Nebraska

UNIFORM APPLICATION
FY 2023 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name	Nebraska Department of Health and Human Services
Organizational Unit	Division of Behavioral Health
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City	Lincoln
Zip Code	68509-5026

II. Contact Person for the Block Grant

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III. Expenditure Period

State Expenditure Period

From	7/1/2021
To	6/30/2022

Block Grant Expenditure Period

From	10/1/2019
To	9/30/2021

IV. Date Submitted

Submission Date	12/1/2022 4:28:40 PM
Revision Date	3/13/2023 12:36:00 PM

V. Contact Person Responsible for Report Submission

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Footnotes:

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Alcohol Use among Youth and Young Adults

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:

Reduce harmful alcohol use among youth and young adults.

Objective:

Reduce the prevalence of binge drinking by youth and young adults.

Strategies to attain the goal:

Work with prevention coalitions across the 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.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Prevalence of binge drinking reported by youth and young adults, ages 18 to 24

Baseline Measurement: 31.5%

First-year target/outcome measurement: 31.5%

Second-year target/outcome measurement: 30.0%

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

Data Source:

Behavioral Risk Factor Surveillance Survey (BRFSS)

New Data Source*(if needed)*:

Description of Data:

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.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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 2021 Behavioral Rick 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 26.2%, exceeding First-year Target of 31.5%.

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: 33.6%

First-year target/outcome measurement: 36.1%

Second-year target/outcome measurement: 38.6%

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:

System users receive 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 46.8% 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 services.

Baseline Measurement: 60%

First-year target/outcome measurement: 65%

Second-year target/outcome measurement: 65%

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 targeted resources for priority populations achieved a statewide first 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 funded service

Baseline Measurement: 55%

First-year target/outcome measurement: 55%

Second-year target/outcome measurement: 58%

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 status 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 64% of the percentage of 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 Residential services within 14 days

of seeking treatment

Baseline Measurement: 80%

First-year target/outcome measurement: 85%

Second-year target/outcome measurement: 85%

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:

The CDS access reporting function is monitored for completeness and accuracy on a regular basis.

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 87% 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: 16 admissions

First-year target/outcome measurement: 18 admissions

Second-year target/outcome measurement: 20 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:

How first 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 first year outcome measure of 30 admissions, exceeding the first year target of 18 admissions.

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

Indicator #: 1

Indicator: Tuberculosis (TB)

Baseline Measurement: Maintain the contract requirement with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service.

First-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.

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.

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

Footnotes:

FY 21 SABG COVID Testing and Mitigation Supplemental Funding:
FY 22 Annual Report

Expenditure Period: October 1, 2021 - September 30, 2022
Grantee Submission Due Date: Tuesday, January 3, 2023

Name of SABG Grantee: State of Nebraska

Submitted By: John Trouba, SABG Coordinator

Date Submitted: December 16, 2022

FY 21 SABG Allocation Amount: $221,980

#	Date of Expenditure	Item/Activity Description	Amount of Expenditure
1	5/12/2022	PPE/Testing kits	$737.57
2	5/25/2022	PPE/Testing kits	$3000.00
3	6/21/2022	PPE/Testing kits	$4290.00
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28			

#	Date of Expenditure	Item/Activity Description	Amount of Expenditure
29			
30			
		Total	$8027.57

Instructions to SABG Grantees: After completing the table above, grantees are requested to upload this report document through a regular Revision Request created by the CSAT SPO, as an Attachment to Table 1 Priority Area and Annual Performance Indicators – Progress Report, of the 2023 SABG Report Submitted, as a Word or PDF document. Please submit no later than 11:59 pm EST, on Tuesday, January 3, 2023. For the expenditure period of October 1, 2021 through September 30, 2022, please include a complete listing of the expenditure of SABG COVID Testing and Mitigation Supplemental Funding, by expenditure dates, items and activities of expenditure, and amounts of expenditures. If no funds were expended during this period, please complete and upload this report document indicating "Not Applicable". Please feel free to address any questions or concerns to your CSAT SPO. Thank you.

Background and Description of Funding: On August 19, 2021 SAMHSA released guidance on one-time funding for awards authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)) for the targeted support necessary for mental health and substance use disorder treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates (commonly referred to as COVID Testing and Mitigation funds). The performance period for this funding is September 1, 2021 – September 30, 2025.

As indicated in your SABG Notice of Award of August 10, 2021, States, DC, Territories, Associated States, and the Red Lake Band of Chippewa Indians are required to submit an Annual Report by December 31 of each year, until the funds expire. Grantees must upload a report including activities and expenditures to Table 1 of the FY 23 Substance Abuse Block Grant Report. A Revision Request will be sent to grantees by the CSAT SPO to upload the report.

12/9/2022: SABG Grantee WebBGAS Revision Request will be created by the CSAT SPO for the grantee upload of the FY 22 SABG COVID Testing and Mitigation Supplemental Funding Annual Report, for the FY 22 expenditure period of October 1, 2021 through September 30, 2022. Using the FY 22 Annual Report form provided to grantees by the CSAT SPO, grantees are requested to upload an Attachment to **Table 1 Priority Area and Annual Performance Indicators – Progress Report**, 2023 SABG Report Submitted, as a Word or PDF document by 11:59 pm EST, on Tuesday, January 3, 2023. Please provide a complete list of the expenditure dates, items and activities of expenditure, and amounts of expenditures, between October 1, 2021 and September 30, 2022. If no activities were completed, please complete and upload the report document indicating "Not Applicable".

Excerpts from the August 10, 2021 guidance letter to Single State Authority Directors and State Mental Health Authority Commissioners from Miriam E. Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use, regarding the use of this funding in as follows:

“People with mental illness and substance use disorder are more likely to have co-morbid physical health issues like diabetes, cardiovascular disease, and obesity. Such chronic illnesses are associated with higher instances of contracting coronavirus disease (COVID-19) as well as higher risk of death or a poor outcome from an episode of COVID-19. To address this concern, the U.S. Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), will invest $100 million dollars to expand dedicated testing and mitigation resources for people with mental health and substance use disorders.

As COVID-19 cases rise among unvaccinated people and where the more transmissible Delta virus variant is surging, this funding will expand activities to detect, diagnose, trace, and monitor infections and mitigate the spread of COVID-19 in homeless shelters, treatment and recovery facilities, domestic violence shelters and federal, state and local correctional facilities–some of the most impacted and highest risk communities across the country. These funds will provide resources and flexibility for states to prevent, prepare for, and respond to the COVID-19 public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

This one-time funding for awards was authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)). SAMHSA will supplement the ARP funding for state grantees. The performance period for this funding is September 1, 2021 – September 30, 2025.

Targeted support is necessary for mental health and substance use treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates. From the provider perspective, these barriers include limited financial and personnel resources to support ongoing testing efforts. Providers have limited staff and physical resources and COVID-19 testing activities must be balanced against COVID-19 vaccinations and other health care services. From the consumer perspective, these barriers include hesitancy in accepting vaccines and challenges with health care access. Recipients may allocate reasonable funds for the administrative management of these grants. SAMHSA envisions the maximum support possible for COVID-19 testing and mitigation; toward that goal, recipients are encouraged to expend a minimum of 85 percent of funding for allowable COVID-19 testing and mitigation activities.

The list below includes examples of allowable activities. While this list is not exhaustive, any activity not included on this list must be directly related to COVID-19 testing and mitigation. All recipients are strongly encouraged to work with state or local health departments to coordinate activities. The state must demonstrate that the related expense is directly and reasonably related to the provision of COVID-19 testing or COVID-19 mitigation activities. The related expense must be consistent with relevant clinical and public health guidance. For additional examples, you can visit the CDC Community Mitigation Framework website. Funding may not be used for any activity related to vaccine purchase or distribution.

SAMHSA, through this supplemental funding, allocates $50 million each for Mental Health Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block grants (SABG) to the states. States have until September 30, 2025, to expend these funds. SAMHSA asks that states consider the following in developing a COVID-19 Mitigation Funding Plan:

• Coordinate and partner with state and local health departments/agencies on how to better align the state/provider mental health and substance use COVID-19 mitigation efforts and activities; develop guidance for partnering with state/local health departments; disseminating sample training curriculums.

• Testing education, establishment of alternate testing sites, test result processing, arranging for the processing of test results, and engaging in other activities within the CDC Community Mitigation Framework to address COVID-19 in rural communities.

• Rapid onsite COVID-19 testing and for facilitating access to testing services. Training and technical assistance on implementing rapid onsite COVID-19 testing and facilitating access to behavioral health services, including the development of onsite testing confidentiality policies; and implementing model program practices.

• Behavioral health services for those in short-term housing for people who are at high risk for COVID-19.

