Arkansas

UNIFORM APPLICATION
FY 2023 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Arkansas Department of Human Services

Organizational Unit Division of Aging, Adult and Behavioral Health Services

Mailing Address Post Office Box 1437 Slot W-241

City Little Rock

Zip Code 72203-1437

II. Contact Person for the Block Grant

First Name Boyce

Last Name Hamlet

Agency Name AR Department of Human Services, Division of Aging, Adult and Behavioral Health Services

Mailing Address PO Box 1437 Slot W-241

City Little Rock

Zip Code 72203-1437

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III. Expenditure Period

State Expenditure Period

From 7/1/2021

To 6/30/2022

Block Grant Expenditure Period

From 10/1/2019

To 9/30/2021

IV. Date Submitted

Submission Date 12/1/2022 11:37:03 AM

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V. Contact Person Responsible for Report Submission

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VI. Contact Person Responsible for Substance Use Disorder Data

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Footnotes:

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #:	1
Priority Area:	Substance Abuse Prevention
Priority Type:	SAP
Population(s):	PP (Adolescents w/SA and/or MH)

Goal of the priority area:

Goal 1: Support implementation of prevention programs and strategies that increase the perception of risk associated with the use of alcohol, tobacco, marijuana and prescription drugs by youth in Arkansas.

GOAL 2: Reduce the Opioid Overdose Death Rates in Arkansas.

GOAL 3: Strengthen and enhance Arkansas Prevention Infrastructure and leadership to manage, lead and sustain effective substance abuse prevention and behavioral health promotion programs and strategies.

GOAL 4: Evaluate Arkansas' substance abuse prevention system.

Objective:

The overall goal is to provide primary substance prevention providers and other behavioral health stakeholders with skills to reduce risk factors and increase protective factors on a range of substance use behaviors and to provide a road map on enhancing prevention infrastructure at local and state levels.

Strategies to attain the goal:

1. Disseminate information through speaking engagements, brochures, newsletters, media campaigns/radio/TV public service announcements, health fairs, and social media on how alcohol effects the body and brain development of youth.
2. Increase knowledge and skills by educating youth/parents on risks using evidence based substance abuse prevention curriculum, peer leadership programs, and parenting/family management classes.
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3. Provide prevention training to physical education (PE), counselors and health teachers who are primarily responsible for substance abuse prevention in classrooms.
4. Partner with community coalitions, policy makers, and other stakeholders to change community norms towards alcohol usage.
5. Partner with law enforcement and local policy makers to enforce social host law to reduce hosting underage drinking parties in their communities
6. Continue efforts by State Drug Director's office, Division of Aging, Adult, and Behavioral Health Services, Drug Enforcement Agency, Arkansas Health Department and law enforcement to raise community awareness through Monitor, Secure and Dispose campaign.
7. Partner with Criminal Justice Institute to provide training on Naloxone to all first responders, school resource officers, and other community stakeholders.
8. Continue efforts to promote drug take back days and medicine drop boxes to reduce access to prescription drugs.
9. Encourage enforcement of prescription drug monitoring programs to reduce the over prescribing of medication and doctor shopping.

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

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Lower the reported 30 day alcohol usage rate among middle and high school students
Baseline Measurement:	SFY 2019 = 9.7%
First-year target/outcome measurement:	SFY 2021 = 9.0%
Second-year target/outcome measurement:	SFY 2023 = 8.8%
New Second-year target/outcome measurement*(if needed)*:	

Data Source:

Arkansas Prevention Needs Assessment (APNA) Survey
Description of

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

Description of Data:

The APNA survey instrument has a rich history of collecting valid data from Arkansas students. Through the years, the instrument has evolved to respond to current trends in drug use, to allow for comparisons with national data, and to collect data on risk and protective factor indicators that assist substance use prevention and other programming designed for student well-being.

The original survey was developed in 1992 by the Center for Substance Abuse Prevention through the Social Development Research Group at the University of Washington. This instrument was modified with results of cognitive pre-testing and other statistical analyses to maximize the validity of the collected survey data. An administration protocol was developed and tested to ensure that the anonymity of the data collection process was communicated to the students resulting in improved honesty in the data set.

The most recent questionnaire was then modified in 2002 to create the APNA survey. Modifications, including the addition of specific questions about substance use, tobacco availability, and tobacco use, allowed the APNA survey to more accurately reflect the Arkansas substance use and problem behavior climate. Throughout the years, trending substances have been added to the questionnaire (e.g.,over-the-counter drugs, e-cigarettes, bath salts, prescription drugs, etc). However, the measurement of risk and protective factors, along with the prevalence of alcohol, tobacco, and other drug use and antisocial behaviors, has always maintained core elements to allow for year-to-year comparisons.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Print surveys returned are first checked to eliminate blank, damaged or unusable forms or, forms reporting students being in grades 7, 9, or 11. Staff scan the forms and prepare the data for analysis. For online surveys, data is collected on load-balanced virtual servers and combined with data from paper surveys before analysis. To ensure anonymity and as part of the dataset development, the scoring system automatically suppresses the calculation of results when any subgroup of data contains responses from fewer than 10 students. Data from these small subgroups are, however, aggregated into reports for larger geographic areas (i.e., district, regional, and state reports).

Beyond the preliminary checks for valid surveys, several other checks are built into the data screening process to minimize the inclusion of students who were not truthful in their responses. Invalid individual student surveys were identified using five specific criteria: 1) the student indicated that he or she was "Not Honest at All" in completing the survey; 2) the student reported an impossibly high frequency of multiple drug use; 3) the student indicated that he or she had used the non-existent drug Pegaramide; 4) there was a large age differential between grade level and the student's age as reported by the student; and 5) the student report contained logical inconsistencies between past 30-day use and lifetime use rates.

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 rate is 9.0% for SFY21

Indicator #:	2
Indicator:	Lower the reported 30 day cigarette usage rate among middle and high school students
Baseline Measurement:	SFY 2019 = 3.3%
First-year target/outcome measurement:	SFY 2021 = 3.2%
Second-year target/outcome measurement:	SFY 2023 = 3.1%

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

Data Source:

Arkansas Prevention Needs Assessment (APNA) Survey

New Data Source*(if needed)*:

Description of Data:

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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 rate is 2.0% for SFY21

Indicator #:	3
Indicator:	Lower the reported 30 day smokeless tobacco usage rate among middle and high school students
Baseline Measurement:	SFY 2019 = 3.1%
First-year target/outcome measurement:	SFY 2021 = 3.0%
Second-year target/outcome measurement:	SFY 2023 = 2.9%

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

Data Source:

Arkansas Prevention Needs Assessment (APNA) Survey

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

Description of Data:

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New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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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 rate is 2.0% for SFY21

Indicator #:	4
Indicator:	Lower the lifetime e-cigarette usage among middle and high school students
Baseline Measurement:	SFY 2019 = 24.7%
First-year target/outcome measurement:	SFY 2021 = 22.8%
Second-year target/outcome measurement:	SFY 2023 = 21%

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

Data Source:

> Arkansas Prevention Needs Assessment (APNA) survey

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

Description of Data:

