	59.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		8,025
Number of CY 2021 discharges submitted:		8,068
Number of CY 2021 discharges linked to an admission:		4,848
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,525
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		3,750

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

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	137	141
Total number of clients with non-missing values on employment/student status [denominator]	378	378
Percent of clients employed or student (full-time and part-time)	36.2 %	37.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,227
Number of CY 2021 discharges submitted:		964
Number of CY 2021 discharges linked to an admission:		484
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		428

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

378

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

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**Footnotes:**

NOT FINAL

## 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]	617	616
Total number of clients with non-missing values on living arrangements [denominator]	991	991
Percent of clients in stable living situation	62.3 %	62.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,903
Number of CY 2021 discharges submitted:		1,471
Number of CY 2021 discharges linked to an admission:		1,175
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,116
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		991

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

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	94	102
Total number of clients with non-missing values on living arrangements [denominator]	197	197
Percent of clients in stable living situation	47.7 %	51.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		351
Number of CY 2021 discharges submitted:		291
Number of CY 2021 discharges linked to an admission:		210
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		201
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		197

**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]	2,937	2,970
Total number of clients with non-missing values on living arrangements [denominator]	3,825	3,825
Percent of clients in stable living situation	76.8 %	77.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		8,025
Number of CY 2021 discharges submitted:		8,068
Number of CY 2021 discharges linked to an admission:		4,848
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,525
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		3,825

**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]	263	263
Total number of clients with non-missing values on living arrangements [denominator]	381	381
Percent of clients in stable living situation	69.0 %	69.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,227
Number of CY 2021 discharges submitted:		964
Number of CY 2021 discharges linked to an admission:		484
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		428
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		381

**Footnotes:**

NOT FINAL

## 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]	904	970
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	994	994
Percent of clients without arrests	90.9 %	97.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,903
Number of CY 2021 discharges submitted:		1,471
Number of CY 2021 discharges linked to an admission:		1,175
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,119
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		994

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

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	185	196
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	199	199
Percent of clients without arrests	93.0 %	98.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		351
Number of CY 2021 discharges submitted:		291
Number of CY 2021 discharges linked to an admission:		210
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		203

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	199
-----------------------------------------------------------------------------------------	-----

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

## Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	3,515	3,831
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,978	3,978
Percent of clients without arrests	88.4 %	96.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		8,025
Number of CY 2021 discharges submitted:		8,068
Number of CY 2021 discharges linked to an admission:		4,848
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,710
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		3,978

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

## Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	347	373
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	396	396
Percent of clients without arrests	87.6 %	94.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,227
Number of CY 2021 discharges submitted:		964
Number of CY 2021 discharges linked to an admission:		484
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		445



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

396

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

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**Footnotes:**

NOT FINAL

## 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]	535	626
All clients with non-missing values on at least one substance/frequency of use [denominator]	990	990
Percent of clients abstinent from alcohol	54.0 %	63.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		108
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	455	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		23.7 %

#### 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]		518
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	535	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.8 %

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

Number of CY 2021 admissions submitted:	1,903
Number of CY 2021 discharges submitted:	1,471
Number of CY 2021 discharges linked to an admission:	1,175
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,119
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	990

**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]	119	139
All clients with non-missing values on at least one substance/frequency of use [denominator]	198	198
Percent of clients abstinent from alcohol	60.1 %	70.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		25
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	79	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		31.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		114
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	119	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.8 %

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

Number of CY 2021 admissions submitted:	351
Number of CY 2021 discharges submitted:	291
Number of CY 2021 discharges linked to an admission:	210
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	203
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	198

**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]	2,720	2,695
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,972	3,972
Percent of clients abstinent from alcohol	68.5 %	67.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		349
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,252	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		27.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,346
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,720	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		86.3 %

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

Number of CY 2021 admissions submitted:	8,025
Number of CY 2021 discharges submitted:	8,068
Number of CY 2021 discharges linked to an admission:	4,848
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,710
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	3,972

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

**Intensive Outpatient (IO)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	237	258
All clients with non-missing values on at least one substance/frequency of use [denominator]	417	417
Percent of clients abstinent from alcohol	56.8 %	61.9 %

**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]		50
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	180	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		27.8 %

**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]		208
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	237	
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 2021 admissions submitted:	1,227
Number of CY 2021 discharges submitted:	964
Number of CY 2021 discharges linked to an admission:	484
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	445
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	417

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

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**Footnotes:**

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	288	326
All clients with non-missing values on at least one substance/frequency of use [denominator]	990	990
Percent of clients abstinent from drugs	29.1 %	32.9 %

#### 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]		106
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	702	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		15.1 %

#### 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]		220
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	288	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.4 %