• Testing for staff and consumers in shelters, group homes, residential treatment facilities, day programs, and room and board programs. Purchase of resources for testing-related operating and administrative costs otherwise borne by these housing programs. Hire workers to coordinate resources, develop strategies and support existing community partners to prevent infectious disease transmission in these settings. States may use this funding to procure COVID-19 tests and other mitigation supplies such as handwashing stations, hand sanitizer and masks for people experiencing homelessness and for those living in congregate settings.

• Funds may be used to relieve the burden of financial costs for the administration of tests and the purchasing of supplies necessary for administration such as personal protective equipment (PPE); supporting mobile health units, particularly in medically underserved areas; and expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.

• Utilize networks and partners to promote awareness of the availability of funds, assist providers/programs with accessing funding, and assist with operationalizing the intent of said funding to ensure resources to mitigate the COVID-19 health impacts and reach the most under-served, under-resourced, and marginalized communities in need.

• Expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.

• Provide subawards to eligible entities for programs within the state that are designed to reduce the impact of substance abuse and mental illness; funding could be used for operating and administrative expenses of the facilities to provide onsite testing and mobile health services; and may be used to provide prevention services to prevent the spread of COVID-19.

• Develop and implement strategies to address consumer hesitancy around testing. Ensure access for specific community populations to address long-standing systemic health and social inequities that have put some consumers at increased risk of getting COVID-19 or having severe illness.

• Installing temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing and COVID-19 mitigation.

• Education, rehabilitation, prevention, treatment, and support services for symptoms occurring after recovery from acute COVID-19 infection, including, but not limited to, support for activities of daily living.

• Other activities to support COVID-19 testing including planning for implementation of a COVID-19 testing program, hiring staff, procuring supplies to provide testing, training providers and staff on COVID-19 testing procedures, and reporting data to HHS on COVID-19 testing activities.

• Promote behaviors that prevent the spread of COVID-19 and other infectious diseases (healthy hygiene practices, stay at home when sick, practice physical distancing to lower the risk of disease spread, cloth face coverings, getting vaccinated).

• Maintain healthy environments (clean and disinfect, ensure ventilation systems operate properly, install physical barriers and guides to support social distancing if appropriate).

• Behavioral health services to staff working as contact tracers and other members of the COVID-related workforce. Maintain health operations for staff, including building measures to cope with employee stress and burnout.

• Investigate COVID-19 cases; the process of working with a consumer who has been diagnosed with COVID-19 and includes, but is not limited to:

- Discuss test result or diagnosis with consumers;
- Assess patient symptom history and health status;
- Provide instructions and support for self-isolation and symptom monitoring; and
- Identify people (contacts) who may have been exposed to COVID-19.

• Conduct contact tracing: the process of notifying people (contacts) of their potential exposure to SARS-CoV-2, the virus that causes COVID-19 and includes, but is not limited to:

- Provide information about the virus;
- Discuss their symptom history and other relevant health information; and
- Provide instructions for self-quarantine and monitoring for symptoms.

The following are ineligible costs for the purposes of this funding:

• Costs already paid for by other federal or state programs, other federal or state COVID-19 funds, or prior COVID-19 supplemental funding.
• Any activity related to purchasing, disseminating, or administering COVID-19 vaccines.
• Construction projects.
• Support of lobbying/advocacy efforts.
• Facility or land purchases.
• COVID-19 mitigation activities conducted prior to 9/1/2021.
• Financial assistance to an entity other than a public or nonprofit private entity.

III: Expenditure Reports

Table 2a - State Agency Expenditure Report

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

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19[1]	I. ARP[2]
1. Substance Abuse Prevention (Other than Primary Prevention) and Treatment[3]	$3,868,996.39		$24,837,688.74	$2,715,372.55	$10,555,210.25	$0.00	$0.00	$289,791.65	$0.00
a. Pregnant Women and Women with Dependent Children	$211,442.69		$0.00	$0.00	$117,128.55	$0.00	$0.00	$0.00	$0.00
b. All Other	$3,657,553.70		$24,837,688.74	$2,715,372.55	$10,438,081.70	$0.00	$0.00	$289,791.65	$0.00
2. Substance Use Disorder Primary Prevention	$2,035,707.26		$0.00	$1,616,202.87	$300,652.84	$0.00	$0.00	$117,389.18	$0.00
3. Tuberculosis Services	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)[4]	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	$247,911.56		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
11. Total	**$6,152,615.21**	**$0.00**	**$24,837,688.74**	**$4,331,575.42**	**$10,855,863.09**	**$0.00**	**$0.00**	**$407,180.83**	**$0.00**

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

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

[3] Prevention other than primary prevetion

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

Please indicate the expenditures are actual or estimated.

(•) Actual ( ) Estimated

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

Footnotes:

1. The information reported in the table is actual but does not yet include reporting of state Medicaid expenditures. The state portion of Medicaid is calculated into MOE. As Medicaid information is not available until late January 2023, neither this table, nor MOE can be completed until that time. At that time, we will contact our State Project Officers to request a revision request to add this information.
>
2. 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.
>
3. Table 2 Column I. ARP - There were no expenditure of The American Rescue Plan Act funds in the reporting period.
>
RevReq 013023 - 4: Revised Table 2a to include reporting of state Medicaid expenditures in total for the expenditure period. The state portion of Medicaid is calculated into MOE. Report of expenditures is now complete and actual.

III: Expenditure Reports

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

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

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

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

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

Other (please list)	
Total	**$0**

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

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Footnotes:

1. Table 2b COVID-19 Relief Supplemental Funds Expenditures by Service is not a required table to be reported and the state chose not to report.

III: Expenditure Reports

Table 3a SABG - Syringe Services Program

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

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

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

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

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Footnotes:

Not Applicable. Nebraska DHHS is not authorized to create or implement a Syringe Services Program.

III: Expenditure Reports

Table 3b SABG - Syringe Services Program

Expenditure Start Date: Expenditure End Date:

SABG							
Syringe Services Program Name	**# of Unique Individuals Served**		**HIV Testing** ***(Please enter total number of individuals served)***	**Treatment for Substance Use Conditions** ***(Please enter total number of individuals served)***	**Treatment for Physical Health** ***(Please enter total number of individuals served)***	**STD Testing** ***(Please enter total number of individuals served)***	**Hep C** ***(Please enter total number of individuals served)***
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.	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

ARP							
Syringe Services Program Name	**# of Unique Individuals Served**		**HIV Testing** ***(Please enter total number of individuals served)***	**Treatment for Substance Use Conditions** ***(Please enter total number of individuals served)***	**Treatment for Physical Health** ***(Please enter total number of individuals served)***	**STD Testing** ***(Please enter total number of individuals served)***	**Hep C** ***(Please enter total number of individuals served)***
Not Applicable. Nebraska DHHS is not authorized to create or	0	ONSITE Testing	0	0	0	0	0

implement a Syringe Services Program.		REFERRAL to testing	0	0	0	0	0

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Footnotes:

Not Applicable. Nebraska DHHS is not authorized to create or implement a Syringe Services Program.

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

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

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

Expenditure Category	FY 2020 SA Block Grant Award
1. Substance Abuse Prevention[1] and Treatment	$4,981,214.09
2. Primary Prevention	$1,665,247.96
3. HIV Early Intervention Services[2]	$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)	$0.00
5. Administration (excluding program/provider level)	$395,798.67
Total	**$7,042,260.72**

[1]Prevention other than Primary Prevention

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

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

Footnotes:

1. 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 Integrated, Column C equals: $188,518.62
>
2. Amount of SABG treatment funds (from Table 4, Row 1) to be used for Table 6 Resource Development Activities for SABG Treatment, Column A, and/or SABG Integrated, Column C equals: $96,248.67.
>
3. Amount of SABG Technical Assistance funds to be used for Table 6 Resource Development Activities for SABG Treatment, Column A, and/or SABG Integrated, Column C equals: $19,223.17.
>
4. Amount of SABG Administration (from Table 4, Row 5) to be used for Table 6 Resource Development Activities for SABG Prevention, Column B, and/or SABG Integrated, Column C equals: $-0-.
>
5. Amount of SABG Administration funds (from Table 4, Row 5) to be used for Table 6 Resource Development Activities for SABG Treatment, Column A, and/or SABG Integrated, Column C equals: $-0-.