> The APNA survey instrument has a rich history of collecting valid data from Arkansas students. Through the years, the instrument has evolved to respond to current trends in drug use, to allow for comparisons with national data, and to collect data on risk and protective factor indicators that assist substance use prevention and other programming designed for student well-being.
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New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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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 rate is 16.9% for SFY21

Indicator #:	5
Indicator:	Lower the reported 30 day e-cigarette usage among middle and high school students
Baseline Measurement:	SFY 2019 = 11.1%
First-year target/outcome measurement:	SFY 2021 = 11%
Second-year target/outcome measurement:	SFY 2023 = 10.8%

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

Data Source:

Arkansas Prevention Needs Assessment (APNA) Survey

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

Description of Data:

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New Description of Data:*(if needed)*

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New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The rate is 11.1% for SFY21

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

Indicator #:	6
Indicator:	Lower the reported 30 day rate for misuse of prescription drugs
Baseline Measurement:	SFY 2019 = 2.3%
First-year target/outcome measurement:	SFY 2021 = 2.2%
Second-year target/outcome measurement:	SFY 2023 = 2.1%

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

Data Source:

Arkansas Prevention Needs Assessment (APNA) Survey

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

Description of Data:

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New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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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 rate is 2.2% for SFY21

Indicator #:	7
Indicator:	Sustain or lower the reported 30 day methamphetamine usage among middle and high school students
Baseline Measurement:	SFY 2019 = 0.2%
First-year target/outcome measurement:	SFY 2021 = 0.1%
Second-year target/outcome measurement:	SFY 2023 = 0.1%

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

Data Source:

Arkansas Prevention Needs Assessment (APNA) Survey

New Data Source*(if needed)*:

Description of Data:

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New Description of Data:*(if needed)*

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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 rate is 0.1% for SFY21

Indicator #:	8
Indicator:	Increase the reported perception of risk for marijuana use among Arkansas youth
Baseline Measurement:	SFY 2019 = 44.2%
First-year target/outcome measurement:	SFY 2021 = 45.6%
Second-year target/outcome measurement:	SFY 2023 = 47%

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

Data Source:

Arkansas Prevention Needs Assessment (APNA) Survey

New Data Source*(if needed)*:

Description of Data:

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New Description of Data:*(if needed)*

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New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

The rate is 30.8% for SFY21

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

Indicator #:	9
Indicator:	Gather past 2-week binge drinking rate among college students
Baseline Measurement:	Establish baseline data
First-year target/outcome measurement:	reduce baseline data by 3%
Second-year target/outcome measurement:	reduce baseline data by 5%

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

Data Source:

Collegiate Substance Abuse Assessment Survey

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

Description of Data:

Developed & implemented by UALR SRC starting SFY 2021.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Potential data issues could include lack of participation in the survey, data loss, skewed data due to the composition of the sample population

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)***:**

Baseline is 15.6% for SFY2021

Indicator #:   10

Indicator: Lower the rate of intentional overdose deaths from drugs

Baseline Measurement: 2019 = 7%

First-year target/outcome measurement: 2021 = 6.5%

Second-year target/outcome measurement: 2023 = 6%

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

Data Source:

Arkansas Opioid Response Dashboard

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

Description of Data:

This Dashboard was created by the AFMC with data sourced from the Arkansas Department of Health. The data measures crude rate per 100,000 of opioid related deaths in each Arkansas county

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Data issues could include small opioid overdose death rates being reported, with some counties reporting zero deaths. Basing opioid abuse prevention efforts on this measure may lead to inaccuracies.

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:

In 2020 the age adjusted opioid overdose death rate for Arkansas residents was 9.96%. In 2021 the rate was 13.7%

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

Indicator #:	11
Indicator:	Lower the rate of All Drug Overdose Death Rates
Baseline Measurement:	2018 = 14.3%
First-year target/outcome measurement:	2021 = 13%
Second-year target/outcome measurement:	2023 = 12%

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

Data Source:

Arkansas Opioid Response Dashboard

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

Description of Data:

Dashboard created by the AFMC with data sourced from the Arkansas Department of Health.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The data measures crude rate per 100,000 of drug overdose related deaths in each Arkansas county. Data issues could include small drug overdose death
rates being reported, with some counties reporting zero deaths. Basing drug abuse prevention efforts on this measure may lead to inaccuracies.

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:

In 2020 the rate of overdose deaths in Arkansas was 18.16%. In 2021 it was 20.52%

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

Priority #:	2
Priority Area:	Substance Use Disorder (SUD) Treatment Workforce Development
Priority Type:	SAT
Population(s):	PWWDC, PWID

Goal of the priority area:

Increase state capacity to provide SUD treatment in Arkansas

Objective:

Provide high quality SUD treatment based on evidence based practices.

Strategies to attain the goal:

1. Support certification programs for counselors-in-training.

2. Support cross-over training of Licensed Mental Health Professionals.
3. Build quality through support of evidence based practice training for substance abuse treatment professionals.

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

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Increase the number of individuals who have received certification as an Alcohol and Drug Counselor Counselor
Baseline Measurement:	38
First-year target/outcome measurement:	3% increase from baseline
Second-year target/outcome measurement:	5% increase from baseline 5% increase from baseline baseline5%

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

Data Source:

Arkansas Substance Abuse Certification Board records

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

Description of Data:

Baseline is total of individuals who passed the SUD treatment Alcohol and Drug Counselor certification exam

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

In 2022 there were 17 Alcohol and Drug Counselors newly certified, for a total of 290. This is a decrease 26 certified ADCs from 2021.

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

Indicator #:	2
Indicator:	Increase the number of individuals who have received certification as an Advanced Alcohol and Drug Counselor and Drug Counselor
Baseline Measurement:	8
First-year target/outcome measurement:	3% increase from baseline
Second-year target/outcome measurement:	baseline5% increase from baseline

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

Data Source:

Arkansas Substance Abuse Certification Board

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

Description of Data:

Baseline is total of individuals who passed the SUD treatment Advanced Alcohol and Drug Counselor certification exam

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

In 2022 there were 10 Advanced Alcohol and Drug Counselors newly certified, for a total of 113 This is a decrease of 2 certified AADCs from 2021.

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

Indicator #:	3
Indicator:	Increase the number of individuals who have received certification as a Clinical Supervisor
Baseline Measurement:	8
First-year target/outcome measurement:	3% increase from baseline
Second-year target/outcome measurement:	5% increase from baseline

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

Data Source:

Arkansas Substance Abuse Certification Board

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

Description of Data:

Baseline is total of individuals who passed the SUD treatment Clinical Supervisor certification exam

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

In 2022 there were 5 Clinical Supervisors newly certified, for a total of 100. This is an increase of 7 certified CS from 2021.

Priority #: 3

Priority Area: Access to Substance Use Disorder Treatment services

Priority Type: SAT

Population(s): PWWDC, PWID, Other (Rural)

Goal of the priority area:

Maintain or expand access to SUD treatment programs in Arkansas

Objective:

Ensure statewide access to SUD treatment, especially in rural areas of the state.

