

# Nebraska

## UNIFORM APPLICATION

FY 2022 Substance Abuse Block Grant Report

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022  
(generated on 05/26/2023 2.40.27 PM)

Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

# I: State Information

## State Information

### I. State Agency for the Block Grant

Agency Name Nebraska Department of Health and Human Services

Organizational Unit Division of Behavioral Health

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### II. Contact Person for the Block Grant

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### III. Expenditure Period

#### State Expenditure Period

From 7/1/2020

To 6/30/2021

#### Block Grant Expenditure Period

From 10/1/2018

To 9/30/2020

### IV. Date Submitted

Submission Date 12/1/2021 4:56:14 PM

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### V. Contact Person Responsible for Report Submission

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**Footnotes:**

## II: Annual Update

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

<b>Priority #:</b>	1
<b>Priority Area:</b>	Alcohol Use among Youth and Young Adults
<b>Priority Type:</b>	SAP
<b>Population(s):</b>	PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)
<b>Goal of the priority area:</b>	
Reduce harmful alcohol use among youth and young adults.	
<b>Objective:</b>	
Reduce the prevalence of binge drinking by youth and young adults.	
<b>Strategies to attain the goal:</b>	
Work with prevention coalitions across state to continue engaging in partnerships with local schools, colleges and community groups to facilitate trainings and educational activities which aim to enhance awareness of the risks associated with alcohol use, particularly those associated with binge drinking.	
<b>Edit Strategies to attain the objective here:</b> <i>(if needed)</i>	

**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	Prevalence of binge drinking reported by youth and young adults, ages 18 to 24
<b>Baseline Measurement:</b>	31.8%
<b>First-year target/outcome measurement:</b>	30.0%
<b>Second-year target/outcome measurement:</b>	28.0%
<b>New Second-year target/outcome measurement(if needed):</b>	
<b>Data Source:</b>	Behavioral Risk Factor Surveillance Survey (BRFSS)
<b>New Data Source(if needed):</b>	
<b>Description of Data:</b>	
The Behavioral Risk Factor Surveillance System (BRFSS) is a survey which collects state data about residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. The BRFSS is a cross-sectional survey conducted by states with technical and methodological assistance provided by the Centers for Disease Control and Prevention (CDC). States use a standardized core questionnaire, optional modules, and state-added questions to ask a variety of important health-related topics of which DBH contributes recommendations on question content. It is administered every year and targeted at non-institutionalized adults 18 years of age and older. The Nebraska Department of Health and Human Services (DHHS) Division of Public Health (DPH) contracts with the University of Nebraska-Lincoln, Bureau of Sociological Research (BOSR) to manage BRFSS data collection.	
<b>New Description of Data:(if needed)</b>	
<b>Data issues/caveats that affect outcome measures:</b>	
Although this survey has historically been implemented every year, the Division of Behavioral Health does not directly coordinate and is	

thereby dependent on availability of survey results through coordination with DPH and CDC.

**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):**

According to the 2018 Behavioral Risk Factor Surveillance Survey data the percentage of young adults who reported having more than five drinks for males and more than four drinks for females on one occasion was 26.4%, exceeding First-year Target of 30.0%.

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

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

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

According to the 2019 Behavioral Risk Factor Surveillance Survey, the estimated prevalence of current binge drinking among Nebraska young adults – that is having more than 4 or more drinks for females on one occasion and 5 or more drinks for males on one occasion – was 31.5% [95%CI: (27.7 – 35.2)]. The second year target of 28.0% was achieved because the target value, 28.0%, lies within the lower (27.7%) and upper limit (35.2%) of the 95-percent confidence interval, it is not statistically different from the estimated value (31.5%). The confidence interval around this estimate means that we can be 95 percent certain that the prevalence of young adult binge drinking is between 27.7 percent and 35.2 percent.

**Priority #:** 2

**Priority Area:** Increase Use of Evidence-based Strategies

**Priority Type:** SAP

**Population(s):** PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

Increasing the use of evidence-based strategies supported through Block Grant funding.

**Objective:**

Increase the use of evidence-based strategies employed by prevention coalitions to reduce alcohol and substance use.

**Strategies to attain the goal:**

Support increased use of evidence-based interventions in prevention practices. Use evidence-based public education and awareness strategies, campaigns, and engagement activities to increase awareness of binge drinking and reduce binge drinking rate. Offer technical assistance to enhance program staff understanding on identification and use of evidence-based strategies in addition to continued training on data collection and entry into the state prevention reporting system related to prevention activities.

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

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Percentage of Block Grant funded evidence-based strategies

**Baseline Measurement:** 28.0%

**First-year target/outcome measurement:** 31.5%

**Second-year target/outcome measurement:** 34.0%

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

**Data Source:**

Nebraska Prevention Information Reporting System (NPIRS)

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

**Description of Data:**

The NPIRS is an internet-based reporting system designed to collect and report prevention activity data in Nebraska. The system collects community, regional, and state level data from recipients of federal and state prevention funds administered by the Division of Behavioral Health. NPIRS provides the reporting capabilities for components of the Federal Block Grant. The reports provide number served by individual-based programs or population-based programs and strategies, numbers served by intervention type, and use of evidence-based programs and strategies.

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

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

During August 2018, DBH implemented a new NPIRS system. System users have received numerous training opportunities and work continues to improve consistency and accuracy in reporting into the NPIRS.

**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):**

Support for increased use of evidence-based interventions in prevention practices employed by prevention coalitions achieved a first-year outcome measure of 32.1% for evidence-based strategies employed.

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

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

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

Support for increased use of evidence-based interventions in prevention practices employed by prevention coalitions achieved a second year outcome measure of 42.1% for evidence-based strategies employed.

**Priority #:** 3  
**Priority Area:** Consumers in Stable Living Arrangements  
**Priority Type:** SAT, MHS  
**Population(s):** SMI, SED, PWWDC, ESMI, PWID, EIS/HIV, TB, Other (Rural, Homeless)

**Goal of the priority area:**

Consumers have permanent and stable housing.

**Objective:**

Increasing support for consumers to secure and maintain permanent housing.

**Strategies to attain the goal:**

Increase system and community-level planning efforts to focus on targeted resources for priority populations. Work with providers and community partners to understand local housing needs and help support response efforts.

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

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Percentage of consumers in stable living arrangements at discharge from residential services

**Baseline Measurement:** 58%

**First-year target/outcome measurement:** 60%

**Second-year target/outcome measurement:** 62%

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

**Data Source:**

Nebraska DHHS Division of Behavioral Health Centralized Data System (CDS).

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

**Description of Data:**

Consumer treatment data from CDS. CDS collects consumer level information to report to the Treatment Episode Date Set (TEDS) of MH and SU Disorders consumers receiving DBH funded services, either directly or through regional contracts. CDS warehouses all the data entered so that it can be analyzed at any time.

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

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

Information is provided by consumer who may not wish to disclose they are or are at risk of experiencing homelessness. Residential services include: Dual Disorder Residential – MH + SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential Rehabilitation – MH, Secure Residential – MH, Short Term Residential – SUD, Therapeutic Community – SUD, Mental Health Respite – MH + SUD.

**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):**

Increased system and community-level activities supporting efforts to focus on targeted resources for priority populations achieved a statewide first-year outcome measure of 64% of the number of consumers in stable living arrangements at discharge from residential services.

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

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

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

Increased system and community-level activities supporting efforts to focus targeted resources for priority populations achieved a statewide second year outcome measure of 70% of the number of consumers in stable living arrangements at discharge from residential services.

**Priority #:** 4

**Priority Area:** Consumer Employment

**Priority Type:** SAT, MHS

**Population(s):** SMI, SED, PWWDC, ESMI, PWID, EIS/HIV, TB, Other (Rural, Military Families, Homeless, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

Consumers in the labor market have competitive employment.

**Objective:**

Increasing support for consumers to sustain and acquire competitive employment.

**Strategies to attain the goal:**

Work with providers and community partners to understand local employment opportunities and help support efforts to connect consumers with employers.

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

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Percentage of consumers in the labor market who are employed at discharge from any DBH funded service

**Baseline Measurement:** 51%

**First-year target/outcome measurement:** 53%

**Second-year target/outcome measurement:** 55%

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

**Data Source:**

Nebraska DHHS Division of Behavioral Health Centralized Data System (CDS).

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

**Description of Data:**

Consumer treatment data from CDS. CDS collects consumer-level information to report to the Treatment Episode Date Set (TEDS) of MH and SU Disorders consumers receiving Division funded services, either directly or through regional contracts. CDS warehouses all the data entered so that it can be analyzed at any time.

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

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

Information is provided by consumers who may not wish to disclose employment and thus would be excluded from calculation. The labor market consists of those who are employed [employment status is 'Active/Armed Forces (< 35 Hrs)', 'Active/Armed Forces (35+ Hrs)', 'Employed Full Time (35+ Hrs)', or 'Employed Part Time (< 35 Hrs)'] and those who are unemployed but have been actively looking for employment in the past 30 days.

**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):**

Increased support for consumers to sustain and acquire competitive employment achieved a statewide first-year outcome measure of 55% of the percentage of consumers in the labor market who are employed at discharged from any DBH funded service.

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

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

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

Increased support for consumers to sustain and acquire competitive employment achieved a statewide second year outcome measure of 61% of the consumers in the labor market who are employed at discharged from any DBH funded service.



**Priority #:** 5

**Priority Area:** Access for Priority Populations to Substance Use Disorder Services

**Priority Type:** SAT

**Population(s):** PWID, EIS/HIV, TB, Other (Rural, Criminal/Juvenile Justice, Homeless, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

Priority populations are admitting into substance use disorder services in a timely manner.

**Objective:**

Improve wait times into Short Term Residential services for persons who inject drugs.

**Strategies to attain the goal:**

As required through the contracts with the Regional Behavioral Health Authorities (RBHAs), priority populations are expected to receive priority status according to priority type when waiting to enter a substance abuse treatment service. Educational trainings with RBHAs and providers to ensure priority status is understood and Federal requirements are followed. Monitoring and assessment of Short Term Residential capacity to determine if additional service locations are necessary to meet the needs of all priority populations seeking treatment.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Percentage of persons reported as injecting drugs who are admitted into Short Term Residential services within 14 days of seeking treatment

**Baseline Measurement:** 51%

**First-year target/outcome measurement:** 53%

**Second-year target/outcome measurement:** 55%

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

**Data Source:**

Nebraska DHHS Division of Behavioral Health Centralized Data System (CDS).