III: Expenditure Reports

Table 5a - SABG Primary Prevention Expenditures

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

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

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective					
Information Dissemination	Indicated					
Information Dissemination	Universal	$61,576.12				
Information Dissemination	Unspecified					
Information Dissemination	**Total**	**$61,576.12**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Education	Selective	$36,357.86				
Education	Indicated	$1,298.04				
Education	Universal	$321,757.38				
Education	Unspecified					
Education	**Total**	**$359,413.28**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Alternatives	Selective	$14,953.04				
Alternatives	Indicated	$2,368.76				
Alternatives	Universal	$29,960.28				
Alternatives	Unspecified					
Alternatives	**Total**	**$47,282.08**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Problem Identification and Referral	Selective	$59,332.90				
Problem Identification and Referral	Indicated	$85,247.74				
Problem Identification and Referral	Universal	$946.69				
Problem Identification and Referral	Unspecified					
Problem Identification and Referral	**Total**	**$145,527.33**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Community-Based Process	Selective					
Community-Based Process	Indicated					
Community-Based Process	Universal	$256,335.09				
Community-Based Process	Unspecified					
Community-Based Process	**Total**	**$256,335.09**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal	$599,195.44				
Environmental	Unspecified					
Environmental	**Total**	**$599,195.44**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Section 1926 (Synar)-Tobacco	Selective					
Section 1926 (Synar)-Tobacco	Indicated					
Section 1926 (Synar)-Tobacco	Universal	$7,400.00				
Section 1926 (Synar)-Tobacco	Unspecified					
Section 1926 (Synar)-Tobacco	**Total**	**$7,400.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Other	Selective					
Other	Indicated					
Other	Universal					
Other	Unspecified					
Other	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
	Grand Total	**$1,476,729.34**				

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

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

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Footnotes:

1, There were no expenditures of COVID-19 Relief Supplemental or American Rescue Plan Act funds for primary prevention activities in the reporting period.

III: Expenditure Reports

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

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

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

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

Underserved Racial and Ethnic Minorities	☑

Footnotes:

III: Expenditure Reports

Table 6 - Non Direct Services/System Development

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

Activity	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated[1]
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	$41,266.94	$0.00
4. Planning Council Activities (MHBG required, SABG optional)	$0.00	$0.00	$0.00
5. Quality Assurance and Improvement	$0.00	$41,266.93	$0.00
6. Research and Evaluation	$0.00	$78,232.83	$0.00
7. Training and Education	$115,471.84	$27,751.92	$0.00
8. Total	**$115,471.84**	**$188,518.62**	**$0.00**

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

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Footnotes:

1. 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 Integrated, Column C equals: $188,518.62.
>
2. 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, Row 7, and/or SABG Integrated, Column C equals: $96,248.67.
>
3. Amount of SABG Technical Assistance funds to be used for Table 6 Resource Development Activities for SABG Treatment, Column A, Row 7, and/or SABG Integrated, Column C equals: $19,223.17.

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

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

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

										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
	NE750441	NE750441	✓	Omaha Metro	ARCH Inc	604 South 37th Street	Omaha	NE	68105	$158,404.56	$158,404.56	$0.00	$0.00	$0.00	$0.00
	NE100496	NE100496	✓	Omaha Metro	ARCH Inc	1502 North 58th Street	Omaha	NE	68104	$160,914.41	$160,914.41	$0.00	$0.00	$0.00	$0.00
	NE100873	NE100873	✓	Northeast	Area Substance Abuse Prevention	422 East Douglas Street	ONeill	NE	68763	$49,787.28	$0.00	$0.00	$49,787.28	$0.00	$0.00
	NE100898	NE100898	✗	South Central	Area Substance and Alcohol Abuse Prevention	835 S Burlington	Hastings	NE	68901	$54,624.06	$0.00	$0.00	$54,624.06	$0.00	$0.00
	NE100781	NE100781	✓	Omaha Metro	BAART Community Healthcare Inc	1941 South 42nd Street Suite 210	Omaha	NE	68105	$875,088.09	$875,088.09	$0.00	$0.00	$0.00	$0.00
	NE100868	NE100868	✓	Northeast	Back To BASICS	4321 41st Avenue P.O. Box 1028	Columbus	NE	68602	$31,864.58	$0.00	$0.00	$31,864.58	$0.00	$0.00
	NE100856	NE100856	✗	Panhandle	Banner County Prevention Coalition County Prevention Coalition	Banner County Public Schools P.O. Box 5 County Public Schools P.O. Box 5	Harrisburg	NE	69345	$1,320.00	$0.00	$0.00	$1,320.00	$0.00	$0.00
	NE100900	NE100900	✓	Southeast	Beatrice Public Schools	320 North 5th Street	Beatrice	NE	68310	$6,597.40	$0.00	$0.00	$6,597.40	$0.00	$0.00
	NE102174	NE102174	✗	Northeast	Behavioral Health Specialists Inc	1900 Vicki Lane Suite 200	Norfolk	NE	68701	$2,113.92	$2,113.92	$0.00	$0.00	$0.00	$0.00
	NE900707	NE900707	✓	Northeast	Behavioral Health Specialists Inc	4432 Sunrise Place	Columbus	NE	68601	$85,678.47	$85,678.47	$0.00	$0.00	$0.00	$0.00
	NE100531	NE100531	✗	Southeast	Blue Valley Behavioral Health	P.O. Box 120	Fairbury	NE	68352	$3,390.23	$3,390.23	$0.00	$0.00	$0.00	$0.00
	NE100532	NE100532	✓	Southeast	Blue Valley Behavioral Health	P.O. Box 5	Wahoo	NE	68066	$7,638.75	$7,638.75	$0.00	$0.00	$0.00	$0.00
	NE750409	NE750409	✓	Southeast	Blue Valley Behavioral Health	1903 4th Corso Street	Nebraska City	NE	68410	$17,869.65	$17,869.65	$0.00	$0.00	$0.00	$0.00
	NE750045	NE750045	✓	Southeast	Blue Valley Behavioral Health	820 Central Avenue Suite 4	Auburn	NE	68305	$3,625.34	$3,625.34	$0.00	$0.00	$0.00	$0.00
	NE750102	NE750102	✓	Southeast	Blue Valley Behavioral Health	P.O. Box 185	David City	NE	68632	$12,610.65	$12,610.65	$0.00	$0.00	$0.00	$0.00
	NE102161	NE102161	✓	Southeast	Blue Valley Behavioral Health	103 East 35th Street Suite A	Falls City	NE	68355	$6,405.86	$6,405.86	$0.00	$0.00	$0.00	$0.00
	NE901382	NE901382	✓	Southeast	Blue Valley Behavioral Health	722 South Lincoln Avenue Suite 1	York	NE	68467	$19,241.83	$19,241.83	$0.00	$0.00	$0.00	$0.00
	NE750631	NE750631	✓	Southeast	Blue Valley Behavioral Health	459 South 6th Street Suite 1	Seward	NE	68434	$48,462.23	$48,462.23	$0.00	$0.00	$0.00	$0.00