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

Number of CY 2021 admissions submitted:	1,903
Number of CY 2021 discharges submitted:	1,471
Number of CY 2021 discharges linked to an admission:	1,175
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,119
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	990

**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]	78	86
All clients with non-missing values on at least one substance/frequency of use [denominator]	198	198
Percent of clients abstinent from drugs	39.4 %	43.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		29
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	120	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		24.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		57
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	78	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		73.1 %

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

Number of CY 2021 admissions submitted:	351
Number of CY 2021 discharges submitted:	291
Number of CY 2021 discharges linked to an admission:	210
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	203
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	198

**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]	2,559	2,251
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,972	3,972
Percent of clients abstinent from drugs	64.4 %	56.7 %

**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]		281
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,413	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		19.9 %

**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]		1,970
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,559	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		77.0 %

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

Number of CY 2021 admissions submitted:	8,025
Number of CY 2021 discharges submitted:	8,068
Number of CY 2021 discharges linked to an admission:	4,848
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,710
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	3,972

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

**Intensive Outpatient (IO)**

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

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



	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	172	162
All clients with non-missing values on at least one substance/frequency of use [denominator]	417	417
Percent of clients abstinent from drugs	41.2 %	38.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		30
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	245	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		12.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		132
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	172	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.7 %

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

Number of CY 2021 admissions submitted:	1,227
Number of CY 2021 discharges submitted:	964
Number of CY 2021 discharges linked to an admission:	484
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	445
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	417

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

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#### Footnotes:

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	92	92
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,119	1,119
Percent of clients participating in self-help groups	8.2 %	8.2 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,903
Number of CY 2021 discharges submitted:		1,471
Number of CY 2021 discharges linked to an admission:		1,175
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,119
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		1,119

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

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	45	45
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	203	203
Percent of clients participating in self-help groups	22.2 %	22.2 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		351
Number of CY 2021 discharges submitted:		291

Number of CY 2021 discharges linked to an admission:	210
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	203
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	203

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

### Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	378	378
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	4,710	4,710
Percent of clients participating in self-help groups	8.0 %	8.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	

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

Number of CY 2021 admissions submitted:	8,025
Number of CY 2021 discharges submitted:	8,068
Number of CY 2021 discharges linked to an admission:	4,848
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,710
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	4,710

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

### Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	48	48
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	445	445
Percent of clients participating in self-help groups	10.8 %	10.8 %
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]	0.0 %	

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

Number of CY 2021 admissions submitted:	1,227
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Number of CY 2021 discharges submitted:	964
Number of CY 2021 discharges linked to an admission:	484
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	445
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	445

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

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**Footnotes:**

NOT FINAL

## 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	15	1	3	17
2. Free-Standing Residential	19	2	3	6
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	11	2	5	12
4. Short-term (up to 30 days)	34	9	25	30
5. Long-term (over 30 days)	95	39	73	116
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	104	38	78	142
7. Intensive Outpatient	65	17	39	86
8. Detoxification	0	0	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification <sup>3</sup>				

Level of Care	2021 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	40	38
2. Free-Standing Residential	247	221
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	346	265
4. Short-term (up to 30 days)	1471	1175
5. Long-term (over 30 days)	291	210

<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	8068	4721
7. Intensive Outpatient	964	484
8. Detoxification	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification <sup>3</sup>		

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

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

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

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**Footnotes:**

NOT FINAL

## V: Performance Data and Outcomes

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

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

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.  
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.  
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**Footnotes:**

NOT FINAL



## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2019 - 2020		<input type="text"/>
	Age 21+ - CY 2019 - 2020		<input type="text"/>
2. Perception of Risk From Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>

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**Footnotes:**

## V: Performance Data and Outcomes

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

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

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

NOT FINAL

## V: Performance Data and Outcomes

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

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

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**Footnotes:**

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

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

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**Footnotes:**

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	<p><b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a>.</p> <p><b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2019		<input type="text"/>