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

**Description of Data:**

Consumer wait and admission data from CDS. CDS collects consumer level information for all consumers placed on a waiting list for MH and SU Disorders receiving DBH funded services, either directly or through regional contracts. CDS warehouses all the data entered so that it can be analyzed at any time.

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

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

Access reporting is a new function available within the CDS and remains under review for completeness and accuracy.

**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):**

Educational trainings with RBHAs and providers to ensure priority populations receive priority status according to priority type when

waiting to enter a substance abuse treatment service improved wait times into Short Term Residential services for persons who inject drugs and achieved a statewide first-year outcome measure of 66% of the percentage of persons reported as injecting drugs who admitted into Short Term Residential services within 14 days of seeking treatment.

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

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

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

Educational trainings with RBHAs and providers to ensure priority populations receive priority status according to priority type when waiting to enter a substance abuse treatment service improved wait times into Short Term Residential services for persons who inject drugs and achieved a statewide second year outcome measure of 78% of persons reported as injecting drugs who admitted into Short Term Residential services within 14 days of seeking treatment.

**Priority #:**

6

**Priority Area:**

First Episode Psychosis (FEP)

**Priority Type:**

MHS

**Population(s):**

SMI, SED, ESMI

**Goal of the priority area:**

Improve the system such that more people are being provided the behavioral health services they need earlier and in a voluntary capacity through self-entry into the service system.

**Objective:**

Improve access to FEP Coordinated Specialty Care (CSC) treatment for youth and young adults who have experienced a first episode of psychosis.

**Strategies to attain the goal:**

Continue to develop recovery-oriented services and increase use of evidence-based practices which help individuals stabilize and maintain stabilization in community settings. Support Mental Health trainings to improve early intervention and support, particularly for youth having a first episode of psychosis (FEP). Emphasis will be placed on enhancing recruitment strategies and increasing community awareness on FEP services available.

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

(if needed)

### Annual Performance Indicators to measure goal success

**Indicator #:**

1

**Indicator:**

Number of statewide admissions into FEP programs

**Baseline Measurement:**

11 admissions

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

14 admissions

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

16 admissions

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

**Data Source:**

FEP programs funded by DBH.

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

**Description of Data:**

FEP programs record admission, service utilization, outcome measures, and discharge data for all FEP participants. This information is available to DBH as requested.

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

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

DBH is currently dependent on receipt of admission data directly from the FEP programs.

**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:**

Strategies to improve access to FEP Coordinated Specialty Care (CSC) treatment for youth and young adults who have experienced a first episode of psychosis achieved a first-year outcome measure of seven (7) admissions, missing the first-year target of 14 admissions. Activities to assess and improve existing recruitment strategies and increase community awareness on the availability of FEP services are underway. Nebraska has secured technical assistance from a national consultant to improve recruitment and retention strategies.

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

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

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

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

Strategies to improve access to FEP Coordinated Specialty Care (CSC) treatment for youth and young adults who have experienced a first episode of psychosis achieved a second year outcome measure of 17 admissions, exceeding the second year target of 16 admissions. Nebraska secured technical assistance to assess existing recruitment strategies, community awareness and participant retention strategies and implemented improved practices.

**Priority #:** 7  
**Priority Area:** Tuberculosis  
**Priority Type:** SAT  
**Population(s):** TB, Other (Homeless, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

Tuberculosis screening is provided to all persons entering substance abuse treatment service and meets federal requirements regarding screening for Tuberculosis.

**Objective:**

As required through the contracts with the Regional Behavioral Health Authorities, Tuberculosis screening is provided to all persons entering a substance abuse treatment service. Additional services and/or referrals for services are made available to those individuals whose screening indicates "high risk" for TB. The Tuberculosis Program in the Nebraska Division of Public Health provides the overall coordination for the State of Nebraska.

**Strategies to attain the goal:**

Regional Behavioral Health Authorities will comply with contract requirements for tuberculosis screening to be provided to all persons entering a substance abuse treatment service.

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

### Annual Performance Indicators to measure goal success

<b>Indicator #:</b>	1
<b>Indicator:</b>	Tuberculosis (TB)
<b>Baseline Measurement:</b>	Maintain the contract requirement with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service.
<b>First-year target/outcome measurement:</b>	The contract requirement will be maintained with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service.

**Second-year target/outcome measurement:** The contract requirement will be maintained with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service.

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

**Data Source:**

The Nebraska Department of Health and Human Services - Division of Behavioral Health contracts with the six Regional Behavioral Health Authorities.

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

**Description of Data:**

Signed contracts between the Nebraska Department of Health and Human Services - Division of Behavioral Health and the six Regional Behavioral Health Authorities.

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

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

This contract requirement is connected to the Federal requirements under the Substance Abuse Prevention and Treatment Block Grant.

**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 Nebraska Department of Health and Human Services - Division of Behavioral Health contract requirement was maintained with the Regional Behavioral Health Authorities for tuberculosis screening provided to all persons entering substance abuse treatment service.

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

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

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

The Nebraska Department of Health and Human Services – Division of Behavioral Health contract requirement was maintained with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering substance abuse treatment service.

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**Footnotes:**

**COVID Testing and Mitigation Program Report  
for the Substance Abuse Prevention and Treatment Block Grant (SABG)  
for Federal Fiscal Year Ending September 30, 2021  
Due Date: December 31, 2021**

For the Federal Fiscal Year ending September 30, 2021, please upload a Word or PDF document in Table 1 of the FY22 SABG Report on the COVID Testing and Mitigation activities by answering the following question, due by 11:59 pm EST on December 31, 2021:

- 1. List the items and activities of expenditures completed between September 1 and September 30, 2021. (if no activities were completed, note here with Not Applicable)**

SABG COVID Testing and Mitigation Program Report for 9/1/21 – 9/30/21 State of Nebraska	
Item/Activity	Amount of Expenditure
No activities were completed for the Federal Fiscal Year ending September 30, 2021.  The SABG COVID Testing and Mitigation Program NOA is dated August 10, 2021 and Project Period Start Date 09/01/2021 – End Date 09/30/2025 and SAMHSA SABG SPO approval of the Nebraska SABG COVID Testing and Mitigation Funding Proposal was received November 29, 2021.	Not Applicable – No expenditures to report.
Total	\$0

**Note: If no activities were completed, please upload the report document indicating “Not Applicable”. Per the BGAS Revision Request, SABG grantees are requested to upload an Attachment in the “FY 2022 SABG Report Submitted”, “Section II: Annual Update, Table 1 Priority Area and Annual Performance Indicators – Progress Report”.**

### III: Expenditure Reports

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

Expenditure Period Start Date: 7/1/2020      Expenditure Period End Date: 6/30/2021

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID -19 <sup>1</sup>
1. Substance Abuse Prevention <sup>2</sup> and Treatment	\$4,672,164.00		\$28,674,311.73	\$3,130,785.00	\$19,075,551.50	\$0.00	\$0.00	\$0.00
a. Pregnant Women and Women with Dependent Children <sup>2</sup>	\$567,692.00		\$0.00	\$0.00	\$851,905.35	\$0.00	\$0.00	\$0.00
b. All Other	\$4,104,472.00		\$28,674,311.73	\$3,130,785.00	\$18,223,646.15	\$0.00	\$0.00	\$0.00
2. Substance Abuse Primary Prevention	\$1,586,504.00		\$0.00	\$1,078,800.00	\$151,242.37	\$0.00	\$0.00	\$0.00
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>3</sup>	\$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)	\$620,145.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>11. Total</b>	<b>\$6,878,813.00</b>	<b>\$0.00</b>	<b>\$28,674,311.73</b>	<b>\$4,209,585.00</b>	<b>\$19,226,793.87</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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

<sup>2</sup>Prevention other than primary prevention

<sup>3</sup>Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

☒ Actual      ☐ Estimated

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**Footnotes:**

1. The state portion of Medicaid, \$10,457,430, is calculated into MOE. As Medicaid information is available this is being updated.
2. Administrative expenditures include \$19,223.17 of Technical Assistance funding.
3. Table 2 Row 3 Tuberculosis Services in State Agency Expenditures Report is not a required expenditure to be reported and the state chose not to report.
4. There were no expenditure of COVID-19 funds nor services rendered using COVID-19 funds in the reporting period.

### III: Expenditure Reports

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

Expenditure Period Start Date: 3/15/2021      Expenditure Period End Date: 9/30/2021

Service	Expenditures
<b>Healthcare Home/Physical Health</b>	
Specialized Outpatient Medical Services	
Acute Primary Care	
COVID-19 Screening (e.g., temperature checks, symptom questionnaires)	
COVID-19 Testing	
COVID-19 Vaccination	
Comprehensive Care Management	
Care Coordination and Health Promotion	
Comprehensive Transitional Care	
Individual and Family Support	
Referral to Community Services Dissemination	
<b>Prevention (Including Promotion)</b>	
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)	
Employee Assistance Programs (Problem Identification and Referral)	
Primary Substance Use Disorder Prevention (Education)	
Primary Substance Use Disorder Prevention (Alternatives)	
Primary Substance Use Disorder Prevention (Community-Based Processes)	



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

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

<b>Total</b>	<b>\$0</b>
--------------	------------

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

1. There were no expenditure of COVID-19 funds nor services rendered using COVID-19 funds in the reporting period.

### III: Expenditure Reports

**Table 3A SABG – Syringe Services Program**

Expenditure Start Date: 07/01/2020   Expenditure End Date: 06/30/2021

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	Dollar Amount of COVID-19 Relief Supplemental Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of locations (Include mobile, if any)	Narcan Provider (Yes or No)	Fentanyl Strips (Yes or No)
Not Applicable (N/A)	N/A, N/A, NE -00000	\$0.00	\$0.00	No	0	No	No

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

### III: Expenditure Reports

**Table 3B SABG – Syringe Services Program**

Expenditure Start Date: 07/01/2020 Expenditure End Date: 06/30/2021

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)
Not Applicable. Nebraska DHHS is not authorized to create or implement a Syringe Services Program.	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)
Not Applicable. Nebraska DHHS is not authorized to create or implement a Syringe Services Program. DHHS is not authorized to create or implement a Syringe Services Program.	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

### III: Expenditure Reports

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

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

Expenditure Period Start Date: 10/1/2018      Expenditure Period End Date: 9/30/2020

Expenditure Category	FY 2019 SA Block Grant Award
1. Substance Abuse Prevention <sup>1</sup> and Treatment	\$5,820,298.15
2. Primary Prevention	\$1,524,682.41
3. Tuberculosis Services	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>2</sup>	\$0.00
5. Administration (excluding program/provider level)	\$296,677.06
<b>Total</b>	<b>\$7,641,657.62</b>

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

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

1. Amount of SABG Primary Prevention funds (from Table 4, Row 2) to be used for Resource Development Activities for SABG Prevention, Column B, and/or SABG Combined, Column C equals \$20,368.82.
2. Amount of SABG treatment funds (from Table 4, Row 1) to be used for Resource Development Activities for SABG Treatment, Column A, and/or SABG Combined, Column C equals \$92,260.12.
3. Amount of SABG Administration funds (from Table 4, Row 5) to be used for Resource Development Activities for SABG Prevention, Column B, and/or SABG Combined, Column C equals \$0.