	NE750953	NE750953	✓	Southeast	Blue Valley Behavioral Health	1123 North 9th Street	Beatrice	NE	68310	$16,871.68	$16,871.68	$0.00	$0.00	$0.00	$0.00
	NE101301	NE101301	✓	Southeast	Blue Valley Behavioral Health	3901 Normal Boulevard Suite 201	Lincoln	NE	68506	$142.02	$142.02	$0.00	$0.00	$0.00	$0.00
	NE900913	NE900913	✓	Southeast	Blue Valley Behavioral Health	831 F Street	Geneva	NE	68361	$557.06	$557.06	$0.00	$0.00	$0.00	$0.00
	NE901184	NE901184	✓	Southeast	Blue Valley Behavioral Health	P.O. Box 326	Crete	NE	68333	$8,596.64	$8,596.64	$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	$5,050.00	$0.00	$0.00	$5,050.00	$0.00	$0.00
	NE100603	NE100603	✓	Southeast	Bridge Behavioral Health	721 K Street	Lincoln	NE	68508	$198,594.53	$198,594.53	$0.00	$0.00	$0.00	$0.00
	NE900335	NE900335	✓	Southwest	Bridge Inc	907 South Kansas Street	Hastings	NE	68901	$146,428.45	$146,428.45	$146,428.45	$0.00	$0.00	$0.00
	NE101278	NE101278	✓	Southeast	Butler County Believes in Youth	2850 County Road L	Weston	NE	68070 -4039	$5,201.51	$0.00	$0.00	$5,201.51	$0.00	$0.00
	NE102160	NE102160	✓	Omaha Metro	Capstone Behavioral Health PC	230 East 22nd Street Suite 4	Fremont	NE	68025 -2661	$4,061.97	$4,061.97	$0.00	$0.00	$0.00	$0.00
	NE101275	NE101275	✓	Omaha Metro	CenterPointe	1490 North 16th Street	Omaha	NE	68102	$520,657.90	$520,657.90	$0.00	$0.00	$0.00	$0.00
	NE100535	NE100535	✓	Southeast	CenterPointe	2633 P Street	Lincoln	NE	68503	$163,655.20	$163,655.20	$0.00	$0.00	$0.00	$0.00
	NE301401	NE301401	✓	Southeast	CenterPointe	1000 South 13th Street	Lincoln	NE	68508 -3533	$35,052.80	$35,052.80	$0.00	$0.00	$0.00	$0.00
	NE100623	NE100623	✓	Panhandle	Cirrus House Inc	1509 1st Avenue	Scottsbluff	NE	69361 -3106	$19,538.44	$19,538.44	$0.00	$0.00	$0.00	$0.00
	NE100689	NE100689	✓	99	Coalition Rx	8401 West Dodge Road Suite 115	Omaha	NE	68114	$123,152.02	$0.00	$0.00	$123,152.02	$0.00	$0.00
	NE102052	NE102052	✓	Panhandle	Community Action Partnership of	975 Crescent Drive	Gering	NE	69341	$123,994.65	$123,994.65	$11,807.11	$0.00	$0.00	$0.00
	NE100885	NE100885	✓	South Central	Community Connections	P.O. Box 852	North Platte	NE	69103	$129,296.34	$0.00	$0.00	$129,296.34	$0.00	$0.00
	NE101277	NE101277	✓	Omaha Metro	Dougals County	1490 North 16th Street	Omaha	NE	68102	$138,206.48	$138,206.48	$0.00	$0.00	$0.00	$0.00
	NE100899	NE100899	✓	Southeast	Fillmore County Prevention Coalition	995 Highway 33 Suite 1	Crete	NE	68333 -2551	$5,497.29	$0.00	$0.00	$5,497.29	$0.00	$0.00
	NE750151	NE750151	✓	South Central	Friendship House Inc	707 West 1st Street	Grand Island	NE	68801	$492,265.09	$492,265.09	$0.00	$0.00	$0.00	$0.00
	NE100861	NE100861	✗	Panhandle	Garden County Coalition	Volunteers of America, P.O. Box 128	Lewellen	NE	69147	$2,820.25	$0.00	$0.00	$2,820.25	$0.00	$0.00
	NE100804	NE100804	✓	South Central	Garfield Loup Wheeler Childrens	P.O. Box 638	Burwell	NE	68823	$62,300.73	$0.00	$0.00	$62,300.73	$0.00	$0.00
	NE100827	NE100827	✓	South Central	Grand Island Substance Abuse	219 West 2nd Street	Grand Island	NE	68801	$61,219.69	$0.00	$0.00	$61,219.69	$0.00	$0.00
	NE100869	NE100869	✓	Northeast	Healthy Communities Initiative	2104 21st Circle	Wisner	NE	68791	$22,217.50	$0.00	$0.00	$22,217.50	$0.00	$0.00
	NE100625	NE100625	✓	Omaha Metro	Heartland Family Service	302 American Parkway	Papillion	NE	68046	$2,140.49	$2,140.49	$0.00	$0.00	$0.00	$0.00
	NE101063	NE101063	✗	Omaha Metro	Heartland Family Services Inc	4847 Sahler Street	Omaha	NE	68104	$21,610.75	$21,610.75	$21,610.75	$0.00	$0.00	$0.00
	NE100563	NE100563	✓	Southeast	HopeSpoke	2444 O Street	Lincoln	NE	68510	$79,411.12	$79,411.12	$0.00	$0.00	$0.00	$0.00
	NE901242	NE901242	✓	Southeast	Houses of Hope of Nebraska Inc	1124 North Cotner Boulevard	Lincoln	NE	68505 -1834	$74,401.22	$74,401.22	$0.00	$0.00	$0.00	$0.00
	NE900699	NE900699	✓	Panhandle	Human Services Inc	419 West 25th Street	Alliance	NE	69301	$83,539.50	$83,539.50	$0.00	$0.00	$0.00	$0.00
	NE102058	NE102058	✓	Panhandle	Karuna Counseling	P.O. Box 508	Sidney	NE	69162	$5,338.74	$5,338.74	$0.00	$0.00	$0.00	$0.00

	NE100415	NE100415	✓	99	Lincoln Medical Education Partnership	4600 Valley Road	Lincoln	NE	68510	$123,137.67	$0.00	$0.00	$123,137.67	$0.00	$0.00
	NE101294	NE101294	✓	Northeast	Link Dual Recovery Program	1001 Norfolk Avenue	Norfolk	NE	68701	$225,085.45	$225,085.45	$0.00	$0.00	$0.00	$0.00
	NE100527	NE100527	✗	Omaha Metro	Lutheran Family Services	120 South 24th Street Suite 100	Omaha	NE	68102	$35.12	$35.12	$0.00	$0.00	$0.00	$0.00
	NE100927	NE100927	✓	Southeast	Lutheran Family Services	2301 O Street	Lincoln	NE	68510	$10,630.07	$10,630.07	$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	$2,271.10	$2,271.10	$0.00	$0.00	$0.00	$0.00
	NE101686	NE101686	✓	Omaha Metro	Lutheran Family Services of Nebraska	1420 East Military Avenue Suite 100	Fremont	NE	68025	$24.35	$24.35	$0.00	$0.00	$0.00	$0.00
	NE101283	NE101283	✓	Panhandle	Mental Health Alliance	815 Flack Avenue	Alliance	NE	69301	$981.23	$981.23	$0.00	$0.00	$0.00	$0.00
	NE102170	NE102170	✓	Panhandle	Mental Health Alliance	327 Ann Street	Chadron	NE	69337	$716.25	$716.25	$0.00	$0.00	$0.00	$0.00
	NE301500	NE301500	✓	South Central	Mid Plains Center for	914 Baumann Street	Grand Island	NE	68803 -4401	$14,086.45	$14,086.45	$0.00	$0.00	$0.00	$0.00
	NE100601	NE100601	✓	Panhandle	Monument Prevention Coalition	1601 East 27th Street	Scottsbluff	NE	69361	$17,493.95	$0.00	$0.00	$17,493.95	$0.00	$0.00
	NE100864	NE100864	✗	Panhandle	Morrill County Prevention Coalition	P.O. Box 337	Hemingford	NE	69348	$7,164.38	$0.00	$0.00	$7,164.38	$0.00	$0.00
	NE900582	NE900582	✓	Omaha Metro	Nebraska Urban Indian Health Coalition	2240 Landon Court	Omaha	NE	68102	$23.90	$23.90	$0.00	$0.00	$0.00	$0.00
	NE100914	NE100914	✓	Northeast	Northeast Nebraska Public	215 North Pearl Street	Wayne	NE	68787 -1975	$19,891.23	$0.00	$0.00	$19,891.23	$0.00	$0.00
	NE100605	NE100605	✓	Panhandle	Northeast Panhandle	P.O. Box 428	Gordon	NE	69343	$19,252.28	$19,252.28	$0.00	$0.00	$0.00	$0.00
	NE100888	NE100888	✓	Panhandle	Northeast Panhandle	P.O. Box 428	Gordon	NE	69343	$6,158.45	$6,158.45	$0.00	$0.00	$0.00	$0.00
	NE300072	NE300072	✓	Omaha Metro	NOVA Treatment Community	8502 Morman Bridge Road	Omaha	NE	68152	$170,518.29	$170,518.29	$0.00	$0.00	$0.00	$0.00
	NE102002	NE102002	✓	Omaha Metro	Omaha Collegiate Consortium	2500 California Plaza	Omaha	NE	68178	$64,623.63	$0.00	$0.00	$64,623.63	$0.00	$0.00
	NE101226	NE101226	✓	Omaha Metro	One World Community Health Center	4920 South 30th Street Suite 103	Omaha	NE	68107	$14.74	$14.74	$0.00	$0.00	$0.00	$0.00
	NE100692	NE100692	✓	Omaha Metro	One World North West Omaha	4229 North 90th Street	Omaha	NE	68134	$3.41	$3.41	$0.00	$0.00	$0.00	$0.00
	NE100602	NE100602	✓	Panhandle	Panhandle Prevention Coalition	18 West 16th Street	Scottsbluff	NE	69361	$31,202.41	$0.00	$0.00	$31,202.41	$0.00	$0.00
	NE100907	NE100907	✓	Southeast	Polk County Prevention Coalition	P.O. Box 316	Osceola	NE	68651	$5,074.15	$0.00	$0.00	$5,074.15	$0.00	$0.00
	NE100871	NE100871	✓	South Central	Positive Pressure Community Coalition	1755 Prairie View Place	Kearney	NE	68848	$36,233.63	$0.00	$0.00	$36,233.63	$0.00	$0.00
	NE102032	NE102032	✓	Omaha Metro	Project Extra Mile	11620 M Circle	Omaha	NE	68137	$72,911.08	$0.00	$0.00	$72,911.08	$0.00	$0.00
	NE900392	NE900392	✓	Southwest	Region II Human Services	1012 West 3rd Street P.O. Box 818	McCook	NE	69001	$1,723.89	$1,723.89	$0.00	$0.00	$0.00	$0.00
	NE900525	NE900525	✓	Southwest	Region II Human Services	P.O. Box 519	Lexington	NE	68850	$5,301.75	$5,301.75	$0.00	$0.00	$0.00	$0.00
	NE900574	NE900574	✓	Southwest	Region II Human Services	401 West 1st Street	Ogallala	NE	69153	$769.31	$769.31	$0.00	$0.00	$0.00	$0.00