Strategies to attain the goal:

1. Continue to support an array of licensed SUD treatment programs offered statewide including detoxification, residential, outpatient services, partial day treatment, adolescent services, therapeutic community, drug court, and specialized women's services.

2. Contract with select regional providers to support services to indigent clients across all regions of the state.

3. Support initiatives of state public behavioral health system including Medicaid funding for SUD outpatient treatment and community-based programming.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase the number of clients admitted to SUD treatment progams offered through state licensed providers. licensed providers.

Baseline Measurement: 14,799

First-year target/outcome measurement: 1.5% increase from baseline

Second-year target/outcome measurement: baseline3% increase from baseline

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

Data Source:

ADMIS - Alcohol/Drug Management Information System, Treatment Information Report provided by program admit date.

New Data Source*(if needed)*:

Description of Data:

Count of treatment episodes based on admissions . This count includes services provided by all state licensed providers across all funding types.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

This is a count of treatment episodes across all treatment programs. If the same client attended more than one treatment program during the reporting period, the client is duplicated in the count.

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)*:

Rate increased 4% from baseline in SFY21

Priority #:   4

Priority Area: Access to Mental Health Treatment Services

Priority Type: MHS

Population(s):   SMI, SED

Goal of the priority area:

Expand access to quality mental health services for all citizen of Arkansas.

Objective:

Increase the state's capacity to provide high quality mental health treatment services.

Strategies to attain the goal:

Develop and implement evidenced based programs to expand and improve our continuum of care for SED/SMI populations.

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

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Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Increase the number of Peer Support Specialists certified in Arkansas.

Baseline Measurement: establish baseline

First-year target/outcome measurement: 20% increase from baseline

Second-year target/outcome measurement: 50% increase from baseline

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

Data Source:

NAADAC reporting via Oak Tree database

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

Description of Data:

Oak Tree database is an electronic system which tracks and manages applications, training hours, and supervision hours.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

none identified at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Baseline in December 2021 was a total 164. Peer in Training: 97, Core Peer Recovery Specialist: 48; Advanced Peer Recovery Specialist: 10; Peer Recovery Supervisor: 9

</div>

Indicator #: 2

Indicator: Develop and implement 3-4 pilot programs to improve Crisis Services via using training teams to ensure same day/next day access. (CASH Act funding source)

Baseline Measurement: Establish Baseline

First-year target/outcome measurement: Implement 2 pilot programs within the first year.

Second-year target/outcome measurement: Implement 2 additional pilot programs within the second year.

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

Data Source:

Report mechanism will be developed to track staff training, crisis calls and outreach efforts. Fidelity tool will be selected based on model chosen to implement. Number of individual accessing same day services, next day services, or not meeting goal of same day/next day services and why.

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

Description of Data:

Report will be developed to track staff training, outreach efforts and recruitment, and discharge data.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Arkansas has 2 Mobile Crisis Pilot projects implemented

Indicator #: 3

Indicator: Develop and implement 1 pilot programs to improve identification of persons experiencing a first episode of psychosis and ensure quality treatment services are provided via an evidence-based model. (Using American Rescue Act funds)

Baseline Measurement: Establish Baseline

First-year target/outcome measurement: Pilot program recipient will be identified, 50% of the staff will undergo FEP specific training, and outreach efforts will identify at least 20 individuals appropriate for this pilot program.

Second-year target/outcome measurement: Additional staff will be trained, outreach efforts will identify at least 15 new individuals appropriate for this pilot program, and fidelity of program elements will be monitored.

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

Data Source:

Report mechanism will be developed to track staff training, outreach efforts and recruitment. Fidelity tool will be selected based on model chosen to implement. Number of participants completing the program and discharging to lower or higher level of care.

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

Description of Data:

Report will be developed to track staff training, outreach efforts and recruitment, and discharge data.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

none at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Due to other immediate priorities identified by DHS leadership, FEP pilot project to implement Coordinated Specialty Care Model has been placed on hold temporarily and is also impacted as FEP training initiative has also been placed on hold. This project may be implemented in late SFY2023.

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

Indicator #:	4
Indicator:	Develop state-wide media campaign for Crisis Services and FEP services to reflect the "someone to call, someone to talk to, and somewhere to go" philosophy. (Using American Rescue Act funds)
Baseline Measurement:	Establish Baseline
First-year target/outcome measurement:	50% saturation of the state
Second-year target/outcome measurement:	100% saturation of the state

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

Contractor will report reach in each media platform.

New Data Source *(if needed)*:

Description of Data:

Number of website hits, time spent on website, social media follows and reposts, reactions. For print media, circulation. For billboards, traffic patterns.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

none at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Due to other immediate priorities identified by DHS leadership, the media campaign focusing on crisis services, particularly FEP services on college campuses has been placed on hold temporarily. This project may be implemented in late SFY2023.

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

Priority #: 5

Priority Area: Training Needs for Mental Health Staff

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Ensure quality mental health services for all citizen of Arkansas

Objective:

Increase the state's capacity to provide high quality mental health treatment services for trauma-informed care, FEP training, and Mental Health First Aid

Strategies to attain the goal:

Select models and trainers to implement evidence-based training in each area, develop an advertising campaign, track number of trainings and number trained.

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

┌─ **Annual Performance Indicators to measure goal success** ─────────────────

Indicator #: 1

Indicator: Implement Trauma-focused Cognitive Behavioral Therapy trainings (ARPA Funds)

Baseline Measurement: Establish Baseline

First-year target/outcome measurement: Implement 2 TFCBT training courses and supervision cohorts

Second-year target/outcome measurement: Implement 2 additional TFCBT training courses and supervision cohorts

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

Data Source:

Reporting will be provided by entity performing the training

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

Description of Data:

Data will be made available regarding the number of trainings held, the number of persons attending/completing training, and the number of persons who complete all supervision requirements to become TFCBT certified.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

none identified at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

50 training slots over the next 3 years (7/1/2022 through 6/30/2025)

Indicator #:	2
Indicator:	Implement evidence based First Episode of Psychosis trainings (CASH Act Funds)
Baseline Measurement:	Establish Baseline
First-year target/outcome measurement:	Implement 4 evidence based FEP training courses
Second-year target/outcome measurement:	Implement 4 additional evidence based FEP training courses

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

Data Source:

Reporting will be provided by entity performing the training

New Data Source*(if needed)*:

Description of Data:

Data will be made available regarding the number of trainings held, the number of persons attending/completing training.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None identified at this time

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Due to other immediate priorities identified by DHS leadership, FEP training initiative has been placed on hold. This project may be implemented in late SFY2023. The NAVIGATE model has been selected by our FEP work group when we are ready to proceed.

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

Indicator #:	3
Indicator:	Implement Mental Health First Aid trainings (ARPA Funds)
Baseline Measurement:	Establish Baseline
First-year target/outcome measurement:	Implement 2 TFCBT training courses and supervision cohorts
Second-year target/outcome measurement:	Implement 2 additional TFCBT training courses and supervision cohorts

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

Data Source:

Reporting will be provided by entity performing the training

New Data Source*(if needed)*:

Description of Data:

Data will be made available regarding the number of trainings held, the number of persons attending/completing training, and the number of persons who complete all supervision requirements to become TFCBT certified.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

none identified at this time

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

DHS will fund training for 500 persons in Mental Health First Aid Training every quarter (7/1/2022 through 9/30/2025).