*Revision Request:*

*Did the state meet the minimum requirement of expending at least 20 percent of its 2019 SABG award on primary substance abuse prevention? No Percentage of FY 2019 SABG spent on primary substance abuse prevention? 19.95%*

*Please provide comments and tentative action plan as the state's compliance is not equal to or greater than 20% by April 13, 2022, or contact your Program Officer at [Chantel.Hartman@samhsa.hhs.gov](mailto:Chantel.Hartman@samhsa.hhs.gov).*

**Nebraska's Response:**

Period of expenditures for the 2019 SABG award occurred from August 2019 through September 2020 and coincided with high cases of COVID-19 cases occurring in Nebraska. Many locations in which primary prevention activities traditionally occurred such as schools and community groups were either shut down or were not allowing external presentations, in person or virtually. As such numerous activities were postponed or canceled. Additionally prevention coalitions, like many other employers, experienced staff shortages, shutdowns, illness and deaths due to COVID, thus further limiting the availability of persons to conduct the prevention activities and reducing expenditures.

In mid-2020 as COVID cases began to reduce, some activities and subsequent expenditures increased. This allowed for Nebraska to achieve 19.95%, just .05% or \$3,649.11 short from attaining the 20% threshold specified in regulations. Historically Nebraska has expended over 20% of any respective block grant on primary prevention activities. For the subsequent grant, the 2020 SABG award, Nebraska again exceed the 20% benchmark (FFY20 = 23.56% expended) on these vital activities.

Federal award	Total Award Expended	Prevention Portion of Expended	Percentage
FFY15	7,592,087.00	1,745,555.13	22.99%
FFY16	7,640,576.55	1,775,804.99	23.24%
FFY17	7,641,329.93	1,743,316.44	22.81%
FFY18	7,660,985.34	1,823,127.35	23.80%
FFY19	7,641,657.62	1,524,682.41	19.95%
FFY20	7,060,817.60	1,663,538.41	23.56%

In recognition of these unprecedented events, Nebraska would request a determination of material compliance related the FFY19 Block Grant 20% prevention set aside. Both CSAT and CMHS have allowed for waivers of the maintenance of efforts on other expenditure levels related to the block grants if needed for this time period. While Nebraska did not require waivers on other parts of the block grant expenditures, if a determination of material compliance is not provided, Nebraska would request information on what would be needed to request a waiver for CSAP.

### III: Expenditure Reports

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

The State or jurisdiction must complete either SABG Table 5a and/or 5b. 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 or jurisdiction employs strategies not covered by these six categories, please report them under "Other," each in a separate row.

Expenditure Period Start Date:  Expenditure Period End Date:

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective					
Information Dissemination	Indicated					
Information Dissemination	Universal	\$73,785.11				
Information Dissemination	Unspecified					
<b>Information Dissemination</b>	<b>Total</b>	<b>\$73,785.11</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective	\$50,849.64				
Education	Indicated	\$1,460.76				
Education	Universal	\$403,460.24				
Education	Unspecified					
<b>Education</b>	<b>Total</b>	<b>\$455,770.64</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective	\$1,503.48				
Alternatives	Indicated					
Alternatives	Universal	\$43,434.14				
Alternatives	Unspecified					
<b>Alternatives</b>	<b>Total</b>	<b>\$44,937.62</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective	\$135,434.13				
Problem Identification and Referral	Indicated	\$17,375.95				
Problem Identification and Referral	Universal	\$1,553.31				
Problem Identification and Referral	Unspecified					
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$154,363.39</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>



Community-Based Process	Selective					
Community-Based Process	Indicated					
Community-Based Process	Universal	\$266,354.93				
Community-Based Process	Unspecified					
<b>Community-Based Process</b>	<b>Total</b>	<b>\$266,354.93</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal	\$470,604.32				
Environmental	Unspecified					
<b>Environmental</b>	<b>Total</b>	<b>\$470,604.32</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 Tobacco	Selective					
Section 1926 Tobacco	Indicated					
Section 1926 Tobacco	Universal	\$38,497.58				
Section 1926 Tobacco	Unspecified					
<b>Section 1926 Tobacco</b>	<b>Total</b>	<b>\$38,497.58</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Other	Selective					
Other	Indicated					
Other	Universal					
Other	Unspecified					
<b>Other</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Grand Total</b>	<b>\$1,504,313.59</b>				

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

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

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**Footnotes:**

1. There were no expenditure of COVID-19 funds for primary prevention activities nor primary prevention services rendered using COVID-19 funds in the reporting period.



### III: Expenditure Reports

**Table 5b - SABG Primary Prevention Expenditures by Institute of Medicine (IOM) Categories**

The state or jurisdiction must complete SABG Table 5b if it chooses to report SUD primary prevention activities utilizing the IOM Model of Universal, Selective and Indicated. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated. Include all funding sources (e.g., Centers for Disease Control and Prevention Block Grant, foundations).

Expenditure Period Start Date: 10/1/2018      Expenditure Period End Date: 9/30/2020

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$440,555.78				
Universal Indirect	\$857,133.85				
Selective	\$187,787.25				
Indicated	\$18,836.71				
<b>Column Total</b>	<b>\$1,504,313.59</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

1. There were no expenditure of COVID-19 funds for primary prevention activities nor primary prevention services rendered using COVID-19 funds in the reporting period.

### III: Expenditure Reports

**Table 5c - SABG Primary Prevention Priorities and Special Population Categories**

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 2019 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: 10/1/2018      Expenditure Period End Date: 9/30/2020

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

### III: Expenditure Reports

**Table 6 - Resource Development Expenditure Checklist**

Expenditure Period Start Date: 10/1/2018      Expenditure Period End Date: 9/30/2020

Activity	A. SABG Treatment	B. SABG Prevention	C. SABG Combined <sup>1</sup>
1. Information Systems	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$0.00
4. Planning Council Activities (MHBG required, SABG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$10,211.60	\$0.00
6. Research and Evaluation	\$0.00	\$0.00	\$0.00
7. Training and Education	\$92,260.12	\$10,157.22	\$0.00
<b>8. Total</b>	<b>\$92,260.12</b>	<b>\$20,368.82</b>	<b>\$0.00</b>

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

1. Amount of SABG Primary Prevention funds (from Table 4, Row 2) to be used for Resource Development Activities for SABG Prevention, Column B and/or SABG Combined, Column C equals: \$20,368.82.


2. Amount of SABG Substance Abuse Prevention\* and Treatment funds (from Table 4, Row 1) to be used for Resource Development Activities for SABG Treatment, Column A and/or SABG Combined, Column C equals: \$92,260.12.

### 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 resource development expenditures.

Expenditure Period Start Date: 10/1/2018      Expenditure Period End Date: 9/30/2020

										Source of Funds SAPT Block Grant					
	Entity Number	I-BHS ID (formerly I- SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
	NE100496	NE100496	✔	Omaha Metro	ARCH Inc	1502 North 58th Street	Omaha	NE	68104	\$85,243.78	\$85,243.78	\$0.00	\$0.00	\$0.00	\$0.00
	750441	NE750441	✔	Omaha Metro	ARCH Inc	604 South 37th Street	Omaha	NE	68105	\$160,636.49	\$160,636.49	\$0.00	\$0.00	\$0.00	\$0.00
	100898	NE100898	✔	South Central	Area Substance Abuse and	835 South Burlington Suite 114	Hastings	NE	68901	\$65,920.13	\$0.00	\$0.00	\$65,920.13	\$0.00	\$0.00
	NE100873	NE100873	✔	Northeast	Area Substance Abuse Prevention	422 East Douglas Street	ONeill	NE	68763	\$27,677.73	\$0.00	\$0.00	\$27,677.73	\$0.00	\$0.00
	NE100836	NE100836	✔	Southeast	Associates in Counseling and Treatment	600 North Cotner Boulevard Suite 119	Lincoln	NE	68505 -2343	\$4,055.04	\$4,055.04	\$0.00	\$0.00	\$0.00	\$0.00
	100781	NE100781	✔	Omaha Metro	BAART Community Healthcare Inc	1941 South 42nd Street Suite 210	Omaha	NE	68105	\$846,847.19	\$846,847.19	\$0.00	\$0.00	\$0.00	\$0.00
	NE100868	NE100868	✔	Northeast	Back To BASICS	4321 41st Avenue P.O. Box 1028	Columbus	NE	68602	\$28,536.82	\$0.00	\$0.00	\$28,536.82	\$0.00	\$0.00
	100856	NE100856	✖	Panhandle	Banner County Prevention Coalition	Banner County Public Schools P.O. Box 5	Harrisburg	NE	69345	\$2,500.00	\$0.00	\$0.00	\$2,500.00	\$0.00	\$0.00
	NE100900	NE100900	✔	Southeast	Beatrice Public Schools	320 North 5th Street	Beatrice	NE	68310	\$6,370.10	\$0.00	\$0.00	\$6,370.10	\$0.00	\$0.00
	NE100122	NE100122	✔	Northeast	Behavioral Health Specialists Inc	923 East Northfolk Avenue	Norfolk	NE	68701	\$65,371.10	\$65,371.10	\$0.00	\$0.00	\$0.00	\$0.00
	NE301302	NE301302	✔	Northeast	Behavioral Health Specialists Inc	900 West Norfolk Avenue Suite 200	Norfolk	NE	68701 -5006	\$52,072.83	\$52,072.83	\$0.00	\$0.00	\$0.00	\$0.00
	NE900707	NE900707	✔	Northeast	Behavioral Health Specialists Inc	4432 Sunrise Place	Columbus	NE	68601	\$53,683.44	\$53,683.44	\$0.00	\$0.00	\$0.00	\$0.00
	750953	NE750953	✔	Southeast	Blue Valley Behavioral Health	1123 North 9th Street	Beatrice	NE	68310	\$15,504.96	\$15,504.96	\$0.00	\$0.00	\$0.00	\$0.00
	NE100531	NE100531	✔	Southeast	Blue Valley Behavioral Health	P.O. Box 120	Fairbury	NE	68352	\$3,184.73	\$3,184.73	\$0.00	\$0.00	\$0.00	\$0.00
	NE100532	NE100532	✔	Southeast	Blue Valley Behavioral Health	P.O. Box 5	Wahoo	NE	68066	\$3,715.38	\$3,715.38	\$0.00	\$0.00	\$0.00	\$0.00
	NE750045	NE750045	✔	Southeast	Blue Valley Behavioral Health	820 Central Avenue Suite 4	Auburn	NE	68305	\$4,529.52	\$4,529.52	\$0.00	\$0.00	\$0.00	\$0.00
	NE750102	NE750102	✔	Southeast	Blue Valley Behavioral Health	P.O. Box 185	David City	NE	68632	\$4,770.33	\$4,770.33	\$0.00	\$0.00	\$0.00	\$0.00
	NE750128	NE750128	✔	Southeast	Blue Valley Behavioral Health	103 East 35th Street Suite A	Falls City	NE	68355	\$4,550.12	\$4,550.12	\$0.00	\$0.00	\$0.00	\$0.00