	NE100530	NE100530	✗	Southwest	Region II Human Services	110 North Bailey Street	North Platte	NE	69103	$247,294.90	$110,774.53	$97,997.13	$136,520.37	$0.00	$0.00
	NE100811	NE100811	✓	Northeast	Region IV MH and SA Service District	206 Monroe Avenue	Norfolk	NE	68701	$67,210.13	$60,067.64	$0.00	$7,142.49	$0.00	$0.00
	NE100829	NE100829	✗	Southeast	Region V Systems	1645 N Street, Suite A	Lincoln	NE	68508	$299,886.27	$45,859.87	$0.00	$254,026.40	$0.00	$0.00
	NE100837	NE100837	✓	Omaha Metro	Region VI Behavioral Health Authority	1941 South 42nd Street Suite 112	Omaha	NE	68105 -2982	$7,400.00	$0.00	$0.00	$7,400.00	$0.00	$0.00
	NE100788	NE100788	✗	Southeast	Saint Monicas Behavioral Health Services Women Therapeutic Community	6420 Colby Street	Lincoln	NE	68505	$28,318.22	$28,318.22	$28,318.22	$0.00	$0.00	$0.00
	NE100785	NE100785	✓	Southeast	Saint Monicas Behavioral Health Servs	120 Wedgewood Drive	Lincoln	NE	68510	$14,797.51	$14,797.51	$14,797.51	$0.00	$0.00	$0.00
	NE100556	NE100556	✓	Southeast	Saint Monicas Behavioral Health Servs	120 Wedgewood Drive	Lincoln	NE	68510	$68,480.86	$68,480.86	$19,085.04	$0.00	$0.00	$0.00
	NE101262	NE101262	✓	Southeast	Saint Monicas Behavioral Health Servs	120 Skyway Road	Lincoln	NE	68505	$39,340.31	$39,340.31	$39,340.31	$0.00	$0.00	$0.00
	NE100887	NE100887	✓	Southeast	Saline County Coalition	421 West Ash Street	Wilber	NE	68465 -3270	$5,110.28	$0.00	$0.00	$5,110.28	$0.00	$0.00
	NE750540	NE750540	✓	Omaha Metro	Santa Monica Inc	401 South 39th Street	Omaha	NE	68131	$37,921.02	$37,921.02	$16,841.24	$0.00	$0.00	$0.00
	NE101279	NE101279	✓	Southeast	Saunders County Prevention Coalition	387 North Chestnut Suite 1	Wahoo	NE	68066 -1869	$7,731.00	$0.00	$0.00	$7,731.00	$0.00	$0.00
	NE100903	NE100903	✓	Southeast	Seward County Bridges	216 South 9th Street	Seward	NE	68434	$6,685.55	$0.00	$0.00	$6,685.55	$0.00	$0.00
	NE100872	NE100872	✓	South Central	Sherman County Prevention Coalition	P.O. Box 621	Loup City	NE	68853	$55,961.02	$0.00	$0.00	$55,961.02	$0.00	$0.00
	NE102064	NE102064	✓	Southeast	Southeast Health District Prevention	2511 Schneider Avenue	Auburn	NE	68305	$16,949.66	$0.00	$0.00	$16,949.66	$0.00	$0.00
	NE100783	NE100783	✗	Southeast	Targeted Adult Services Coordination TASC	643 South 25th Street, Suite 11	Lincoln	NE	68510	$5,486.79	$5,486.79	$0.00	$0.00	$0.00	$0.00
	NE100904	NE100904	✓	Southeast	Thayer County Healthy Comm Coalition	995 Highway 33 Suite 1	Crete	NE	68333 -2551	$5,076.23	$0.00	$0.00	$5,076.23	$0.00	$0.00
	NE900418	NE900418	✓	Northeast	The Link Inc	1001 West Norfolk Avenue	Norfolk	NE	68701	$291,540.70	$291,540.70	$0.00	$0.00	$0.00	$0.00
	NE000081	NE000081	✓	Southeast	Touchstone Short Term Residential	2633 P Street 1st Floor	Lincoln	NE	68503	$25,767.31	$25,767.31	$0.00	$0.00	$0.00	$0.00
	NE100859	NE100859	✗	Panhandle	Volunteers of America - Deuel County Prevention Team	20745 Road 4	Big Springs	NE	69122	$2,657.42	$0.00	$0.00	$2,657.42	$0.00	$0.00
	NE100858	NE100858	✗	Panhandle	Western Community Health Resources - Dawes/Sioux Community Prevention Team	300 Shelton Street	Chadron	NE	69337	$4,191.76	$0.00	$0.00	$4,191.76	$0.00	$0.00

	NE100221	NE100221	✓	Northeast	Womens Empowering Life Line Inc	910 West Park Avenue	Norfolk	NE	68701	$162,505.90	$162,505.90	$117,445.56	$0.00	$0.00	$0.00
	NE100905	NE100905	✓	Southeast	York County Drug Task Force	1417 Kennedy Drive	York	NE	68467-4613	$5,699.26	$0.00	$0.00	$5,699.26	$0.00	$0.00
	NE100637	NE100637	✓	Northeast	Zone Afterschool Program	105 22nd Drive	Norfolk	NE	68701	$22,897.12	$0.00	$0.00	$22,897.12	$0.00	$0.00
Total										$6,361,694.76	$4,884,965.42	$513,671.32	$1,476,729.34	$0.00	$0.00

*** Indicates the imported record has an error.**

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Footnotes:

1. 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 Integrated, Column C equals: $188,518.62.
>
3. Amount of SABG treatment funds (from Table 4, Row 1) to be used for Table 6 Resource Development Activities for SABG Treatment, Column A, Row 7, and/or SABG Integrated, Column C equals: $96,248.67.

III: Expenditure Reports

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

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

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period **(A)**	**Expenditures** **(B)**	**B1(2020) + B2(2021)** **2** **(C)**
SFY 2020 (1)	$29,736,677.00	
SFY 2021 (2)	$29,684,223.68	$29,710,450.34
SFY 2022 (3)	$19,827,849.00	

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

SFY 2020 Yes **X** No ____

SFY 2021 Yes **X** No ____

SFY 2022 Yes **X** No ____

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

Yes ____ No **X**

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

If yes, SFY: ____

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

Yes ____ No ____

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

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

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance use disorder prevention and treatment 42 U.S.C. §300x-30.
Amounts reflected are amounts in state accounting records
for expenditures made by SSA for aid program. In addition,
the state portion of Medicaid is calculated into MOE.

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Footnotes:

1. The information reported in Table 8a is actual but does not yet include reporting of state Medicaid expenditures. The state portion of Medicaid is calculated into MOE. As Medicaid information is not available until late January 2023, neither this table, nor MOE can be completed until that time. At that time, we will contact our State Project Officers to request a revision request to add this information.
>

RevReq 013023: Revised Table 8a to include reporting of state Medicaid expenditures in total for the expenditure period. The state portion of Medicaid is calculated into MOE.

III: Expenditure Reports

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

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

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

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 2020		$ 3,102,416.00	
SFY 2021		$ 1,419,597.00	
SFY 2022		$ 328,571.24	(•) Actual ( ) Estimated
Enter the amount the State plans to expend in SFY 2023 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): $ 935116.00			

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:

1. The information reported in the Table 8b is actual but does not yet include reporting of state Medicaid expenditures. The state Medicaid has been included as part of the total and the MOE since inception and as such is consistent to include for calculation of MOE. As Medicaid information is not available until late January 2023, neither this table, nor MOE can be completed until that time. At that time, we will contact our State Project Officers to request a revision request to add this information.
>
RevReq 013023: There were no revisions to reported amounts necessary for Table 8b. The only revision was to change Expense Type to "Actual."
>
RevReq 032923: Uploaded Request for Material Compliance with the WSA MOE requirement as an Attachment to Table 8b. Document name is "Request_WSA_Compliance_for_SFY22 5.15.2023-signed.pdf."

May 15, 2023

Dr. Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental Health and Substance Use
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Delphin-Rittmon,

This letter is in response to SAMHA's correspondence dated March 29, 2023 regarding compliance with the federal fiscal year (FFY) 2023 Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Women Set Aside (WSA) Maintenance of Effort (MOE). The information provided in the letter identified a MOE shortfall for the state fiscal year (SFY) 2022. This letter serves as the request for material compliance with the WSA MOE requirement.

For the past three years, Nebraska's public behavioral health system has been affected by the Public Health Emergency (PHE) as well as being transformed by Medicaid changes. As you are aware, the DHHS Division of Behavioral Health (BH) administers the SABG and uses these funds in addition to state appropriations to provide coverage for low-income persons that do not have Medicaid or who are under insured. In October 2020, Nebraska expanded Medicaid coverage, something most other states had completed in prior years. This resulted in a number of persons previously covered by BH funding to have services paid for by Medicaid. In addition to expansion, a co-occurring Medicaid event impacted SABG spending also. Prior to June 2020, opioid treatment programs (ORT) were not covered by Nebraska Medicaid but was rather supported with SABG funding. In June 2020, Nebraska Medicaid began to cover opioid treatment.