Indicator #:	4
Indicator:	Implement Diversity Training and Mental Health First Aid trainings for the Division of Aging, Adult and Behavioral (ARPA Funds)
Baseline Measurement:	Establish Baseline
First-year target/outcome measurement:	Implement 2 TFCBT training courses and supervision cohorts
Second-year target/outcome measurement:	Implement 2 additional TFCBT training courses and supervision cohorts

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

Data Source:

Reporting will be provided by entity performing the training

New Data Source*(if needed)*:

Description of Data:

Data will be made available regarding the number of trainings held, the number of persons attending/completing training, and the number of persons who complete all supervision requirements to become TFCBT certified.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None at this time

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

• The DAABHS Minority Affairs Director will perform one Diversity Training per quarter (7/1/2022 through 6/30/2024). • 15 DAABHS staff will attend Mental Health First Aid training every quarter (7/1/2022 through 9/30/2025).

Priority #:	6
Priority Area:	Mental Health Data Needs
Priority Type:	MHS
Population(s):	SMI, SED

Goal of the priority area:

Obtain more useful data regarding mental health services being provided

Objective:

Coordinate and enhance data gathering and reporting to improve program development and identification of gaps.

Strategies to attain the goal:

Work with behavioral health team members, data team members, and contractors to determine what data needs to be collected, and what data is useful to help determine program needs and gaps.

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

┌─ **Annual Performance Indicators to measure goal success** ─────────────────

Indicator #:   1

Indicator: Improve data collection on Client and Community Services Report to identify SMI/SED persons served under CMHC contract.

Baseline Measurement: establish baseline with new report

First-year target/outcome measurement: Establish workgroup to evaluate current reports, identify relevant and useful data points, and to make revisions to reports. Contractors/providers will be trained by DAABHS staff on how to properly complete reports.

Second-year target/outcome measurement: Revised Client and Community Service report will be incorporated into the Arkansas Behavioral Health Analytics database with the assistance of Deloitte staff. Contractors/providers will be trained by DAABHS and Deloitte staff on how to properly compete these electronic reports.

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

Data Source:

Meetings will be coordinated with DHS staff, stakeholder staff, and data systems development staff

New Data Source*(if needed)*:

Description of Data:

Meeting minutes and report revisions will be recorded to track progress and implementation of new and improved reporting.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

none at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

DAABHS is currently in the process of designing and building a new data system that will collect client level data based on demographics, funding source/type, as well as services received for the SED/SMI population.

Indicator #:   2

Indicator: Will develop data points related to Peer Services and the implementation of this service for

our broader, behavioral health system to evaluate effectiveness (e.g increased access, more rapid access), and consumer satisfaction.

Baseline Measurement:	Establish Baseline
First-year target/outcome measurement:	develop reporting mechanism and satisfaction survey with stakeholder input with goal of having results from at least 50 satisfaction surveys by the end of the first year.
Second-year target/outcome measurement:	Will continue to monitor data to evaluate effectiveness (e.g. increased access to services, more rapid access to services), and having results of at least 100 additional satisfaction surveys by the end of the second year.

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

Data Source:

Reporting and surveys to be developed with a vendor.

New Data Source*(if needed)*:

Description of Data:

Reporting and surveys to be developed with a vendor.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

none identified at this time

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

• DAABHS will fund training, certification, supervision, and testing costs for 50 Peers with lived experience in the mental health area every year (7/1/2022 through 6/30/2024) to grow the workforce.
• DAABHS will fund one advertising campaign to recruit Peers with lived experience in mental health (7/1/2022 through 6/30/2023).
• DAABHS will fund 2 training opportunities for registered/certified Peers employed by DHS to broaden knowledge and experience at the state level (7/1/2022 through 6/30/2023).

Indicator #:	3
Indicator:	Develop evaluation program for new Crisis Intervention Teams (CASH Act Funds)
Baseline Measurement:	Establish Baseline
First-year target/outcome measurement:	development of pre and post data which will illustrate success rate, or areas for improvement, regarding adequacy and appropriateness of Crisis Intervention Teams. Will have results from at least 75 individuals by the end of the first year.
Second-year target/outcome measurement:	Will have results from at least 125 individuals by the end of the second year

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

Data Source:

Data tool and distribution will be established through use of a vendor selected by DAABHS.

New Data Source*(if needed)*:

Description of Data:

Data tool and distribution will be established through use of a vendor selected by DAABHS.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

none identified at this time

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

• Mobile Crisis Teams will incrementally increase staffing by 25% each quarter of SFY2023 such that programs will be fully operational (24/7) by 7/1/2023.
• Mobile Crisis Teams will, on average, demonstrate response times when dispatched of 70 minutes or less by 6/30/2023.
• Mobile Crisis Teams will, on average, demonstrate the ability to de-escalate crisis situations and divert from acute hospitalization by connecting with immediate, community based resources and supports 40% of the time.
• Mobile Crisis Teams will, on average, demonstrate follow-up calls, on average, with 70% of their contacts after a crisis situation involving the Mobile Crisis Team services by 6/30/2023.

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

Footnotes:

III: Expenditure Reports

Table 2a - State Agency Expenditure Report

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

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19[1]	I. ARP[2]
1. Substance Abuse Prevention (Other than Primary Prevention) and Treatment[3]	$6,210,203.00		$0.00	$2,404,767.00	$2,557,708.00	$0.00	$0.00	$1,841,709.00	$159,234.00
a. Pregnant Women and Women with Dependent Children	$903,222.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
b. All Other	$5,306,981.00		$0.00	$2,404,767.00	$2,557,708.00	$0.00	$0.00	$1,841,709.00	$159,234.00
2. Substance Use Disorder Primary Prevention	$2,609,107.00		$0.00	$8,291,518.00	$0.00	$0.00	$0.00	$471,422.00	$0.00
3. Tuberculosis Services	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)[4]	$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)	$1,075,456.00		$0.00	$379,997.00	$0.00	$0.00	$0.00	$5,865.00	$0.00
11. Total	**$9,894,766.00**	**$0.00**	**$0.00**	**$11,076,282.00**	**$2,557,708.00**	**$0.00**	**$0.00**	**$2,318,996.00**	**$159,234.00**

[1] 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.

[2] 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.

[3] Prevention other than primary prevetion

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

Please indicate the expenditures are actual or estimated.