	NE750409	NE750409	✓	Southeast	Blue Valley Behavioral Health	1903 4th Corso Street	Nebraska City	NE	68410	\$7,871.33	\$7,871.33	\$0.00	\$0.00	\$0.00	\$0.00
	NE750631	NE750631	✓	Southeast	Blue Valley Behavioral Health	459 South 6th Street Suite 1	Seward	NE	68434	\$34,007.14	\$34,007.14	\$0.00	\$0.00	\$0.00	\$0.00
	NE901184	NE901184	✓	Southeast	Blue Valley Behavioral Health	P.O. Box 326	Crete	NE	68333	\$7,721.21	\$7,721.21	\$0.00	\$0.00	\$0.00	\$0.00
	NE901382	NE901382	✓	Southeast	Blue Valley Behavioral Health	722 South Lincoln Avenue Suite 1	York	NE	68467	\$8,504.89	\$8,504.89	\$0.00	\$0.00	\$0.00	\$0.00
	NE100901	NE100901	✓	Southeast	Blue Valley Community Action	P.O. Box 273 620 5th Street	Fairbury	NE	68352	\$4,907.63	\$0.00	\$0.00	\$4,907.63	\$0.00	\$0.00
	100857	NE100857	✗	Panhandle	Box Butte County Family Focus	P.O. Box 5	Alliance	NE	69301	\$2,769.20	\$0.00	\$0.00	\$2,769.20	\$0.00	\$0.00
	100603	NE100603	✓	Southeast	Bridge Behavioral Health	721 K Street	Lincoln	NE	68508	\$406,879.76	\$406,879.76	\$0.00	\$0.00	\$0.00	\$0.00
	900335	NE900335	✓	South Central	Bridge Inc	907 South Kansas Street	Hastings	NE	68901	\$333,536.00	\$333,536.00	\$134,867.47	\$0.00	\$0.00	\$0.00
	NE101278	NE101278	✓	Southeast	Butler County Believes in Youth	2850 County Road L	Weston	NE	68070 -4039	\$5,465.90	\$0.00	\$0.00	\$5,465.90	\$0.00	\$0.00
	NE102160	NE102160	✓	Omaha Metro	Capstone Behavioral Health PC	230 East 22nd Street Suite 4	Fremont	NE	68025 -2661	\$122.88	\$122.88	\$0.00	\$0.00	\$0.00	\$0.00
	NE102004	NE102004	✓	Omaha Metro	Capstone Behavioral Health PC	424 West 23rd Street	Fremont	NE	68025	\$468.39	\$468.39	\$0.00	\$0.00	\$0.00	\$0.00
	NE101275	NE101275	✓	Omaha Metro	CenterPointe	1490 North 16th Street	Omaha	NE	68102	\$621,750.27	\$621,750.27	\$0.00	\$0.00	\$0.00	\$0.00
	301401	NE301401	✓	Southeast	CenterPointe	1000 South 13th Street	Lincoln	NE	68508 -3533	\$73,472.82	\$73,472.82	\$0.00	\$0.00	\$0.00	\$0.00
	NE302219	NE302219	✓	Southeast	CenterPointe	2220 South 10th Street	Lincoln	NE	68502	\$169,642.75	\$169,642.75	\$0.00	\$0.00	\$0.00	\$0.00
	NE100623	NE100623	✓	Panhandle	Cirrus House Inc	1509 1st Avenue	Scottsbluff	NE	69361 -3106	\$38,633.31	\$38,633.31	\$0.00	\$0.00	\$0.00	\$0.00
	NE100689	NE100689	✓	99	Coalition Rx	8401 West Dodge Road Suite 115	Omaha	NE	68114	\$205,108.42	\$0.00	\$0.00	\$205,108.42	\$0.00	\$0.00
	NE102052	NE102052	✓	Panhandle	Community Action Partnership of	975 Crescent Drive	Gering	NE	69341	\$177,822.03	\$177,822.03	\$15,347.61	\$0.00	\$0.00	\$0.00
	NE100885	NE100885	✓	South Central	Community Connections	P.O. Box 852	North Platte	NE	69103	\$135,366.93	\$0.00	\$0.00	\$135,366.93	\$0.00	\$0.00
	NE101277	NE101277	✓	Omaha Metro	Dougals County	1490 North 16th Street	Omaha	NE	68102	\$251,497.00	\$251,497.00	\$0.00	\$0.00	\$0.00	\$0.00
	NE100899	NE100899	✓	Southeast	Fillmore County Prevention Coalition	995 Highway 33 Suite 1	Crete	NE	68333 -2551	\$5,099.83	\$0.00	\$0.00	\$5,099.83	\$0.00	\$0.00
	750151	NE750151	✗	South Central	Friendship House	406 West Koenig Street	Grand Island	NE	68801	\$419,500.07	\$419,500.07	\$0.00	\$0.00	\$0.00	\$0.00
	100804	NE100804	✓	South Central	Garfield Loup Wheeler Childrens	P.O. Box 638	Burwell	NE	68823	\$56,227.01	\$0.00	\$0.00	\$56,227.01	\$0.00	\$0.00
	NE101092	NE101092	✓	Omaha Metro	Good Neighbor Community Health Center	2400 North Lincoln Avenue	Fremont	NE	68025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	NE102048	NE102048	✓	South Central	Goodwill Industries of Greater NE	3020 18th Street Suite 3	Columbus	NE	68601	\$163.59	\$163.59	\$0.00	\$0.00	\$0.00	\$0.00
	NE100827	NE100827	✓	South Central	Grand Island Substance Abuse	219 West 2nd Street	Grand Island	NE	68801	\$64,429.44	\$0.00	\$0.00	\$64,429.44	\$0.00	\$0.00
	NE100869	NE100869	✓	Northeast	Healthy Communities Initiative	2104 21st Circle	Wisner	NE	68791	\$29,115.35	\$0.00	\$0.00	\$29,115.35	\$0.00	\$0.00
	NE900491	NE900491	✓	Northeast	Heartland Counseling Services Inc	P.O. Box 355	South Sioux City	NE	68776 -0355	\$6,091.32	\$6,091.32	\$0.00	\$0.00	\$0.00	\$0.00