Additionally enhanced Federal Medical Assistance Percentage (FMAP) for expansion population meant that Medicaid had to only expend ten cents to every dollar previously spent by BH to serve persons that transitioned to Medicaid. This resulted in less spending of state funds. State funds available in BH for services was not reduced by the Legislature, but it was not expended.

The impact of these changes was significant, especially for the WSA designated programs. While a portion of persons served in WSA designated providers have always been covered by Medicaid, with expansion, this significantly increased those served being covered by Medicaid.

The approved WSA Set Aside was calculated based on the BH expenditures only. 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 pregnant women and women with

children compared to total admissions in these programs. This percent was then applied to total program expenditures to extrapolate an agreed upon base. Subsequent requirements to utilize five percent of SAPT Block Grant funds for two years (totaling $506,669) brought the continuation base to $753,713 for FFY04 and subsequent years.

In May 2009, the state accounting system (Nebraska Information System, hereafter referred to as NIS) was altered to establish a method of tracking expenditures for services provided to pregnant women and women with children purchased by the SSA. Under this new method, expenditures reported each month for these services by the Regional Behavioral Health Authorities are directly coded into NIS. Expenditures reported on this table are from the amount recorded in NIS each as paid to regional intermediary and subsequently paid to providers for units of service performed for this population.

SAMHAs provided BH with a co-designation (see attached) to allow Medicaid expenditures for behavioral health services to be included in the overall MOE. There was not a request or change made for the WSA MOE. If it is possible to include Medicaid expenditures for women and women with children in WSA designated programs, Nebraska could meet the WSA MOE for FY22 based on inclusion of the single service identifiable at this point soley serving the targe population. To include all services previously paid by BH in these designated WSA programs that are now being covered by Medicaid, it will take additional work to determine if this is possible from Medicaid claims and would be the basis of a corrective action plan, if needed.

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Below is a chart of available data. Currently there is only one service, Therapeutic Community, a residential substance use disorder treatment service for women and children that can be clearly identified for inclusion in the MOE expenditures. This service and three of the four providers are designated WSA providers for BH. Based on the Medicaid expenditures for this service alone, it would have the following impact on BH WSA expenditures:

WSA MOE Level		**$ 753,713**	**(state and federal funds)**	
Federal Fiscal Period	**State Fiscal Period**	**BH WSA Expenditures Reported**	**Variance from WSA MOE Level**	**Medicaid Payments (state & federal) for Therapeutic Community Not Included in WSA MOE reported**
FFY19	SFY18	$ 2,176,171	$ 1,422,458	not available at this time
FFY20	SFY19	$ 2,404,369	$ 1,650,656	not available at this time
FFY21	SFY20	$ 3,102,416	$ 2,348,703	$ 793,155
FFY22	SFY21	$ 1,419,597	$ 665,884	$ 479,558
FFY23	SFY22	$ 328,571	$ (425,142)	$ 1,410,926

During SFY2023, designated WSA providers have been focusing on areas to support recovery services for women with children and pregnant women transitioning from residential based care. Prior to COVID 88-90% of WSA expenditures for BH were residential based care. With Medicaid expansion, this has to change in order for BH to meet WSA without the inclusion of MLTC expenditures.

Transformation takes careful planning and implementation. Nebraska appreciates SAMHSA's support and commitment to promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. We share these tenets and look forward to sharing with you our successes in the future.

Please do not hesitate to contact me if you have questions regarding this request via telephone (402-471-6038) or email (tony.green@nebraska.gov). I look forward to hearing from you.

Sincerely,

Tony Green, Interim Director
Division of Behavioral Health
Nebraska Department of Health & Human Servcies

CC Anthony Provenzano, Public Health Advisor

May 15, 2023

Nebraska Corrective Action Plan for Women Set Aside Maintenance of Effort

Nebraska's corrective action will be dependent upon the inclusion or non-inclusion of Medicaid expenditures from WSA designated providers for WSA designated services

If Medicaid expenditures are permitted to be included in WSA MOE calculations:

Action Item	Person Responsible	Timeline
Work with Medicaid to determine method to identify designated WSA services and provider expenditures for target population	DHHS Divisions of Behavioral Health and Division of Medicaid finance and data staff	Completed by November 1, 2023 for data pull for implementation report due December 1, 2023

If Medicaid expenditures are not permitted to be included in WSA MOE calculations:

Action Item	Person Responsible	Timeline
Explore additional service to be provided as designated WSA services	BH designated WSA Staff Regional Behavioral Health Authorities	TBD
Explore additional providers to be designated WSA providers	BH designated WSA Staff Regional Behavioral Health Authorities	TBD
Implement contracts or competitive bids for additional providers or services identified	BH designated WSA Staff Regional Behavioral Health Authorities	TBD
Provide training on WSA requirements to new providers as needed	Regional Behavioral Health Authorities	TBD
Ensure new providers and services are appropriately coded for WSA expenditure reporting	BH designated staff overseeing billing system	TBD

SAMHSA
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane • Rockville, MD 20857
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Sheri Dawson, R.N.
Director
Nebraska Department of Health and Human Services
301 Centennial Mall South, Third Floor
Lincoln, NE 68509

Dear Ms. Dawson:

The Substance Abuse and Mental Health Services Administration (SAMHSA) has reviewed the state's request dated August 7, 2015, for a change in methodology used to calculate the maintenance of effort (MOE) requirement under section 1930 of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. § 300x-30) and the Interim Final Rule (45 CFR 96.134). Specifically, the state has requested to co-designate the Nebraska Behavioral Health Mental Health and Substance Use Disorder (DBH) with Division of Medicaid and Long-term Care (MLTC) the state Medicaid agency in order to include the state Medicaid match funding in the calculations for the MOE requirement. SAMHSA has determined that for a state to be co-designated with the Medicaid agency the following three criteria must be met:

1. A memorandum of understanding (MOU) or agreement that clarifies the role of the single state authority (SSA) for substance use disorder (SUD) services and assures access to client-level service data for Medicaid clients receiving SUD treatment and intervention services;
2. State guidance regarding the requirements to use generally accepted accounting principles (45 CFR 96.134(d)) to reflect aggregate state expenditures; and
3. Supporting documentation that demonstrates that the state has fiscal control and accounting procedures to permit the tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of the statute authorizing the block grant (Title 45, Subtitle A, Subchapter A, Part 96, Subpart C, Section 96.30 (a) (b)).

At the request of CSAT, the state provided an existing MOU between MLTC and DBH, effective October 15, 2015, for review. The MOU delineates each executive branch agency's responsibility for reporting and data sharing. The state also submitted a spreadsheet outlining the expenditures categorized by type and unit that demonstrates sufficient fiscal control and accounting procedures that permit the tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of the statute authorizing the block grant. Lastly, the state also submitted a de-identified summary from the state's Medicaid claim system that provides client-level encounter data including patient identifiers, service dates, procedure codes and amounts that illustrates that DBH has access to data contained in the Medicaid claim system. Based on the information and data provided, CSAT approves the state's request to change its MOE methodology to allow for the inclusion of state Medicaid match funds in its MOE calculations.

CSAT's practice is to apply the new MOE methodology to the five prior state fiscal years (SFYs) from the SFY for which the change in methodology is requested. In this case, the proposed methodology will be applied to SFYs 2010 through 2020. As a result of this approval, the state will be required to update all applicable records (table 9a/8a for MOE requirements and table 10 for client service levels) in the Web Block Grant Application System (WebBGAS). The state project officer will open revision requests in each SFY to allow for data correction in the applicable reports. Going forward, the state will want to include Medicaid match expenditures in the state MOE calculations for the duration of the MOU.

The state is encouraged to make every effort to comply with the MOE requirements of Section 1930 of the PHS Act in future years. Please contact your state project officer, Linda Fulton, Ph.D., Public Health Advisor for HHS Region VII, at (240) 276-1573 or by email at Linda.Fulton@samhsa.hhs.gov with any further questions. SAMHSA appreciates your continued support for substance abuse prevention, treatment, and recovery support services.