⦿ Actual   ○ Estimated

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

Footnotes:

III: Expenditure Reports

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

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

Service	COVID-19 Expenditures
Healthcare Home/Physical Health	**$0**
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	
Prevention (Including Promotion)	**$0**
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)	
Intervention Services	$0
Fentanyl Strips	
Syringe Services Program	
Naloxone	
Overdose Kits/Dissemination of Overdose Kits	
Engagement Services	$0
Assessment	
Specialized Evaluations (Psychological and Neurological)	
Services Planning (including crisis planning)	
Consumer/Family Education	
Outreach (including hiring of outreach workers)	
Outpatient Services	$0
Evidence-based Therapies	
Group Therapy	
Family Therapy	
Multi-family Therapy	
Consultation to Caregivers	
Medication Services	$0
Medication Management	
Pharmacotherapy (including MAT)	
Laboratory Services	
Community Support (Rehabilitative)	$0
Parent/Caregiver Support	
Case Management	
Behavior Management	

Supported Employment	
Permanent Supported Housing	
Recovery Housing	
Recovery Supports	**$0**
Peer Support	
Recovery Support Coaching	
Recovery Support Center Services	
Supports For Self-Directed Care	
Supports (Habilitative)	**$0**
Personal Care	
Respite	
Supported Education	
Acute Intensive Services	**$0**
Mobile Crisis	
Peer-based Crisis Services	
Urgent Care	
23-hour Observation Bed	
Medically Monitored Intensive Inpatient for SUD	
24/7 Crisis Hotline	
Other	**$0**
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)	
Total	**$0**

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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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[1] Funds Expended for SSP	Dollar Amount of ARP[2] 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					

[1] 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

[2] 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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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:

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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[1] and Treatment	$4,616,642.00
2. Primary Prevention	$2,246,578.00
3. HIV Early Intervention Services[2]	$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)	$0.00
5. Administration (excluding program/provider level)	$545,852.00
Total	**$7,409,072.00**

[1]Prevention other than Primary Prevention

[2]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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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: 10/1/2019   Expenditure Period End Date: 9/30/2021

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective	$241,996.08				
Information Dissemination	Indicated	$53,446.08				
Information Dissemination	Universal	$580,722.36				
Information Dissemination	Unspecified					
Information Dissemination	**Total**	**$876,164.52**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Education	Selective	$68,255.52				
Education	Indicated	$15,074.54				
Education	Universal	$163,793.49				
Education	Unspecified					
Education	**Total**	**$247,123.55**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Alternatives	Selective	$37,230.29				
Alternatives	Indicated	$8,222.47				
Alternatives	Universal	$89,341.90				
Alternatives	Unspecified					
Alternatives	**Total**	**$134,794.66**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Problem Identification and Referral	Selective	$6,205.05				
Problem Identification and Referral	Indicated	$1,370.41				
Problem Identification and Referral	Universal	$14,890.32				
Problem Identification and Referral	Unspecified					
Problem Identification and Referral	**Total**	**$22,465.78**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Community-Based Process	Selective	$217,176.67				
Community-Based Process	Indicated	$47,964.43				
Community-Based Process	Universal	$521,161.88				
Community-Based Process	Unspecified					
Community-Based Process	**Total**	**$786,302.98**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Environmental	Selective	$37,230.29				
Environmental	Indicated	$8,222.47				
Environmental	Universal	$89,341.90				
Environmental	Unspecified					
Environmental	**Total**	**$134,794.66**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Section 1926 (Synar)-Tobacco	Selective	$12,410.10				
Section 1926 (Synar)-Tobacco	Indicated	$2,740.82				
Section 1926 (Synar)-Tobacco	Universal	$29,780.63				
Section 1926 (Synar)-Tobacco	Unspecified					
Section 1926 (Synar)-Tobacco	**Total**	**$44,931.55**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Other	Selective					
Other	Indicated					
Other	Universal					
Other	Unspecified					
Other	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
	Grand Total	**$2,246,577.70**				

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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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	☑
Tobacco	☑
Marijuana	☑
Prescription Drugs	☑
Cocaine	☑
Heroin	☑
Inhalants	☑
Methamphetamine	☑
Synthetic Drugs (i.e. Bath salts, Spice, K2)	☑
Targeted Populations	
Students in College	☑
Military Families	☑
LGBTQ+	☑
American Indians/Alaska Natives	☑
African American	☑
Hispanic	☑
Homeless	☑
Native Hawaiian/Other Pacific Islanders	☑
Asian	☑
Rural	☑

Underserved Racial and Ethnic Minorities	☑

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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[1]
1. Information Systems	$0.00	$52,179.54	$0.00
2. Infrastructure Support	$0.00	$319,650.86	$0.00
3. Partnerships, community outreach, and needs assessment	$0.00	$1,777,924.92	$0.00
4. Planning Council Activities (MHBG required, SABG optional)	$0.00	$0.00	$0.00
5. Quality Assurance and Improvement	$0.00	$0.00	$0.00
6. Research and Evaluation	$0.00	$75,000.00	$0.00
7. Training and Education	$0.00	$21,822.38	$0.00
8. Total	**$0.00**	**$2,246,577.70**	**$0.00**

[1]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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Total For Prevention- DAABHS/UALR/MidSOUTH Provider Contracts
1. Information Systems- AFMC/REDCap- $52,179.54
2. Infrustructure Support- UALR Salaries, fringe, M/O, Travel- $319,650.86
3. Partnerships, community outreach, and needs assessment-SEOW data collection, APNA, SYNAR data collection, RPP award amount, and collegiate- $1,777,924.92
4. Planning Council Activites- $0.00
5. Quality Assurance and Improvement- $0.00
6. Research and Evaluation- WYSAC Evaluation- $75,000.00
7. Training and Education- UALR MidSOUTH Training- $21,822.38

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)	ⓘ	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
*	*AR102421*	*AR102421*	✖	*99*	*ARVAC*	*83 ARVAC Lane*	*Russellville*	*AR*	*72082*	*$0.00*	*$0.00*	*$183,872.40*	*$0.00*	*$0.00*	*$0.00*
	AR301205	AR301205	✖	Catchment Area 2	Counseling Associates, Inc.	110 Skyline Drive	Russellville	AR	72801	$53,311.10	$53,311.10	$0.00	$0.00	$0.00	$0.00
	AR900808	AR900808	✖	Catchment Area 4	Harbor House	3900 Armour	Fort Smith	AR	72901	$845,291.18	$845,291.18	$711,666.24	$0.00	$0.00	$0.00
	AR101315	AR10315	✖	Catchment Area 3	Northeast Arkansas Community Mental Health Center	602 David Street	Corning	AR	72422	$701,372.46	$701,372.46	$32,374.00	$0.00	$0.00	$0.00
	AR102101	AR102101	✖	Catchment Area 1	Ozark Guidance Center	P.O. Box6430	Springdale	AR	72762	$206,297.10	$206,297.10	$97,764.30	$0.00	$0.00	$0.00
	AR100738	AR100738	✖	Catchment Area 5	Quapaw House	812 Mountain Pine Road	Hot Spring AR	AR	71913	$964,235.08	$964,235.08	$77,600.00	$0.00	$0.00	$0.00
	AR750351	AR750351	✖	Catchment Area 8	Recovery Centers of AR	1201 River Road	North Little Rock	AR	72114	$256,619.70	$256,619.70	$192,880.00	$0.00	$0.00	$0.00
	AR901087	AR901087	✖	Catchment Area 7	Southwest Arkansas Counseling and Mental Health Center	P.O. Box1987	Texarkana	AR	72504	$490,389.30	$490,389.30	$51,600.00	$0.00	$0.00	$0.00
	AR000101	AR1000101	✖	Catchment Area 6	Tenth District	412 York Street	Warren	AR	71671	$735,435.58	$735,435.58	$99,560.00	$0.00	$0.00	$0.00
	AR99999	AR99999	✖	99	U of A Little Rock MidSouth	2801 South University	Little Rock	AR	72201	$2,585,060.40	$338,482.70	$0.00	$2,246,577.70	$0.00	$0.00
	AR100573	AR100573	✖	Catchment Area 9	Western AR Counseling & Guidane	3111 S. 70th	Fort Smith	AR	72903	$25,208.10	$25,208.10	$0.00	$0.00	$0.00	$0.00
Total										$6,863,220.00	$4,616,642.30	$1,447,316.94	$2,246,577.70	$0.00	$0.00

* Indicates the imported record has an error.