	NE102015	NE102015	✓	Omaha Metro	Heartland Family Service	1875 South 75th Street Suite 107	Omaha	NE	68124	\$1,934.34	\$1,934.34	\$1,934.34	\$0.00	\$0.00	\$0.00
	NE101063	NE101063	✓	Omaha Metro	Heartland Family Services	4847 Sahler Street	Omaha	NE	68104	\$77,405.48	\$77,405.48	\$61,179.99	\$0.00	\$0.00	\$0.00
	NE100625	NE100625	✓	Omaha Metro	Heartland Family Services Inc	302 American Parkway	Papillion	NE	68046	\$888.24	\$888.24	\$185.68	\$0.00	\$0.00	\$0.00
	NE100563	NE100563	✓	Southeast	HopeSpoke	2444 O Street	Lincoln	NE	68510	\$33,503.43	\$33,503.43	\$0.00	\$0.00	\$0.00	\$0.00
	901242	NE901242	✓	Southeast	Houses of Hope of Nebraska Inc	1124 North Cotner Boulevard	Lincoln	NE	68505 -1834	\$236,979.93	\$236,979.93	\$0.00	\$0.00	\$0.00	\$0.00
	900699	NE900699	✓	Panhandle	Human Services Inc	419 West 25th Street	Alliance	NE	69301	\$108,723.95	\$108,723.95	\$26,537.26	\$0.00	\$0.00	\$0.00
	NE102058	NE102058	✓	Panhandle	Karuna Counseling	P.O. Box 508	Sidney	NE	69162	\$6,127.46	\$6,127.46	\$0.00	\$0.00	\$0.00	\$0.00
	NE101296	NE101296	✓	Northeast	Liberty Centre Services	105 East Norfolk Avenue Suite 118	Norfolk	NE	68701	\$163.59	\$163.59	\$0.00	\$0.00	\$0.00	\$0.00
	100415	NE100415	✓	99	Lincoln Medical Education Partnership	4600 Valley Road	Lincoln	NE	68510	\$138,507.33	\$0.00	\$0.00	\$138,507.33	\$0.00	\$0.00
	NE101294	NE101294	✓	Northeast	Link Dual Recovery Program	305 North 9th Street	Norfolk	NE	68701	\$259,274.90	\$259,274.90	\$0.00	\$0.00	\$0.00	\$0.00
	900418	NE900418	✓	Northeast	Link Inc	1001 West Norfolk Avenue	Norfolk	NE	68701	\$268,264.24	\$268,264.24	\$0.00	\$0.00	\$0.00	\$0.00
	100616	NE100616	✓	Omaha Metro	Livewise	302 American Parkway	Papillion	NE	68046	\$10,796.70	\$0.00	\$0.00	\$10,796.70	\$0.00	\$0.00
	100527	NE100527	✗	Omaha Metro	Lutheran Family Services	120 South 24th Street Suite 100	Omaha	NE	68102	\$88.69	\$88.69	\$0.00	\$0.00	\$0.00	\$0.00
	NE101686	NE101686	✓	Omaha Metro	Lutheran Family Services	1420 East Military Avenue Suite 100	Fremont	NE	68025	\$65.50	\$65.50	\$0.00	\$0.00	\$0.00	\$0.00
	NE100927	NE100927	✓	Southeast	Lutheran Family Services	2301 O Street	Lincoln	NE	68510 -1124	\$24,338.11	\$24,338.11	\$0.00	\$0.00	\$0.00	\$0.00
	NE100696	NE100696	✓	Southwest	Lutheran Family Services	120 East 12th Street	North Platte	NE	69101 -2365	\$1,300.00	\$1,300.00	\$0.00	\$0.00	\$0.00	\$0.00
	NE100729	NE100729	✓	Omaha Metro	Lutheran Family Services of Nebraska	11515 South 39th Street 3rd Floor	Bellevue	NE	68123	\$349.24	\$349.24	\$0.00	\$0.00	\$0.00	\$0.00
	NE100601	NE100601	✓	Panhandle	Monument Prevention Coalition	1601 East 27th Street	Scottsbluff	NE	69361	\$14,881.56	\$0.00	\$0.00	\$14,881.56	\$0.00	\$0.00
	NE100864	NE100864	✗	Panhandle	Morrill County Prevention Coalition	P.O. Box 337	Hemingford	NE	69348	\$6,011.63	\$0.00	\$0.00	\$6,011.63	\$0.00	\$0.00
	000005	NE000005	✗	99	Nebraska State Patrol	PO Box 94907	Lincoln	NE	68509	\$35,447.58	\$0.00	\$0.00	\$35,447.58	\$0.00	\$0.00
	NE900582	NE900582	✓	Omaha Metro	Nebraska Urban Indian Health Coalition	2240 Landon Court	Omaha	NE	68102	\$42.65	\$42.65	\$0.00	\$0.00	\$0.00	\$0.00
	NE100888	NE100888	✗	Panhandle	NEPSAC - Chadron	P.O. Box 428	Gordon	NE	69343	\$6,892.59	\$6,892.59	\$0.00	\$0.00	\$0.00	\$0.00
	NE100914	NE100914	✓	Northeast	Northeast Nebraska Public	215 North Pearl Street	Wayne	NE	68787 -1975	\$2,970.20	\$0.00	\$0.00	\$2,970.20	\$0.00	\$0.00
	NE100605	NE100605	✓	Panhandle	Northeast Panhandle	P.O. Box 428	Gordon	NE	69343	\$15,046.23	\$15,046.23	\$0.00	\$0.00	\$0.00	\$0.00
	300072	NE300072	✓	Omaha Metro	NOVA Treatment Community	8502 Mormon Bridge Road	Omaha	NE	68152	\$118,783.30	\$118,783.30	\$0.00	\$0.00	\$0.00	\$0.00
	NE100886	NE100886	✓	Northeast	Oasis Counseling International	333 West Norfolk Avenue Suite 201	Norfolk	NE	68701	\$7,061.36	\$7,061.36	\$0.00	\$0.00	\$0.00	\$0.00

	NE102002	NE102002	✓	Omaha Metro	Omaha Collegiate Consortium	2500 California Plaza	Omaha	NE	68178	\$142,382.44	\$0.00	\$0.00	\$142,382.44	\$0.00	\$0.00
	NE101226	NE101226	✓	Omaha Metro	One World Community Health Center	4920 South 30th Street Suite 103	Omaha	NE	68107	\$3.48	\$3.48	\$0.00	\$0.00	\$0.00	\$0.00
	NE100754	NE100754	✓	Omaha Metro	One World Community Health Center	409 Main Street	Plattsmouth	NE	68048	\$0.04	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00
	NE1000692	NE1000692	✗	Omaha Metro	One World North West Omaha	4229 North 90th Street	Omaha	NE	68134	\$0.04	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00
	NE100507	NE100507	✓	Omaha Metro	One World West Omaha	4101 South 120th Street	Omaha	NE	68137	\$0.06	\$0.06	\$0.00	\$0.00	\$0.00	\$0.00
	NE100602	NE100602	✓	Panhandle	Panhandle Prevention Coalition	18 West 16th Street	Scottsbluff	NE	69361	\$46,434.55	\$0.00	\$0.00	\$46,434.55	\$0.00	\$0.00
	NE100907	NE100907	✓	Southeast	Polk County Prevention Coalition	P.O. Box 316	Osceola	NE	68651	\$2,625.69	\$0.00	\$0.00	\$2,625.69	\$0.00	\$0.00
	NE100871	NE100871	✓	South Central	Positive Pressure Community Coalition	1755 Prairie View Place	Kearney	NE	68848	\$30,303.24	\$0.00	\$0.00	\$30,303.24	\$0.00	\$0.00
	100530	NE100530	✓	Southwest	Region II Human Services	110 North Bailey Street P.O. Box 1208	North Platte	NE	69103	\$214,574.74	\$65,564.02	\$65,563.92	\$149,010.72	\$0.00	\$0.00
	100811	NE100811	✓	Northeast	Region IV MH and SA Service District	206 Monroe Avenue	Norfolk	NE	68701	\$71,231.76	\$58,413.70	\$0.00	\$12,818.06	\$0.00	\$0.00
	100837	NE100837	✓	Omaha Metro	Region VI Behavioral Health Authority	1941 South 42nd Street Suite 112	Omaha	NE	68105-2982	\$12,230.00	\$0.00	\$0.00	\$12,230.00	\$0.00	\$0.00
	100829	NE100829	✗	Southeast	Regional V Prevention Center	1645 N Street Suite A	Lincoln	NE	68508	\$245,555.60	\$134,603.20	\$0.00	\$110,952.40	\$0.00	\$0.00
	NE100788	NE100788	✗	Southeast	Saint Monica's Behavioral Health Services	6420 Colby Street	Lincoln	NE	68510	\$31,121.00	\$31,121.00	\$31,121.00	\$0.00	\$0.00	\$0.00
	NE101262	NE101262	✓	Southeast	Saint Monicas Behavioral Health Servs	120 Skyway Road	Lincoln	NE	68505	\$72,973.97	\$72,973.97	\$72,973.97	\$0.00	\$0.00	\$0.00
	NE100556	NE100556	✓	Southeast	Saint Monicas Behavioral Health Servs	120 Wedgewood Drive	Lincoln	NE	68510	\$25,639.42	\$25,639.42	\$0.00	\$0.00	\$0.00	\$0.00
	NE100887	NE100887	✓	Southeast	Saline County Coalition	421 West Ash Street	Wilber	NE	68465-3270	\$4,300.88	\$0.00	\$0.00	\$4,300.88	\$0.00	\$0.00
	750540	NE750540	✗	Omaha Metro	Santa Monica	401 South 39th Street	Omaha	NE	68131	\$106,330.46	\$106,330.46	\$33,630.74	\$0.00	\$0.00	\$0.00
	NE101279	NE101279	✓	Southeast	Saunders County Prevention Coalition	387 North Chestnut Suite 1	Wahoo	NE	68066-1869	\$6,066.89	\$0.00	\$0.00	\$6,066.89	\$0.00	\$0.00
	NE100903	NE100903	✓	Southeast	Seward County Bridges	216 South 9th Street	Seward	NE	68434	\$4,069.56	\$0.00	\$0.00	\$4,069.56	\$0.00	\$0.00
	100872	NE100872	✓	South Central	Sherman County Prevention Coalition	P.O. Box 621	Loup City	NE	68853	\$63,794.80	\$0.00	\$0.00	\$63,794.80	\$0.00	\$0.00
	NE102064	NE102064	✓	Southeast	Southeast Health District Prevention	2511 Schneider Avenue	Auburn	NE	68305	\$28,160.42	\$0.00	\$0.00	\$28,160.42	\$0.00	\$0.00
	NE100904	NE100904	✓	Southeast	Thayer County Healthy Comm Coalition	995 Highway 33 Suite 1	Crete	NE	68333-2551	\$4,339.28	\$0.00	\$0.00	\$4,339.28	\$0.00	\$0.00
	NE000081	NE000081	✓	Southeast	Touchstone Short Term Residential	2633 P Street 1st Floor	Lincoln	NE	68503	\$19,531.45	\$19,531.45	\$0.00	\$0.00	\$0.00	\$0.00

	NE100859	NE100859	✗	Panhandle	Volunteers of America - Deuel County Prevention Team	20745 Road 4	Big Springs	NE	68122	\$2,274.61	\$0.00	\$0.00	\$2,274.61	\$0.00	\$0.00
	NE100861	NE100861	✗	Panhandle	Volunteers of America - Garden County Coalition	PO Box 128	Lewellen	NE	69147	\$3,507.15	\$0.00	\$0.00	\$3,507.15	\$0.00	\$0.00
	NE100858	NE100858	✗	Panhandle	WCHR - Dawes/Sioux Community Prevention Team	300 Shelton Street	Chadron	NE	69337	\$5,409.05	\$0.00	\$0.00	\$5,409.05	\$0.00	\$0.00
	NE101225	NE101225	✗	Panhandle	WCHR - Sheridan Community Prevention Team	300 Shelton Street	Chadron	NE	69337	\$2,538.65	\$0.00	\$0.00	\$2,538.65	\$0.00	\$0.00
	100221	NE100221	✓	Northeast	Womens Empowering Life Line Inc	910 West Park Avenue	Norfolk	NE	68701	\$184,774.29	\$184,774.29	\$154,856.52	\$0.00	\$0.00	\$0.00
	NE100905	NE100905	✓	Southeast	York County Drug Task Force	1417 Kennedy Drive	York	NE	68467-4613	\$5,096.75	\$0.00	\$0.00	\$5,096.75	\$0.00	\$0.00
	NE100637	NE100637	✓	Northeast	Zone Afterschool Program	105 22nd Drive	Norfolk	NE	68701	\$19,888.96	\$0.00	\$0.00	\$19,888.96	\$0.00	\$0.00
Total										\$7,232,351.62	\$5,728,038.03	\$598,198.50	\$1,504,313.59	\$0.00	\$0.00

\* Indicates the imported record has an error.

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Footnotes:

1. Primary Prevention expenditures associated with the Nebraska State Patrol are related to Synar activities, specifically to support a subaward to collect annual, random, unannounced inspections of tobacco outlets to determine their compliance with tobacco access laws.