Sincerely,

Daryl W. Kade
Acting Deputy Director
Center for Substance Abuse Treatment

cc:
Robert Morrison
Executive Director
National Association of State Alcohol and Drug Abuse Directors (NASADAD)
rmorrison@nasadad.org
Laura Howard, J.D.
HHS Region VII, Regional Administrator
laura.howard@samhsa.hhs.gov

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

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

Column A (Risks)	Column B (Strategies)	Column C (Providers)
All Risk Groups	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	1
	2. Resources directories	2
	3. Media campaigns	15
	4. Brochures	9
	5. Radio and TV public service announcements	5
	6. Speaking engagements	18
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	6
	2. Education	
	1. Parenting and family management	6
	2. Ongoing classroom and/or small group sessions	24
	3. Peer leader/helper programs	6
	4. Education programs for youth groups	18
	5. Mentors	3
	3. Alternatives	
	1. Drug free dances and parties	2
	2. Youth/adult leadership activities	6
	4. Community service activities	1
	6. Recreation activities	4
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	1
	4. Brief Screening/Intervention	10
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-	10

	training, staff/officials training	
	2. Systematic planning	5
	3. Multi-agency coordination and collaboration/coalition	15
	4. Community team-building	10
	5. Accessing services and funding	2
	6. Regional/Coalition/Community meetings	19
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	12
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	18
	3. Modifying alcohol and tobacco advertising practices	3

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

Level of Care	SABG Number of Admissions ≥ Number of Persons Served		COVID-19 Number of Admissions ≥ Number of Persons Served		SABG Costs per Person			COVID-19 Costs per Person[1]			ARP Costs per Person[2]		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)													
1. Hospital Inpatient													
2. Free-Standing Residential													
REHABILITATION/RESIDENTIAL													
3. Hospital Inpatient	748	748			93.79	78.30	64.60						
4. Short-term (up to 30 days)	2,281	2,151			4,583.14	4,831.22	2,257.87						
5. Long-term (over 30 days)	1,047	1,046			10,712.35	9,087.42	8,136.34						
AMBULATORY (OUTPATIENT)													
6. Outpatient	16,458	16,259			363.52	231.52	420.33						
7. Intensive Outpatient	1,245	1,227			1,001.35	1,002.88	903.39						
8. Detoxification	1,545	1,363			1,209.72	732.65	727.16						
OUD MEDICATION ASSISTED TREATMENT													
9. OUD Medication-Assisted Detoxification[3]													
10. OUD Medication-Assisted Treatment Outpatient[4]	889	888			3,575.26	2,077.18	14,388.45						

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.

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

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

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

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

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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 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 January 2023, we will contact our State Project Officers to request a revision request to add this information when it becomes available.
>
2. There was not a sufficient number of cases to calculate the median and standard deviation for Row 3 Hospital Inpatient costs.
>
3. During the reporting period, there were no COVID-19 Relief Supplemental funds used for direct services.
>
4. During the reporting period, there was no expenditure of American Rescue Plan Act (ARPA) funds.
>
RevReq_013023: 5. This footnote provides an update to Footnote #1 above. Revised Footnote #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 or in a substance use disorder service funded through Nebraska state Medicaid.
>
RevReq_013023: 6. This footnote provides an update to Footnote #2 above. There were a sufficient number of cases to calculate SABG Costs per Person columns C, D and E for all reported line items.

IV: Population and Services Reports

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

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

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

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

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	70	16	18	1	2	0	0	0	1	0	1	5	2	12	12	20	22	8	6
2. 18 - 24	773	343	157	51	23	2	3	6	2	17	15	10	5	106	33	347	172	144	45
3. 25 - 44	4,046	2,104	944	221	70	6	4	17	1	109	74	17	20	336	123	2,227	1,021	383	131
4. 45 - 64	1,368	762	319	95	23	3	2	3	3	34	25	6	2	65	26	813	343	94	29
5. 65 and Over	128	74	21	18	3	0	0	1	0	5	0	1	0	5	0	90	23	8	1
6. Total	**6,385**	**3,299**	**1,459**	**386**	**121**	**11**	**9**	**27**	**7**	**165**	**115**	**39**	**29**	**524**	**194**	**3,497**	**1,581**	**637**	**212**
7. Pregnant Women	42		28		4		1		0		1		1		7		30		9

Number of persons served who were admitted in a period prior to the 12 month reporting period	1,844
Number of persons served outside of the levels of care described on Table 10	371

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
6. Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
7. Pregnant Women	0		0		0		0		0		0		0		0		0		0

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

Age	Gender Identity (GI): "Do you think of yourself as:"						Sexual Orientation (SO): "Do you think of yourself as:"				
	Cisgender Male	Cisgender Female	Transgender Man/Trans Man/Female-To-Male	Transgender Woman/Trans Woman/Male-To-Female	Genderqueer/Gender Non-Conforming/Neither Exclusively Male Nor Female	Additional Gender Category (or Other)	Straight or Heterosexual	Lesbian or Gay	Bisexual	Queer, Pansexual, and/or Questioning	Something Else; Please Specify:
1. 17 and Under											
2. 18 - 24											
3. 25 - 44											
4. 45 - 64											
5. 65 and Over											
6. Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Footnotes:

1. Table 11A - 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 January 2023, we will contact our State Project Officers to request a revision request to add this information when it is available.
>
2. Table 11A - Age was not known for 5 consumers. Of these 5 consumers, 1 identified as American Indian/Alaska Native female, 1 female had an unknown race, 1 male had an unknown race, 1 identified as White male, and 1 identified as White female. Of these 5 consumers, 1 identified as non-Hispanic male, 2 identified as non-Hispanic female. There were two of these consumers for whom ethnicity status was unknown, 1 male and 1 female.
>
3. Table 11A - There were 2 consumers whose sex was unknown. Both of these consumers were between 25-44 years of age. Of these consumers, 1 had an unknown race and 1 identified as White. There was 1 of these consumers who reported a non-Hispanic ethnicity, with ethnicity unknown for 1.
>
4. Table 11A - There were 462 consumers with unknown ethnicity. 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 6, Female 9; Age 18-24 Male 44, Female 21; Age 25-44 Male 200, Female 84, Sex Unknown 1; Age 45-64 Male 61, Female 28; and, Age 65+ Male 6, Female 0; and, Age Unknown Male 1, Female 1.
>
5. Table 11B - During the reporting period, there were no COVID-19 Relief Supplemental funds used for direct services.
>
RevReq_013023: 6. No change in data reported in Table 11A, 11B and 11C. However, this footnote provides an update to Footnote #1 above. Revised Footnote #1: Table 11A - Individuals included in this table were served in a substance use disorder or dual service funded by the Nebraska DHHS Division of Behavioral Health (NDHHS-DBH) during the reporting period. This table does not include individuals served through state Medicaid funding. In addition to the NDHHS-DBH substance use disorder and dual services unduplicated counts reported in Table 11A, an additional 8.612 individuals not available for reporting received a specific set of substance use disorder services funded through Nebraska state Medicaid.

IV: Population and Services Reports

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

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

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

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Footnotes:

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

Notice to Program Beneficiaries - Check all that apply:

- [ ] Used model notice provided in final regulation.
- [ ] Used notice developed by State (please attach a copy to the Report).
- [ ] State has disseminated notice to religious organizations that are providers.
- [x] 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.
- [x] State has incorporated this requirement into existing referral system(s).
- [ ] SAMHSA's Behavioral Health Treatment Locator is used to help identify providers.
- [x] 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 RHBA 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 Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	64	65
Total number of clients with non-missing values on employment/student status [denominator]	478	478
Percent of clients employed or student (full-time and part-time)	13.4 %	13.6 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	607
Number of CY 2021 discharges submitted:	503
Number of CY 2021 discharges linked to an admission:	479
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	479
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	478

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	27	124
Total number of clients with non-missing values on employment/student status [denominator]	215	215
Percent of clients employed or student (full-time and part-time)	12.6 %	57.7 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	265
Number of CY 2021 discharges submitted:	234
Number of CY 2021 discharges linked to an admission:	225
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	215

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	215

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,312	1,362
Total number of clients with non-missing values on employment/student status [denominator]	3,079	3,079
Percent of clients employed or student (full-time and part-time)	42.6 %	44.2 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		4,393
Number of CY 2021 discharges submitted:		3,721
Number of CY 2021 discharges linked to an admission:		3,528
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,416
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		3,079

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	143	160
Total number of clients with non-missing values on employment/student status [denominator]	256	256
Percent of clients employed or student (full-time and part-time)	55.9 %	62.5 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		332
Number of CY 2021 discharges submitted:		278
Number of CY 2021 discharges linked to an admission:		277
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		256

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	256

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

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Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	318	330
Total number of clients with non-missing values on living arrangements [denominator]	409	409
Percent of clients in stable living situation	77.8 %	80.7 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		607
Number of CY 2021 discharges submitted:		503
Number of CY 2021 discharges linked to an admission:		479
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		479
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		409

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	115	118
Total number of clients with non-missing values on living arrangements [denominator]	136	136
Percent of clients in stable living situation	84.6 %	86.8 %
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		265
Number of CY 2021 discharges submitted:		234
Number of CY 2021 discharges linked to an admission:		225
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		215
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		136

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

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]	2,519	2,543
Total number of clients with non-missing values on living arrangements [denominator]	2,910	2,910
Percent of clients in stable living situation	86.6 %	87.4 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	4,393
Number of CY 2021 discharges submitted:	3,721
Number of CY 2021 discharges linked to an admission:	3,528
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,416
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	2,910