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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)	B1(2020) + B2(2021) 2 (C)
SFY 2020 (1)	$6,978,201.00	
SFY 2021 (2)	$2,330,699.00	$4,654,450.00
SFY 2022 (3)	$3,374,997.00	

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.
2) MOE Funds computations are historically consistent.
3) MOE funds are expended for authorized activities.
4) Organization structure changes and/or the placement of the principal agency within the state government does not result in changes in funding.

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

Base

Period	Total Women's Base (A)
SFY 1994	$ 1,169,362.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2020		$ 493,976.90	
SFY 2021		$ 368,200.00	
SFY 2022		$ 667,142.24	⊙ Actual ○ Estimated
Enter the amount the State plans to expend in SFY 2023 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): $			

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). Footnotes: For form 8d, the base was set with the 1994 expenses amount of $1,169,362. This amount represents the actual expenses for that year. For SFY 2021-2022 actual amounts expended on services provided to Pregnant Women with Depended Children in the amounts of: $667,142.00. These expenses represent only Federal funding. The methodology calculations for the SFY 2023 MOE are based on the following: Pulling

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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)
Children of Persons with Substance Use Disorders	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	1
	2. Resources directories	1
	3. Media campaigns	1
	4. Brochures	1
	5. Radio and TV public service announcements	1
	6. Speaking engagements	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	1
	3. Peer leader/helper programs	1
	4. Education programs for youth groups	1
	5. Mentors	1
	6. Preschool ATOD prevention programs	1
	3. Alternatives	
	1. Drug free dances and parties	1
	2. Youth/adult leadership activities	1
	3. Community drop-in centers	1
	4. Community service activities	1
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	1
	5. Community-Based Process	
	1. Community and volunteer	

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

Pregnant women/teens

1. Information Dissemination		
1. Clearinghouse/information resources centers		1
2. Resources directories		1
3. Media campaigns		1
4. Brochures		1
5. Radio and TV public service announcements		1
6. Speaking engagements		1
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars		1
8. Information lines/Hot lines		1
2. Education		
1. Parenting and family management		1
2. Ongoing classroom and/or small group sessions		1
3. Peer leader/helper programs		1
4. Education programs for youth groups		1
5. Mentors		1
6. Preschool ATOD prevention programs		1
3. Alternatives		
1. Drug free dances and parties		1
2. Youth/adult leadership activities		1
3. Community drop-in centers		1

	4. Community service activities	1
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	1
	2. Systematic planning	1
	3. Multi-agency coordination and collaboration/coalition	1
	4. Community team-building	1
	5. Accessing services and funding	1
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1
	3. Modifying alcohol and tobacco advertising practices	1
	4. Product pricing strategies	1
Drop-outs	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	1
	2. Resources directories	1
	3. Media campaigns	1
	4. Brochures	1
	5. Radio and TV public service announcements	1
	6. Speaking engagements	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	1

	3. Peer leader/helper programs	1
	4. Education programs for youth groups	1
	5. Mentors	1
	6. Preschool ATOD prevention programs	1
	3. Alternatives	
	1. Drug free dances and parties	1
	2. Youth/adult leadership activities	1
	3. Community drop-in centers	1
	4. Community service activities	1
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	1
	2. Systematic planning	1
	3. Multi-agency coordination and collaboration/coalition	1
	4. Community team-building	1
	5. Accessing services and funding	1
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1
	3. Modifying alcohol and tobacco advertising practices	1
	4. Product pricing strategies	1
Mental health problems	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	1
	2. Resources directories	1
	3. Media campaigns	1
	4. Brochures	1

5. Radio and TV public service announcements		1
6. Speaking engagements		1
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars		1
8. Information lines/Hot lines		1

2. Education

1. Parenting and family management		1
2. Ongoing classroom and/or small group sessions		1
3. Peer leader/helper programs		1
4. Education programs for youth groups		1
5. Mentors		1
6. Preschool ATOD prevention programs		1

3. Alternatives

1. Drug free dances and parties		1
2. Youth/adult leadership activities		1
3. Community drop-in centers		1
4. Community service activities		1

4. Problem Identification and Referral

1. Employee Assistance Programs		1
2. Student Assistance Programs		1
3. Driving while under the influence/driving while intoxicated education programs		1

5. Community-Based Process

1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training		1
2. Systematic planning		1
3. Multi-agency coordination and collaboration/coalition		1
4. Community team-building		1
5. Accessing services and funding		1

6. Environmental

1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools		1
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other		1

	drugs	
	3. Modifying alcohol and tobacco advertising practices	1
	4. Product pricing strategies	1
Economically disadvantaged	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	1
	2. Resources directories	1
	3. Media campaigns	1
	4. Brochures	1
	5. Radio and TV public service announcements	1
	6. Speaking engagements	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	1
	3. Peer leader/helper programs	1
	4. Education programs for youth groups	1
	5. Mentors	1
	6. Preschool ATOD prevention programs	1
	3. Alternatives	
	1. Drug free dances and parties	1
	2. Youth/adult leadership activities	1
	3. Community drop-in centers	1
	4. Community service activities	1
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	1
	2. Systematic planning	1
	3. Multi-agency coordination and collaboration/coalition	1

	4. Community team-building	1
	5. Accessing services and funding	1
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1
	3. Modifying alcohol and tobacco advertising practices	1
	4. Product pricing strategies	1
Physically disabled	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	1
	2. Resources directories	1
	3. Media campaigns	1
	4. Brochures	1
	5. Radio and TV public service announcements	1
	6. Speaking engagements	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	1
	3. Peer leader/helper programs	1
	4. Education programs for youth groups	1
	5. Mentors	1
	6. Preschool ATOD prevention programs	1
	3. Alternatives	
	1. Drug free dances and parties	1
	2. Youth/adult leadership activities	1
	3. Community drop-in centers	1
	4. Community service activities	1
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1

	2. Student Assistance Programs		1
	3. Driving while under the influence/driving while intoxicated education programs		1
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training		1
	2. Systematic planning		1
	3. Multi-agency coordination and collaboration/coalition		1
	4. Community team-building		1
	5. Accessing services and funding		1
	6. Environmental		
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools		1
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs		1
	3. Modifying alcohol and tobacco advertising practices		1
	4. Product pricing strategies		1
Abuse victims	1. Information Dissemination		
	1. Clearinghouse/information resources centers		1
	2. Resources directories		1
	3. Media campaigns		1
	4. Brochures		1
	5. Radio and TV public service announcements		1
	6. Speaking engagements		1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars		1
	8. Information lines/Hot lines		1
	2. Education		
	1. Parenting and family management		1
	2. Ongoing classroom and/or small group sessions		1
	3. Peer leader/helper programs		1
	4. Education programs for youth groups		1
	5. Mentors		1
	6. Preschool ATOD prevention programs		1