State Planning Areas defined by geographic entity:

1. Omaha Metro consists of Dodge, Washington, Douglas, Sarpy, and Cass counties.
2. Southeast consists of Polk, Butler, Saunders, Seward, Lancaster, Otoe, Fillmore, Saline, Thayer, Jefferson, Gage, Johnson, Nemaha, Pawnee, York, and Richardson counties.
3. South Central consists of Blaine, Loup, Garfield, Wheeler, Custer, Valley, Greeley, Sherman, Howard, Buffalo, Hall, Phelps, Kearney, Adams, Clay, Furnas, Harlan, Hamilton, Merrick, Franklin, Webster, and Nuckolls counties.
4. Southwest consists of Grant, Hooker, Thomas, Arthur, McPherson, Logan, Keith, Lincoln, Perkins, Chase, Hayes, Frontier, Dawson, Gosper, Dundy, Hitchcock, and Red Willow counties.
5. Panhandle consists of Sioux, Dawes, Box Butte, Sheridan, Scotts Bluff, Morrill, Garden, Banner, Kimball, Cheyenne, and Deuel counties.
6. Northeast consists of Cherry, Keya Paha, Boyd, Brown, Rock, Holt, Knox, Cedar, Dixon, Dakota, Thurston, Wayne, Pierce, Antelope, Boone, Nance, Madison, Stanton, Cuming, Burt, Colfax, and Platte counties.

- >
2. Amount of SABG Primary Prevention funds (from Table 4, Row 2) to be used for Table 6 Resource Development activities for SABG Prevention, Column B, and/or SABG Combined, Column C = \$20,368.82.
  - >
  3. Amount of SABG Substance Abuse Prevention\* and Treatment funds (from Table 4, Row 1) to be used for Table 6 Resource Development activities for SABG Treatment, Column A, and/or SABG Combined, Column C = \$92,260.12.

### III: Expenditure Reports

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

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

Expenditure Period Start Date: 07/01/2020 Expenditure Period End Date: 06/30/2021

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2019) + B2(2020)</u> 2 (C)
SFY 2019 (1)	\$28,275,693.00	
SFY 2020 (2)	\$29,736,677.00	\$29,006,185.00
SFY 2021 (3)	\$29,684,223.68	

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

SFY 2019	Yes	<u>X</u>	No	_____
SFY 2020	Yes	<u>X</u>	No	_____
SFY 2021	Yes	<u>X</u>	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.

Amounts reflected are amounts in state accounting records for expenditures made by SSA for aid program. In addition, the state portion of Medicaid \$10,457,430 is calculated into MOE. Medicaid information is now available and information has been updated.

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**Footnotes:**

The state portion of Medicaid is calculated into MOE. As Medicaid information is not available until late December, neither final expenditure for SFY2021 in this table nor the MOE can be completed until that time to identify state match from Medicaid claims. As such, the information

reported in the table is actual but does not yet include reporting of state Medicaid expenditures. As state Medicaid information is not available until late December, we will contact our State Project Officers to request a revision request to add this information when it is available. This state match has been included as part of the MOE since inception and as such is consistent to include for calculation of MOE.

>

RevRequest021622 Update: The state portion of Medicaid, \$10,457,430, is calculated into MOE. As Medicaid information is now available and information has been updated.

>

RevReq032422 Update: The state portion of Medicaid, \$10,457,430 rounded that is calculated into the MOE, is included in Table 2A Column C total. This amount, \$10,457,430 rounded, together with the reported Table 2A Column E State Funds total \$19,226,793.87 sums to Table 8A SFY2021 State Expenditures of \$29,684,223.68.

### III: Expenditure Reports

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

This Maintenance of Effort table provides a description of expenditures including SABG and state funds (e.g., state legislature appropriations; revenue funds; state Medicaid match funds; and third-party reimbursements) for specialized treatment and related services that meet the SABG requirements for pregnant women and women with dependent children 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: 07/01/2020 Expenditure Period End Date: 06/30/2021

#### Base

Period	Total Women's Base (A)
SFY 1994	\$ 753,713.00

#### Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2019		\$ 2,404,369.00	
SFY 2020		\$ 3,102,416.00	
SFY 2021		\$ 1,419,597.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2022 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)): \$ 1463250.00

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). To establish the base for specialized services for pregnant women and women with dependent children in FFY92, Nebraska submitted information to the Center for Substance Abuse Treatment (CSAT) detailing the amount the state had expended (\$274,044) for services to this specialized population. This amount was determined through an analysis of admission data from programs to determine the percentage of admissions of

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**Footnotes:**

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act(42 U.S.C. § 300x29) about the primary prevention activities conducted by the entities listed on SABG Table 7.

Expenditure Period Start Date: 10/1/2018      Expenditure Period End Date: 9/30/2020

Column A (Risks)	Column B (Strategies)	Column C (Providers)
All Risk Groups	1. Information Dissemination	
	2. Resources directories	2
	3. Media campaigns	16
	4. Brochures	11
	5. Radio and TV public service announcements	7
	6. Speaking engagements	21
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	10
	2. Education	
	1. Parenting and family management	7
	2. Ongoing classroom and/or small group sessions	21
	3. Peer leader/helper programs	6
	4. Education programs for youth groups	15
	5. Mentors	4
	6. Preschool ATOD prevention programs	2
	3. Alternatives	
	1. Drug free dances and parties	6
	2. Youth/adult leadership activities	9
	4. Community service activities	1
	6. Recreation activities	4
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	7
	4. Brief Screening/Intervention	5
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	10
	2. Systematic planning	5

3. Multi-agency coordination and collaboration/coalition	22
4. Community team-building	11
5. Accessing services and funding	2
6. Regional/Coalition/Community meetings	23
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	8
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	21
3. Modifying alcohol and tobacco advertising practices	1

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**Footnotes:**

Column C records the number of providers performing each of the activities identified in Column B. Providers are those entities recorded in Table 7-Statewide Entity Inventory as having expended Primary Prevention Set-aside Funds. Table 9 Column B (Strategies), 4-Problem Identification and Referral does not include early intervention activities, including any activity designed to determine if a person is in need of treatment.



## IV: Population and Services Reports

**Table 10 - Treatment Utilization Matrix**

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

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Level of Care	SABG Number of Admissions $\geq$ Number of Persons Served		COVID-19 Number of Admissions $\geq$ Number of Persons Served		SABG Costs per Person (C, D & E)			COVID-19 Costs per Person (C, D & E)		
	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)
<b>DETOXIFICATION (24-HOUR CARE)</b>										
1. Hospital Inpatient	0	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Free-Standing Residential	0	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>REHABILITATION/RESIDENTIAL</b>										
3. Hospital Inpatient	3	3	0	0	\$1,109.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Short-term (up to 30 days)	2,052	1,948	0	0	\$5,055.70	\$4,917.81	\$3,073.38	\$0.00	\$0.00	\$0.00
5. Long-term (over 30 days)	1,274	1,252	0	0	\$11,000.88	\$10,463.95	\$4,906.38	\$0.00	\$0.00	\$0.00
<b>AMBULATORY (OUTPATIENT)</b>										
6. Outpatient	85,930	85,622	0	0	\$214.22	\$133.05	\$589.16	\$0.00	\$0.00	\$0.00
7. Intensive Outpatient	1,041	974	0	0	\$1,204.66	\$915.89	\$718.93	\$0.00	\$0.00	\$0.00
8. Detoxification	2,282	1,702	0	0	\$831.40	\$572.96	\$424.33	\$0.00	\$0.00	\$0.00
<b>OUD MEDICATION ASSISTED TREATMENT</b>										
9. OUD Medication-Assisted Detoxification <sup>1</sup>	0	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	458	449	0	0	\$5,750.59	\$2,897.52	\$14,752.63	\$0.00	\$0.00	\$0.00

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

Not Applicable

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

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

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**Footnotes:**

1. There was not a sufficient number of cases to calculate the median and standard deviation for Hospital Inpatient costs.

>

2. Individuals included in this table were served in a substance use disorder or dual service funded by the Nebraska DHHS Division of Behavioral Health during the reporting period. This table does not include individuals served through state Medicaid funding at this time. As such, the information reported in the table is actual but does not yet include reporting of state Medicaid counts of persons served. As state Medicaid information is not available until late December, we will contact our State Project Officers to request a revision request to add this information when it is available. - See Revision Below:

>

Footnote #2 Update-Revision for RevRequest 2/16/2022: Individuals included in this table were served in a substance use disorder or dual service funded by the Nebraska DHHS Division of Behavioral Health and Medicaid during the reporting period. The increase in numbers served are a result of Medicaid expansion and a new data system that has resulted in improved shared reporting of Medicaid data.

>

3. There were no expenditure of COVID-19 funds for treatment nor treatment services rendered using COVID-19 funds in the reporting period.

## IV: Population and Services Reports

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

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

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

**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	110	33	28	3	1	0	0	2	0	4	3	4	4	23	5	30	31	5	7
2. 18 - 24	1,439	809	235	67	39	3	2	7	0	38	15	35	3	145	41	505	259	174	52
3. 25 - 44	6,158	3,139	1,429	412	115	17	6	16	6	187	95	76	22	444	194	2,832	1,486	449	192
4. 45 - 64	2,045	1,054	518	129	40	7	0	7	1	47	26	7	3	129	77	1,029	468	99	37
5. 65 and Over	259	131	74	17	5	0	0	0	0	3	0	3	0	15	11	90	22	5	1
<b>6. Total</b>	<b>10,011</b>	<b>5,166</b>	<b>2,284</b>	<b>628</b>	<b>200</b>	<b>27</b>	<b>8</b>	<b>32</b>	<b>7</b>	<b>279</b>	<b>139</b>	<b>125</b>	<b>32</b>	<b>756</b>	<b>328</b>	<b>4,486</b>	<b>2,266</b>	<b>732</b>	<b>289</b>
7. Pregnant Women	47		38		4		0		0		0		1		4		40		4
Number of persons served who were admitted in a period prior to the 12 month reporting period		3,830																	
Number of persons served outside of the levels of care described on Table 10		2,425																	

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

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

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

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

Age	Cisgender Male	Cisgender Female	Transgender Man /Transman /Female -To-Man	Transgender Woman/ Transwoman/ Male-To-Female	Genderqueer/ Gender Non-Conforming/ Neither Exclusively Male nor Female	Additional Gender Category (or Other)	Straight or Heterosexual	Gay or Lesbian	Bisexual	Queer, Pansexual, and/or Questioning	Something Else? Please Specify Under Footnotes
1. 17 and Under											
2. 18 - 24											
3. 25 - 44											
4. 45 - 64											
5. 65 and Over											
<b>6. Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Footnotes:**

1. Individuals included in this table were served in a substance use disorder or dual service funded by the Nebraska DHHS Division of Behavioral Health during the reporting period. This table does not include individuals served with state Medicaid funding at this time. As such, the information reported in the table is actual but does not yet include reporting of state Medicaid counts of persons served. As state Medicaid information is not available until late December, we will contact our State Project Officers to request a revision request to add this information when it is available. See Revision Below.