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**Footnotes:**

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

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

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**Footnotes:**

NOT FINAL

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

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

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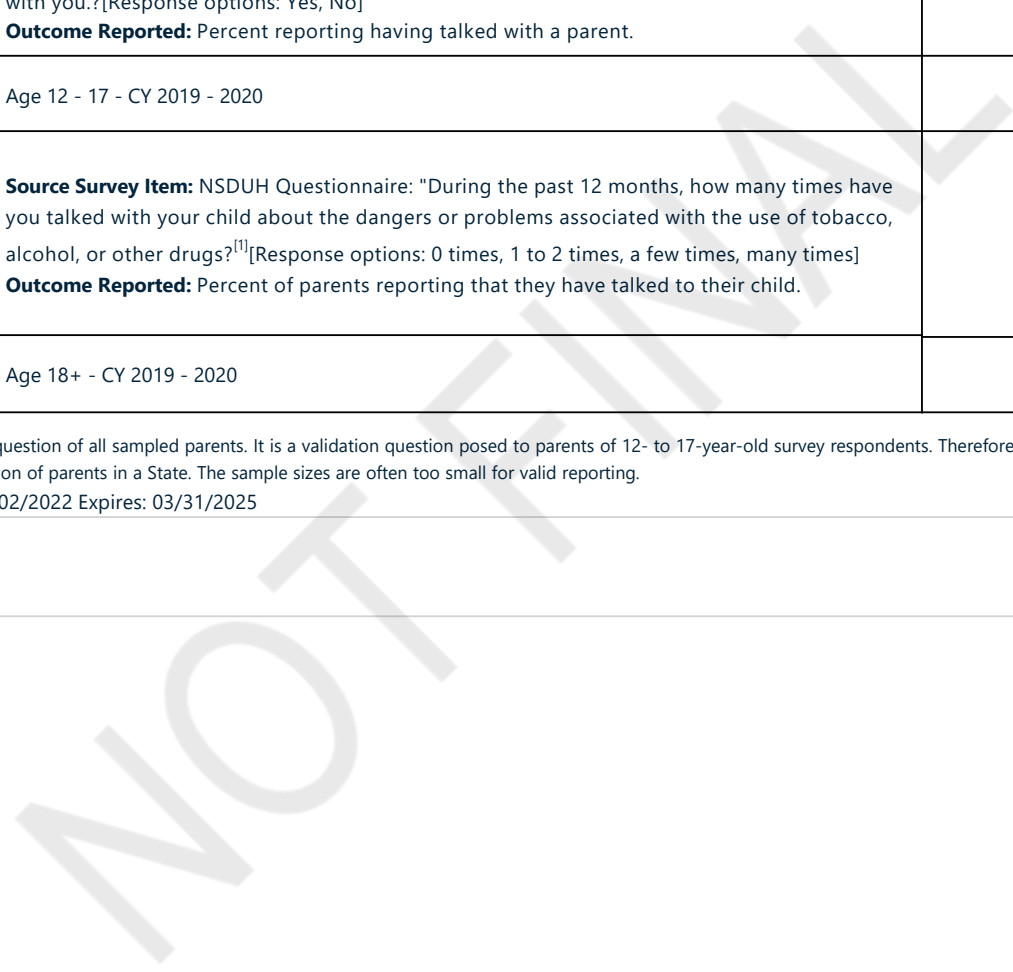
**Table 29 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Social Connectedness Measure: Family Communications Around Drug and Alcohol Use**

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

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

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use]<sup>[1]</sup>?"</p> <p><b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>

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

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

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2020	12/31/2020
2. Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2020	12/31/2020
3. Table 33 (Optional) - Primary Substance Use Disorder Prevention Number of Persons Served by Type of Intervention	1/1/2020	12/31/2020
4. Table 34 - Primary Substance Use Disorder Prevention Evidence-Based Programs and Strategies by Type of Intervention	1/1/2020	12/31/2020
5. Table 35 - Total Primary Substance Use Disorder Prevention Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on Primary Substance Use Disorder Prevention Evidence-Based Programs/Strategies	10/1/2019	9/30/2021

### General Questions Regarding Prevention NOMS Reporting

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

The NOMS data were collected in the web-based Iowa Service Management and Reporting Tool (I-SMART) data reporting system.

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

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

Participant race categories were reported as White, Black/African American, Native Hawaiian/Other Pacific Islander, Asian, American Indian/Alaskan Native, More than one race, and Race Unknown/Other. Participants reporting more than one race were entered in the More than one race category.

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

Category	Total
<b>A. Age</b>	<b>34,493</b>
0-4	3
5-11	4,015
12-14	6,005
15-17	1,787
18-20	410
21-24	906
25-44	11,842
45-64	8,331
65 and over	1,194
Age Not Known	0
<b>B. Gender</b>	<b>34,493</b>
Male	11,421
Female	23,072
Gender Unknown	0
<b>C. Race</b>	<b>34,493</b>
White	30,198
Black or African American	2,453
Native Hawaiian/Other Pacific Islander	37
Asian	298
American Indian/Alaska Native	126
More Than One Race (not OMB required)	1,379

Race Not Known or Other (not OMB required)	2
<b>D. Ethnicity</b>	<b>34,493</b>
Hispanic or Latino	2,094
Not Hispanic or Latino	32,399
Ethnicity Unknown	0