	3. Alternatives	
	1. Drug free dances and parties	1
	2. Youth/adult leadership activities	1
	3. Community drop-in centers	1
	4. Community service activities	1
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	1
	2. Systematic planning	1
	3. Multi-agency coordination and collaboration/coalition	1
	4. Community team-building	1
	5. Accessing services and funding	1
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1
	3. Modifying alcohol and tobacco advertising practices	1
	4. Product pricing strategies	1
Already using substances	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	1
	2. Resources directories	1
	3. Media campaigns	1
	4. Brochures	1
	5. Radio and TV public service announcements	1
	6. Speaking engagements	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	1
	8. Information lines/Hot lines	1

2. Education		
1. Parenting and family management		1
2. Ongoing classroom and/or small group sessions		1
3. Peer leader/helper programs		1
4. Education programs for youth groups		1
5. Mentors		1
6. Preschool ATOD prevention programs		1
3. Alternatives		
1. Drug free dances and parties		1
2. Youth/adult leadership activities		1
3. Community drop-in centers		1
4. Community service activities		1
4. Problem Identification and Referral		
1. Employee Assistance Programs		1
2. Student Assistance Programs		1
3. Driving while under the influence/driving while intoxicated education programs		1
5. Community-Based Process		
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training		1
2. Systematic planning		1
3. Multi-agency coordination and collaboration/coalition		1
4. Community team-building		1
5. Accessing services and funding		1
6. Environmental		
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools		1
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs		1
3. Modifying alcohol and tobacco advertising practices		1
4. Product pricing strategies		1
Homeless and/or runaway youth	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	1

2. Resources directories		1
3. Media campaigns		1
4. Brochures		1
5. Radio and TV public service announcements		1
6. Speaking engagements		1
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars		1
8. Information lines/Hot lines		1
2. Education		
1. Parenting and family management		1
2. Ongoing classroom and/or small group sessions		1
3. Peer leader/helper programs		1
4. Education programs for youth groups		1
5. Mentors		1
6. Preschool ATOD prevention programs		1
3. Alternatives		
1. Drug free dances and parties		1
2. Youth/adult leadership activities		1
3. Community drop-in centers		1
4. Community service activities		1
4. Problem Identification and Referral		
1. Employee Assistance Programs		1
2. Student Assistance Programs		1
3. Driving while under the influence/driving while intoxicated education programs		1
5. Community-Based Process		
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training		1
2. Systematic planning		1
3. Multi-agency coordination and collaboration/coalition		1
4. Community team-building		1
5. Accessing services and funding		1
6. Environmental		
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools		1

	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1
	3. Modifying alcohol and tobacco advertising practices	1
	4. Product pricing strategies	1

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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[1]			ARP Costs per Person[2]		
	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)
DETOXIFICATION (24-HOUR CARE)													
1. Hospital Inpatient	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Free-Standing Residential	127	113	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REHABILITATION/RESIDENTIAL													
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)	2,823	2,282	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)	721	680	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMBULATORY (OUTPATIENT)													
6. Outpatient	2,252	1,864	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Intensive Outpatient	147	112	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Detoxification	113	85	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OUD MEDICATION ASSISTED TREATMENT													
9. OUD Medication-Assisted Detoxification[3]	50	50	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[4]	401	337	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)

NA

[1] 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.

[2] 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.

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

[4] OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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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	224	114	40	39	20	0	0	0	1	3	1	4	0	2	0	143	58	19	4
2. 18 - 24	360	119	150	43	27	3	0	0	1	6	2	3	1	3	2	231	176	26	7
3. 25 - 44	3,288	1,422	1,228	352	174	3	0	12	0	36	26	11	7	7	10	1,769	1,393	74	52
4. 45 - 64	1,328	648	363	241	55	1	0	4	1	8	5	1	0	0	1	884	421	19	4
5. 65 and Over	66	27	10	21	7	0	0	0	0	1	0	0	0	0	0	45	15	4	2
6. Total	5,266	2,330	1,791	696	283	7	0	16	3	54	34	19	8	12	13	3,072	2,063	142	69
7. Pregnant Women	7		4		3		0		0		0		0		0		7		0

Number of persons served who were admitted in a period prior to the 12 month reporting period	236
Number of persons served outside of the levels of care described on Table 10	1,714

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																		
2. 18 - 24	0																		
3. 25 - 44	0																		
4. 45 - 64	0																		
5. 65 and Over	0																		
6. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Pregnant Women	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											
2. 18 - 24											
3. 25 - 44											
4. 45 - 64											
5. 65 and Over											
6. Total	0	0	0	0	0	0	0	0	0	0	0

Footnotes:

IV: Population and Services Reports

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

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

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	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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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.

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V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		4,293
Number of CY 2021 discharges submitted:		3,538
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 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]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		0
Number of CY 2021 discharges submitted:		0
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

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

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]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		4,047
Number of CY 2021 discharges submitted:		3,659
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

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]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		2,403
Number of CY 2021 discharges submitted:		2,238
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

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

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Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		4,293
Number of CY 2021 discharges submitted:		3,538
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 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]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		0
Number of CY 2021 discharges submitted:		0
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

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]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		4,047
Number of CY 2021 discharges submitted:		3,659
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

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]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		2,403
Number of CY 2021 discharges submitted:		2,238
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

Footnotes:

V: Performance Data and Outcomes

Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		4,293
Number of CY 2021 discharges submitted:		3,538
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 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]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		0
Number of CY 2021 discharges submitted:		0
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

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

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]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		4,047
Number of CY 2021 discharges submitted:		3,659
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

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]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		2,403
Number of CY 2021 discharges submitted:		2,238
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

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

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Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from alcohol	0.0 %	0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		0
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		4,293
Number of CY 2021 discharges submitted:		3,538
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from alcohol	0.0 %	0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		0
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		0
Number of CY 2021 discharges submitted:		0
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from alcohol	0.0 %	0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		0
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		4,047
Number of CY 2021 discharges submitted:		3,659
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 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]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from alcohol	0.0 %	0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		0
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		2,403
Number of CY 2021 discharges submitted:		2,238
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 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]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from drugs	0.0 %	0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		0
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		4,293
Number of CY 2021 discharges submitted:		3,538
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from drugs	0.0 %	0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		0
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		0
Number of CY 2021 discharges submitted:		0
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

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]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from drugs	0.0 %	0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		0
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		4,047
Number of CY 2021 discharges submitted:		3,659
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 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]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from drugs	0.0 %	0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		0
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		2,403
Number of CY 2021 discharges submitted:		2,238
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

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]	0	0
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0 %	0.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		4,293
Number of CY 2021 discharges submitted:		3,538
Number of CY 2021 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 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]	0	0
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0 %	0.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		0
Number of CY 2021 discharges submitted:		0