>  
Footnote #1 Revision for RevRequest 2/16/2022: Individuals included in this table were served in a substance use disorder or dual service funded by the Nebraska DHHS Division of Behavioral Health during the reporting period. This table does not include individuals served through Medicaid funding. In addition to the individuals in the DBH substance use disorder and dual services unduplicated counts, up to 49,479 individuals not available for reporting received a specific set of substance use disorder or dual services funded through Medicaid.

>  
2. Age was not known for 9 consumers. Since there is not a field for unknown age, these consumers were omitted from the table above. Of these 9 consumers, 1 identified as a Black/African American male, 4 identified as White females, and 1 identified as White male. There were also 2 females and 1 male for whom race was unavailable. Of these 9 consumers, 2 identified as Non-Hispanic females and 2 identified as Non-Hispanic males. There were also 4 females and 1 male for whom ethnicity was unavailable.

>  
3. There was 1 consumer whose sex was unknown. Since there is not a field for unknown sex, this consumer was omitted from the above table. This consumer reported their age within the 25-44 range. Race and ethnicity are unavailable for this consumer.

>  
4. Ethnicity was not known for 2,238 consumers. Since there is not a field for unknown ethnicity, these consumers were omitted from the above table. The age and sex breakdown is:  
Age 17 and Under Male 34, Female 3; Age 18-24 Male 425, Female 24; Age 25-44 Male 1,010, Female 189; Age 45-64 Male 252, Female 160; and, Age 65+ Male 74, Female 67.

>  
5. Ethnicity was not known for 3 Pregnant Women female consumers. Since there is not a field for unknown Pregnant Women, these female consumers were omitted from the above table.

>  
6. Table 11B - There were no expenditure of COVID-19 funds for Persons Served for Alcohol and Other Drug Use nor services rendered using COVID-19 funds in the reporting period.

## 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: 7/1/2020      Expenditure Period End Date: 6/30/2021

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

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**Footnotes:**

Nebraska is not a Designated State.

## 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: 7/1/2020      Expenditure Period End Date: 6/30/2021

#### 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.

The Nebraska DHHS Division of Behavioral Health (Division) created a self-study power point about Charitable Choice. This power point was distributed to Regional Behavioral Health Authorities (RBHA) under contract with the Division who are responsible for overseeing services in the respective counties in their service area. The RBHAs could either send this power point to each of their contracted providers to review or conduct a presentation of the material at one of their regularly scheduled provider meetings. Each provider was required to sign and submit an attestation to the RBHA that they had reviewed, understood and would abide by the requirements. Training and monitoring of Charitable Choice occurs in a variety of formal and informal ways across the state including quarterly provider meetings; site visits and review of consumer records to ensure consumers have acknowledged receiving information on their rights and offered alternative services; specific announcements, trainings, policies and procedures, or other forms of technical assistance provided to all or specific RBHA subcontractors; and program reviews which specifically addresses Charitable Choice and how provider staff are aware of and ensuring compliance. In addition, the RBHAs and Division monitor the number of individuals who have requested a change in service provider due to this provision on weekly capacity and waitlist documents submitted by providers across the state.

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#### Footnotes:

## V: Performance Indicators and Accomplishments

**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]	51	45
Total number of clients with non-missing values on employment/student status [denominator]	578	578
Percent of clients employed or student (full-time and part-time)	8.8 %	7.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		971
Number of CY 2020 discharges submitted:		667
Number of CY 2020 discharges linked to an admission:		583
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		580
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		578

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

### 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]	23	129
Total number of clients with non-missing values on employment/student status [denominator]	306	306
Percent of clients employed or student (full-time and part-time)	7.5 %	42.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		609
Number of CY 2020 discharges submitted:		454
Number of CY 2020 discharges linked to an admission:		330
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		308

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	306
---	-----

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

## Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,141	1,175
Total number of clients with non-missing values on employment/student status [denominator]	3,073	3,073
Percent of clients employed or student (full-time and part-time)	37.1 %	38.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		6,371
Number of CY 2020 discharges submitted:		4,315
Number of CY 2020 discharges linked to an admission:		3,406
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,324
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		3,073

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

## Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	129	136
Total number of clients with non-missing values on employment/student status [denominator]	272	272
Percent of clients employed or student (full-time and part-time)	47.4 %	50.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		543
Number of CY 2020 discharges submitted:		366
Number of CY 2020 discharges linked to an admission:		298
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		274



Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	272
---	-----

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

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**Footnotes:**

## V: Performance Indicators and Accomplishments

**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]	381	390
Total number of clients with non-missing values on living arrangements [denominator]	538	538
Percent of clients in stable living situation	70.8 %	72.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		971
Number of CY 2020 discharges submitted:		667
Number of CY 2020 discharges linked to an admission:		583
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		580
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		538

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

### 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]	187	176
Total number of clients with non-missing values on living arrangements [denominator]	249	249
Percent of clients in stable living situation	75.1 %	70.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		609
Number of CY 2020 discharges submitted:		454
Number of CY 2020 discharges linked to an admission:		330
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		308
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		249

## Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	2,429	2,445
Total number of clients with non-missing values on living arrangements [denominator]	2,871	2,871
Percent of clients in stable living situation	84.6 %	85.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		6,371
Number of CY 2020 discharges submitted:		4,315
Number of CY 2020 discharges linked to an admission:		3,406
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,324
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		2,871

## 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]	236	237
Total number of clients with non-missing values on living arrangements [denominator]	258	258
Percent of clients in stable living situation	91.5 %	91.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		543
Number of CY 2020 discharges submitted:		366
Number of CY 2020 discharges linked to an admission:		298
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		274
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		258

**Footnotes:**

## V: Performance Indicators and Accomplishments

**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]	522	539
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	582	582
Percent of clients without arrests	89.7 %	92.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		971
Number of CY 2020 discharges submitted:		667
Number of CY 2020 discharges linked to an admission:		583
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		582
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		582

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

### 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]	293	293
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	318	318
Percent of clients without arrests	92.1 %	92.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		609
Number of CY 2020 discharges submitted:		454
Number of CY 2020 discharges linked to an admission:		330
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		318

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	318
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Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

## Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2,656	2,645
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,060	3,060
Percent of clients without arrests	86.8 %	86.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		6,371
Number of CY 2020 discharges submitted:		4,315
Number of CY 2020 discharges linked to an admission:		3,406
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,357
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		3,060

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

## Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	253	251
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	291	291
Percent of clients without arrests	86.9 %	86.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		543
Number of CY 2020 discharges submitted:		366
Number of CY 2020 discharges linked to an admission:		298
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		291

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	291
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Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

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Footnotes:

## V: Performance Indicators and Accomplishments

**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]	310	454
All clients with non-missing values on at least one substance/frequency of use [denominator]	573	573
Percent of clients abstinent from alcohol	54.1 %	79.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		171
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	263	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		65.0 %

#### 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]		283
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	310	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.3 %

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

Number of CY 2020 admissions submitted:	971
Number of CY 2020 discharges submitted:	667
Number of CY 2020 discharges linked to an admission:	583
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	582
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	573



## 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]	222	233
All clients with non-missing values on at least one substance/frequency of use [denominator]	311	311
Percent of clients abstinent from alcohol	71.4 %	74.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		59
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	89	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		66.3 %

### 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]		174
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	222	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		78.4 %

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

Number of CY 2020 admissions submitted:	609
Number of CY 2020 discharges submitted:	454
Number of CY 2020 discharges linked to an admission:	330
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	318
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	311

## Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,813	2,349
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,851	2,851
Percent of clients abstinent from alcohol	63.6 %	82.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		751
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,038	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		72.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,598
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,813	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		88.1 %

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

Number of CY 2020 admissions submitted:	6,371
Number of CY 2020 discharges submitted:	4,315
Number of CY 2020 discharges linked to an admission:	3,406
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,357
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	2,851

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
 [Records received through 2/1/2022]

**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]	185	224
All clients with non-missing values on at least one substance/frequency of use [denominator]	284	284
Percent of clients abstinent from alcohol	65.1 %	78.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		62
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	99	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		62.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		162
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	185	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		87.6 %

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

Number of CY 2020 admissions submitted:	543
Number of CY 2020 discharges submitted:	366
Number of CY 2020 discharges linked to an admission:	298
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	291
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	284

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

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#### Footnotes:

## V: Performance Indicators and Accomplishments

**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]	253	315
All clients with non-missing values on at least one substance/frequency of use [denominator]	573	573
Percent of clients abstinent from drugs	44.2 %	55.0 %

#### 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]		120
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	320	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		37.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		195
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	253	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		77.1 %

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

Number of CY 2020 admissions submitted:	971
Number of CY 2020 discharges submitted:	667
Number of CY 2020 discharges linked to an admission:	583
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	582
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	573

## 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]	190	172
All clients with non-missing values on at least one substance/frequency of use [denominator]	311	311
Percent of clients abstinent from drugs	61.1 %	55.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		55
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	121	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		45.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		117
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	190	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		61.6 %

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

Number of CY 2020 admissions submitted:	609
Number of CY 2020 discharges submitted:	454
Number of CY 2020 discharges linked to an admission:	330
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	318
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	311

## 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]	1,892	1,726
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,851	2,851
Percent of clients abstinent from drugs	66.4 %	60.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		374
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	959	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		39.0 %

**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]		1,352
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,892	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		71.5 %

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

Number of CY 2020 admissions submitted:	6,371
Number of CY 2020 discharges submitted:	4,315
Number of CY 2020 discharges linked to an admission:	3,406
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,357
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	2,851

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
 [Records received through 2/1/2022]

**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]	202	156
All clients with non-missing values on at least one substance/frequency of use [denominator]	284	284
Percent of clients abstinent from drugs	71.1 %	54.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		30
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	82	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		36.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		126
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	202	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		62.4 %

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

Number of CY 2020 admissions submitted:	543
Number of CY 2020 discharges submitted:	366
Number of CY 2020 discharges linked to an admission:	298
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	291
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	284