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**Footnotes:**

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

Category	Total
<b>A. Age</b>	<b>10268</b>
0-4	53
5-11	1120
12-14	2737
15-17	2309
18-20	369
21-24	433
25-44	1790
45-64	1332
65 and over	125
Age Not Known	0
<b>B. Gender</b>	<b>10268</b>
Male	4634
Female	5634
Gender Unknown	0
<b>C. Race</b>	<b>10268</b>
White	8789
Black or African American	618
Native Hawaiian/Other Pacific Islander	10
Asian	186
American Indian/Alaska Native	68
More Than One Race (not OMB required)	597

Race Not Known or Other (not OMB required)	0
<b>D. Ethnicity</b>	<b>10268</b>
Hispanic or Latino	913
Not Hispanic or Latino	9355
Ethnicity Unknown	0

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

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	31,535	N/A
2. Universal Indirect	N/A	\$10,268.00
3. Selective	2,574	N/A
4. Indicated	384	N/A
<b>5. Total</b>	<b>34,493</b>	<b>\$10,268.00</b>
<b>Number of Persons Served<sup>1</sup></b>	<b>34,493</b>	<b>10,268</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:**

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

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

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

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

Iowa supports an Evidence-Based Practice (EBP) Workgroup that reviews the above definition from SAMHSA and serves to provide guidance to all prevention grants administered through the Iowa Department of Public Health (IDPH or Department). The EBP Workgroup was originally developed through a Five-Year Substance Abuse Prevention Strategic Plan for the State of Iowa. This Strategic Plan encompassed the timeframe of 2018-2022 and included a Work Plan to guide prevention efforts. This Strategic Plan included the following strategies to enhance evidence-based practices in Iowa: 1. Develop a resource guide of substance abuse prevention best practices, programs, and policies that are evidence-based or evidence-informed as defined by the Department. 2. Develop a template of questions around substance use/misuse to be used in community needs assessments across Iowa. 3. Develop and launch a toolkit by FY2020 Q3 for communities to use when advocating for public policy change in the prevention of substance abuse. As a direct impact of COVID-19, the EBP Workgroup meetings were put on hold, with virtual communication taking place over the past year. The EBP Workgroup resumed meeting in August 2022 and plans to meet monthly. The Department, in collaboration with the EBP Workgroup, has approved a list of evidence-based programs (EBPs), policies, and procedures that were derived from national registries as well as EBPs utilized in previous SAMHSA funded grants administered by IDPH. These EBPs are noted in the "IDPH Evidence-Based Program, Practices and Policies Selection and Implementation Guide" and each meets SAMHSA's definition of evidence-based programs and strategies. Approved EBPs include individual-level and population-level strategies to best serve Iowans. Integrated Provider Network (IPN) grant contractors selected services from this guide to include in their prevention action plans through the Planning step of the Strategic Prevention Framework. All EBPs must be implemented with fidelity to ensure the desired outcomes are achieved. Fidelity is defined as the degree to which a program is implemented according to its design. Any Department funded prevention contractor that anticipates a program modification or adaptation to an EBP needs to submit an Adaptation Request Form. Any prevention contractor that requests to implement a program not on the Department approved list of evidence-based programs, policies and procedures needs to submit an Evidence-Based Practice Waiver Request Form. These forms must be submitted and the request approved by the Evidence-Based Practice Review Team before implementation may begin. The Adaptation Request and/or Waiver process is utilized even in the event the program developer provides approval to a prevention contractor who directly requests any changes. The Evidence-Based Practice Review Team is a subcommittee of the Department-led Evidence-Based Practice Workgroup. It is responsible for reviewing Adaptation and/or Waiver Request Forms and providing responses in a timely manner.

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

Iowa used the Iowa System Management and Reporting Tool (I-SMART) system's Prevention Intervention data to compile the numbers of evidence-based and non-evidence based programs and strategies.

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

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	172	14	186	32	30	248

2. Total number of Programs and Strategies Funded	172	14	186	32	30	248
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %

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**Footnotes:**

During 2022, the Iowa Department of Public Health created and disseminated an "Evidence-Based Programs, Practices and Policies Selection and Implementation Guide," and now all funded contractors are required to implement only programs included in this guide.

As a result, the Total Number of Evidence-Based Programs and Strategies Funded and the Total number of Programs and Strategies Funded are equal.

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

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 212	\$400,137.75
Universal Indirect	Total # 11	\$74,148.62
Selective	Total # 66	\$151,210.23
Indicated	Total # 38	\$97,187.66
Unspecified	Total # 0	\$0.00
	Total EBPs: 327	Total Dollars Spent: \$722,684.26
<b>Primary Prevention Total<sup>1</sup></b>	<b>\$3,124,241.00</b>	

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

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### Prevention Attachments

#### Submission Uploads

FFY 2023 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2023 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2023 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2023 Prevention Attachment Category D:		
File	Version	Date Added

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