	0
Number of CY 2021 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	0

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]	0	0
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0 %	0.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2021 admissions submitted:	4,047	
Number of CY 2021 discharges submitted:	3,659	
Number of CY 2021 discharges linked to an admission:	0	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0	
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	0	

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]	0	0
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0 %	0.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2021 admissions submitted:	2,403	

Number of CY 2021 discharges submitted:	2,238
Number of CY 2021 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	0

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Footnotes:

V: Performance Data and Outcomes

Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Level of Care	Average (Mean)	25th Percentile	50th Percentile (Median)	75th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	0	0	0	0
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	0	0	0	0
5. Long-term (over 30 days)	0	0	0	0
AMBULATORY (OUTPATIENT)				
6. Outpatient	0	0	0	0
7. Intensive Outpatient	0	0	0	0
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification[3]				

Level of Care	2021 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	69	0
2. Free-Standing Residential	88	0
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	3538	0
5. Long-term (over 30 days)	0	0

AMBULATORY (OUTPATIENT)		
6. Outpatient	3659	0
7. Intensive Outpatient	2238	0
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification[3]		

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

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

[2] OUD Medication-Assisted Treatment included outpatient services/settings AND Opioid OUD Medication-Assisted Treatment.

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Footnotes:

V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	**Source Survey Item:** 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.] **Outcome Reported:** Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2019 - 2020		
	Age 21+ - CY 2019 - 2020		
2. 30-day Cigarette Use	**Source Survey Item:** 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.] **Outcome Reported:** Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020		
3. 30-day Use of Other Tobacco Products	**Survey Item: NSDUH Questionnaire:** "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you use [other tobacco products][1]?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020		
4. 30-day Use of Marijuana	**Source Survey Item: 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.] **Outcome Reported:** Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020		
5. 30-day Use of Illegal Drugs Other Than Marijuana	**Source Survey Item: 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]?[2] **Outcome Reported:** 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).		
	Age 12 - 17 - CY 2019 - 2020		

[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:

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	**Source Survey Item:** 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] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2019 - 2020		_____
	Age 21+ - CY 2019 - 2020		_____
2. Perception of Risk From Cigarettes	**Source Survey Item: 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] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2019 - 2020		_____
	Age 18+ - CY 2019 - 2020		_____
3. Perception of Risk From Marijuana	**Source Survey Item:** 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] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2019 - 2020		_____
	Age 18+ - CY 2019 - 2020		_____

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	**Source Survey Item: 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.] **Outcome Reported:** Average age at first use of alcohol.		
	Age 12 - 20 - CY 2019 - 2020		
	Age 21+ - CY 2019 - 2020		
2. Age at First Use of Cigarettes	**Source Survey Item:** 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.] **Outcome Reported:** Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020		
3. Age at First Use of Tobacco Products Other Than Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product][1]?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020		
4. Age at First Use of Marijuana or Hashish	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020		
5. Age at First Use Heroin	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of heroin.		
	Age 12 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever][2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] **Outcome Reported:** Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		
	Age 12 - 17 - CY 2019 - 2020		

Age 18+ - CY 2019 - 2020		

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

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

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	**Source Survey Item:** 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] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2019 - 2020		
2. Perception of Peer Disapproval of Cigarettes	**Source Survey Item: 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] **Outcome Reported:** Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2019 - 2020		
3. Disapproval of Using Marijuana Experimentally	**Source Survey Item:** 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] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2019 - 2020		
4. Disapproval of Using Marijuana Regularly	**Source Survey Item: 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] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2019 - 2020		
5. Disapproval of Alcohol	**Source Survey Item:** 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] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2019 - 2020		

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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	**Source Survey Item:** 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] **Outcome Reported:** Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020		

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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	**Source:** National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at **http://nces.ed.gov/ccd/stfis.asp**. **Measure calculation:** Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2019		

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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	**Source:** National Highway Traffic Safety Administration Fatality Analysis Reporting System **Measure calculation:** The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2020		

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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	**Source:** Federal Bureau of Investigation Uniform Crime Reports **Measure calculation:** The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2020		

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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)	**Source Survey Item:** 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] **Outcome Reported:** Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2019 - 2020		
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	**Source Survey Item:** 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] **Outcome Reported:** Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2019 - 2020		

[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	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use][1]? **Outcome Reported:** Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2019 - 2020		

[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).

REDCap - through manual entry from service providers.

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 partipants to the More Than One Race subcategory.

REDCap - through manual entry from service providers based on participant self-report

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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
A. Age	**520,315**
0-4	834
5-11	17,961
12-14	13,808
15-17	8,145
18-20	4,802
21-24	4,848
25-44	11,698
45-64	9,819
65 and over	5,129
Age Not Known	443,271
B. Gender	**520,315**
Male	34,076
Female	40,666
Gender Unknown	445,573
C. Race	**520,315**
White	55,452
Black or African American	15,124
Native Hawaiian/Other Pacific Islander	147
Asian	1,211
American Indian/Alaska Native	491
More Than One Race (not OMB required)	1,407

Race Not Known or Other (not OMB required)	446,483
D. Ethnicity	**520,315**
Hispanic or Latino	7,971
Not Hispanic or Latino	63,122
Ethnicity Unknown	449,222

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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
A. Age	**520315**
0-4	834
5-11	17961
12-14	13808
15-17	8145
18-20	4802
21-24	4848
25-44	11698
45-64	9819
65 and over	5129
Age Not Known	443271
B. Gender	**520315**
Male	34076
Female	40666
Gender Unknown	445573
C. Race	**520315**
White	55452
Black or African American	15124
Native Hawaiian/Other Pacific Islander	147
Asian	1211
American Indian/Alaska Native	491
More Than One Race (not OMB required)	1404

Race Not Known or Other (not OMB required)	446486
D. Ethnicity	**520315**
Hispanic or Latino	7971
Not Hispanic or Latino	63122
Ethnicity Unknown	449222

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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	356,641	N/A
2. Universal Indirect	N/A	$16,271.00
3. Selective	498	N/A
4. Indicated	465	N/A
5. Total	**357,604**	**$16,271.00**
Number of Persons Served[1]	**520,315**	**520,315**

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

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

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

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

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

Delivered by a statewide infrastructure, training and technical assistance that researches current data trends and develops prevention strategies that reach out to statewide communities in order to prevent alcohol, tobacco and other drug use. Arkansas is divided into 13 regional catchment areas covering the entire state. Each regional catchment area has a regional representative who provide substance abuse education and programs for their assigned region.

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

REDCap is used to collect the data through manual data through service providers.

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	35		35			35
2. Total number of Programs and Strategies Funded	65		65			65
3. Percent of Evidence-Based Programs and Strategies	53.85 %		53.85 %			53.85 %

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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 #	$164,819.52
Universal Indirect	Total #	$10,207,460.00
Selective	Total #	$5,931.01
Indicated	Total #	$960.54
Unspecified	Total #	
	Total EBPs: 0	Total Dollars Spent: $10,379,171.07
Primary Prevention Total[1]	**$2,246,578.00**	

[1]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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