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

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#### Footnotes:

## V: Performance Indicators and Accomplishments

**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]	182	401
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	578	578
Percent of clients participating in self-help groups	31.5 %	69.4 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	37.9 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		971
Number of CY 2020 discharges submitted:		667
Number of CY 2020 discharges linked to an admission:		583
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		582
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		578

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

### 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]	223	276
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	302	302
Percent of clients participating in self-help groups	73.8 %	91.4 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	17.5 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:	609	
Number of CY 2020 discharges submitted:	454	



Number of CY 2020 discharges linked to an admission:	330
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	318
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	302

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

## Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	1,014	1,020
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,983	2,983
Percent of clients participating in self-help groups	34.0 %	34.2 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.2 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:	6,371	
Number of CY 2020 discharges submitted:	4,315	
Number of CY 2020 discharges linked to an admission:	3,406	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,357	
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	2,983	

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

## Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	123	138
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	281	281
Percent of clients participating in self-help groups	43.8 %	49.1 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	5.3 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:	543	

Number of CY 2020 discharges submitted:	366
Number of CY 2020 discharges linked to an admission:	298
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	291
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	281

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
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**Footnotes:**

## V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	5	1	2	5
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	27	15	29	36
5. Long-term (over 30 days)	70	20	52	108
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	41	1	5	60
7. Intensive Outpatient	60	34	57	75
8. Detoxification	0	0	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification <sup>1</sup>	104	38	74	176
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	26	1	3	37

Level of Care	2020 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	1105	899
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	667	583

5. Long-term (over 30 days)	454	330
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	4315	3360
7. Intensive Outpatient	366	298
8. Detoxification	66	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification <sup>1</sup>	0	23
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	0	46

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 2/1/2022]

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

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

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**Footnotes:**

## V: Performance Indicators and Accomplishments

**TABLE 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE MEASURE: 30-DAY USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	<b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2019 - 2020	20.8	
	Age 21+ - CY 2019 - 2020	62.3	
2. 30-day Cigarette Use	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2019 - 2020	2.1	
	Age 18+ - CY 2019 - 2020	16.5	
3. 30-day Use of Other Tobacco Products	<b>Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] <sup>[1]</sup> ?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2019 - 2020	2.1	
	Age 18+ - CY 2019 - 2020	8.3	
4. 30-day Use of Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2019 - 2020	7.6	
	Age 18+ - CY 2019 - 2020	7.4	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] <sup>[2]</sup> ? <b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2019 - 2020	1.4	

	Age 18+ - CY 2019 - 2020	2.7	
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[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 Indicators and Accomplishments

**Table 22 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF RISK/HARM OF USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2019 - 2020	76.1	
	Age 21+ - CY 2019 - 2020	74.4	
2. Perception of Risk From Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2019 - 2020	89.4	
	Age 18+ - CY 2019 - 2020	91.6	
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2019 - 2020	69.0	
	Age 18+ - CY 2019 - 2020	48.1	

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### Footnotes:

## V: Performance Indicators and Accomplishments

**Table 23 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: AGE OF FIRST USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of alcohol.		
	Age 12 - 20 - CY 2019 - 2020		
	Age 21+ - CY 2019 - 2020		
2. Age at First Use of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2019 - 2020	11.8	
	Age 18+ - CY 2019 - 2020	16.1	
3. Age at First Use of Tobacco Products Other Than Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] <sup>[1]</sup> ?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2019 - 2020	13.8	
	Age 18+ - CY 2019 - 2020	19.9	
4. Age at First Use of Marijuana or Hashish	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2019 - 2020	13.9	
	Age 18+ - CY 2019 - 2020	18.9	
5. Age at First Use Heroin	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of heroin.		
	Age 12 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020	24.3	
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever] <sup>[2]</sup> in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		



	Age 12 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020	53.9	

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

## V: Performance Indicators and Accomplishments

**Table 24 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF DISAPPROVAL/ATTITUDES**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2019 - 2020	93.6	
2. Perception of Peer Disapproval of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2019 - 2020	94.8	
3. Disapproval of Using Marijuana Experimentally	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2019 - 2020	82.5	
4. Disapproval of Using Marijuana Regularly	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2019 - 2020	82.2	
5. Disapproval of Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2019 - 2020		

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**Table 25 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: EMPLOYMENT/EDUCATION; MEASURE: PERCEPTION OF WORKPLACE POLICY**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	<b>Source Survey Item:</b> NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] <b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020	30.9	

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Table 26 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - EMPLOYMENT/EDUCATION; MEASURE: AVERAGE DAILY SCHOOL ATTENDANCE RATE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	<b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a> . <b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2018	88.8	

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**Footnotes:**

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Table 27 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL-RELATED TRAFFIC FATALITIES

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	<b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System <b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2019	29.0	

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Table 28 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL- AND DRUG-RELATED ARRESTS

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug- Related Arrests	<b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports <b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2019	3.2	

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**Table 29 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: SOCIAL CONNECTEDNESS; MEASURE: FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	<b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] <b>Outcome Reported:</b> Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2019 - 2020	53.2	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs? <sup>[1]</sup> [Response options: 0 times, 1 to 2 times, a few times, many times] <b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 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 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - RETENTION MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ?" <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2019 - 2020	86.1	

[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 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2019	12/31/2019
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies, Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2019	12/31/2019
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	1/1/2019	12/31/2019
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	1/1/2019	12/31/2019
5. Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies	10/1/2018	9/30/2020

### General Questions Regarding Prevention NOMS Reporting

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

The Division of Behavioral Health utilizes an on-line web database called the Nebraska Prevention Information Reporting System (NPIRS). All activities funded through the Division of Behavioral Health (as SSA) must be entered into this reporting system.

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

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

NPIRS maintains the race of individuals by using racial categories. More than one race can be selected and is reported as "More Than One Race." These counts are not duplicated among the specific racial categories.

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**Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity**

Category	Total
<b>A. Age</b>	<b>349,747</b>
0-4	14,803
5-11	29,426
12-14	37,057
15-17	83,675
18-20	37,339
21-24	32,040
25-44	35,465
45-64	33,469
65 and over	46,473
Age Not Known	0
<b>B. Gender</b>	<b>349,747</b>
Male	138,616
Female	140,367
Gender Unknown	70,764
<b>C. Race</b>	<b>349,747</b>
White	263,271
Black or African American	2,743
Native Hawaiian/Other Pacific Islander	49
Asian	2,052
American Indian/Alaska Native	1,258
More Than One Race (not OMB required)	3,127

Race Not Known or Other (not OMB required)	77,247
<b>D. Ethnicity</b>	<b>349,747</b>
Hispanic or Latino	12,319
Not Hispanic or Latino	260,495
Ethnicity Unknown	76,933

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**Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies, Number of Persons Served by Age, Gender, Race, and Ethnicity**

Category	Total
<b>A. Age</b>	<b>874561</b>
0-4	13177
5-11	16526
12-14	17872
15-17	90654
18-20	144653
21-24	135412
25-44	163728
45-64	158837
65 and over	133702
Age Not Known	0
<b>B. Gender</b>	<b>874561</b>
Male	366863
Female	380288
Gender Unknown	127410
<b>C. Race</b>	<b>874561</b>
White	579169
Black or African American	939
Native Hawaiian/Other Pacific Islander	870
Asian	940
American Indian/Alaska Native	2148
More Than One Race (not OMB required)	66509

Race Not Known or Other (not OMB required)	223986
<b>D. Ethnicity</b>	<b>874561</b>
Hispanic or Latino	7585
Not Hispanic or Latino	278956
Ethnicity Unknown	588020

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**Table 33 (Optional) - SUBSTANCE ABUSE 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	345,024	N/A
2. Universal Indirect	N/A	\$874,561.00
3. Selective	4,254	N/A
4. Indicated	469	N/A
<b>5. Total</b>	<b>349,747</b>	<b>\$874,561.00</b>
<b>Number of Persons Served<sup>1</sup></b>	<b>349,747</b>	<b>874,561</b>

<sup>1</sup>Number of Persons Served is populated from Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity and Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies: Number of Persons Served By Age, Gender, Race, and Ethnicity

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**Table 34 - Substance Abuse 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.

Nebraska determines if a program should be identified as an evidence-based practice (EBP) in the following manner: When an organization funded by DBH wishes to implement a program that has not been included on the Nebraska Prevention Information Reporting System (NPIRS) Activity Matrix they complete a Request for Approval form, which is sent to the prevention team at DBH. This form asks for information about the program, including if the requester believes it is an evidence-based practice. If they do, they are asked how they know it is evidence-based and are prompted to select from the following options: Inclusion in a Federal registry of evidence-based interventions, Found to be effective (on the primary targeted outcome) in a published, scientific journal, Supported by documentation of effective implementation multiple times in the past (showing consistent pattern of positive effects), Appeared on a list of recommended evidence-based programs, policies, and practices provided by a State, tribal entity, or jurisdiction, or Reviewed by a panel of informed experts including qualified prevention researchers, local prevention practitioners, and key community leaders (e.g., law enforcement and education representatives, elders within indigenous cultures). The requester then provides a list of sources of the evidence. The sources are reviewed by the state prevention staff to ensure that the program has shown outcomes, what those outcomes are related to, and with what populations. If DBH prevention team approve the request, approval is sent to the requester and the program is added to the NPIRS Activity Matrix as an EBP and is coded in the NPIRS system as such.

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

The Division of Behavioral Health utilizes an on-line web application referred to as the Nebraska Prevention Information Reporting System (NPIRS).

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

	<b>A. Universal Direct</b>	<b>B. Universal Indirect</b>	<b>C. Universal Total</b>	<b>D. Selective</b>	<b>E. Indicated</b>	<b>F. Total</b>
1. Number of Evidence-Based Programs and Strategies Funded	155	34	189	322	9	520
2. Total number of Programs and Strategies Funded	247	94	341	327	13	681
3. Percent of Evidence-Based Programs and Strategies	62.75 %	36.17 %	55.43 %	98.47 %	69.23 %	76.36 %

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**Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE 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 # 110	\$353,608.34
Universal Indirect	Total # 24	\$391,010.25
Selective	Total # 307	\$22,575.64
Indicated	Total # 13	\$144.23
	Total EBPs: 454	Total Dollars Spent: \$767,338.46
<b>Primary Prevention Total<sup>1</sup></b>	<b>\$1,524,682.41</b>	

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

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Prevention Attachments

Submission Uploads

FFY 2022 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category D:		
File	Version	Date Added

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