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

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]	241	241
Percent of clients in stable living situation	97.9 %	98.3 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	332
Number of CY 2021 discharges submitted:	278
Number of CY 2021 discharges linked to an admission:	277
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	256
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	241

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	428	436
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	479	479
Percent of clients without arrests	89.4 %	91.0 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	607
Number of CY 2021 discharges submitted:	503
Number of CY 2021 discharges linked to an admission:	479
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	479
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	479

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	206	210
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	219	219
Percent of clients without arrests	94.1 %	95.9 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	265
Number of CY 2021 discharges submitted:	234
Number of CY 2021 discharges linked to an admission:	225
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	219

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	219

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2,801	2,807
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,204	3,204
Percent of clients without arrests	87.4 %	87.6 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	4,393
Number of CY 2021 discharges submitted:	3,721
Number of CY 2021 discharges linked to an admission:	3,528
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,492
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	3,204

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	248	248
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	269	269
Percent of clients without arrests	92.2 %	92.2 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	332
Number of CY 2021 discharges submitted:	278
Number of CY 2021 discharges linked to an admission:	277
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	269

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	269

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

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Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	271	391
All clients with non-missing values on at least one substance/frequency of use [denominator]	473	473
Percent of clients abstinent from alcohol	57.3 %	82.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		143
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	202	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		70.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		248
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	271	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.5 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	607
Number of CY 2021 discharges submitted:	503
Number of CY 2021 discharges linked to an admission:	479
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	479
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	473

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

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]	149	174
All clients with non-missing values on at least one substance/frequency of use [denominator]	215	215
Percent of clients abstinent from alcohol	69.3 %	80.9 %

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]		51
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	66	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		77.3 %

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]		123
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	149	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		82.6 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	265
Number of CY 2021 discharges submitted:	234
Number of CY 2021 discharges linked to an admission:	225
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	219
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	215

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

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]	1,892	2,359
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,910	2,910
Percent of clients abstinent from alcohol	65.0 %	81.1 %

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]		700
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,018	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		68.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,659
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,892	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		87.7 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	4,393
Number of CY 2021 discharges submitted:	3,721
Number of CY 2021 discharges linked to an admission:	3,528
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,492
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	2,910

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	159	192
All clients with non-missing values on at least one substance/frequency of use [denominator]	254	254
Percent of clients abstinent from alcohol	62.6 %	75.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		68
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	95	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		71.6 %

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]		124
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	159	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		78.0 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	332
Number of CY 2021 discharges submitted:	278
Number of CY 2021 discharges linked to an admission:	277
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	269
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	254

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

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Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	195	233
All clients with non-missing values on at least one substance/frequency of use [denominator]	473	473
Percent of clients abstinent from drugs	41.2 %	49.3 %

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]		84
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	278	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		30.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		149
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	195	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.4 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	607
Number of CY 2021 discharges submitted:	503
Number of CY 2021 discharges linked to an admission:	479
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	479
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	473

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

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]	137	118
All clients with non-missing values on at least one substance/frequency of use [denominator]	215	215
Percent of clients abstinent from drugs	63.7 %	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]		34
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	78	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		43.6 %

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]		84
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	137	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		61.3 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	265
Number of CY 2021 discharges submitted:	234
Number of CY 2021 discharges linked to an admission:	225
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	219
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	215

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

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]	1,914	1,854
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,910	2,910
Percent of clients abstinent from drugs	65.8 %	63.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		430
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	996	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		43.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,424
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,914	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		74.4 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	4,393
Number of CY 2021 discharges submitted:	3,721
Number of CY 2021 discharges linked to an admission:	3,528
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,492
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	2,910

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	188	144
All clients with non-missing values on at least one substance/frequency of use [denominator]	254	254
Percent of clients abstinent from drugs	74.0 %	56.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		23
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	66	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		34.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		121
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	188	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		64.4 %

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	332
Number of CY 2021 discharges submitted:	278
Number of CY 2021 discharges linked to an admission:	277
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	269
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	254

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

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Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	198	316
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	475	475
Percent of clients participating in self-help groups	41.7 %	66.5 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	24.8 %	
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		607
Number of CY 2021 discharges submitted:		503
Number of CY 2021 discharges linked to an admission:		479
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		479
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		475

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	142	195
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	210	210
Percent of clients participating in self-help groups	67.6 %	92.9 %
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]	25.2 %	
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		265
Number of CY 2021 discharges submitted:		234

Number of CY 2021 discharges linked to an admission:	225
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	219
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	210

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	1,167	1,189
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,989	2,989
Percent of clients participating in self-help groups	39.0 %	39.8 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.7 %	

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	4,393
Number of CY 2021 discharges submitted:	3,721
Number of CY 2021 discharges linked to an admission:	3,528
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,492
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	2,989

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	113	133
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	263	263
Percent of clients participating in self-help groups	43.0 %	50.6 %
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]	7.6 %	

Notes (for this level of care):	
Number of CY 2021 admissions submitted:	332

Number of CY 2021 discharges submitted:	278
Number of CY 2021 discharges linked to an admission:	277
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	269
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	263

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file
[Records received through 2/1/2023]

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Footnotes:

V: Performance Data and Outcomes

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

Level of Care	Average (Mean)	25th Percentile	50th Percentile (Median)	75th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	5	1	3	4
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	27	14	28	34
5. Long-term (over 30 days)	90	32	69	140
AMBULATORY (OUTPATIENT)				
6. Outpatient	87	2	7	108
7. Intensive Outpatient	73	42	59	83
8. Detoxification	350	21	291	738
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification[1]	500	255	572	710
10. OUD Medication-Assisted Treatment Outpatient[2]	149	1	83	191

Level of Care	2022 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	422	353
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	425	381

5. Long-term (over 30 days)	185	173
AMBULATORY (OUTPATIENT)		
6. Outpatient	3047	2977
7. Intensive Outpatient	144	144
8. Detoxification	104	3
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification[1]		54
10. OUD Medication-Assisted Treatment Outpatient[2]		21

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 2/1/2023]

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

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

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

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

	Age 18+ - CY 2019 - 2020		

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.
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Table 22 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Risk/Harm of Use

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

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

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

	Age 18+ - CY 2019 - 2020		

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.
[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.
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Table 24 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Disapproval/Attitudes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context

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

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

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

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

General Questions Regarding Prevention NOMS Reporting

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

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

Category	Total
A. Age	**72,155**
0-4	668
5-11	1,393
12-14	3,599
15-17	3,134
18-20	41,231
21-24	12,784
25-44	3,836
45-64	3,598
65 and over	1,912
Age Not Known	0
B. Gender	**72,155**
Male	11,521
Female	14,892
Gender Unknown	45,742
C. Race	**72,155**
White	10,582
Black or African American	548
Native Hawaiian/Other Pacific Islander	37
Asian	330
American Indian/Alaska Native	115
More Than One Race (not OMB required)	361

Race Not Known or Other (not OMB required)	60,182
D. Ethnicity	**72,155**
Hispanic or Latino	1,792
Not Hispanic or Latino	9,932
Ethnicity Unknown	60,431

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

Category	Total
A. Age	**2104620**
0-4	5225
5-11	8116
12-14	9822
15-17	33756
18-20	1390717
21-24	63311
25-44	94787
45-64	434473
65 and over	64413
Age Not Known	0
B. Gender	**2104620**
Male	1007547
Female	767393
Gender Unknown	329680
C. Race	**2104620**
White	512902
Black or African American	11418
Native Hawaiian/Other Pacific Islander	7493
Asian	8966
American Indian/Alaska Native	9112
More Than One Race (not OMB required)	8956

Race Not Known or Other (not OMB required)	1545773
D. Ethnicity	**2104620**
Hispanic or Latino	39181
Not Hispanic or Latino	523249
Ethnicity Unknown	1542190

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

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	64,835	N/A
2. Universal Indirect	N/A	$2,104,620.00
3. Selective	6,821	N/A
4. Indicated	499	N/A
5. Total	**72,155**	**$2,104,620.00**
Number of Persons Served[1]	**72,155**	**2,104,620**

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

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

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

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

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

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 Programs and Strategies by Type of Intervention**

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	93	27	120	304	10	434
2. Total number of Programs and Strategies Funded	190	56	246	305	13	564
3. Percent of Evidence-Based Programs and Strategies	48.95 %	48.21 %	48.78 %	99.67 %	76.92 %	76.95 %

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

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 257	$280,808.23
Universal Indirect	Total # 63	$480,127.54
Selective	Total # 679	$34,611.48
Indicated	Total # 17	$18,994.98
Unspecified	Total # 0	$0.00
	Total EBPs: 1,016	Total Dollars Spent: $814,542.23
Primary Prevention Total[1]	**$1,665,247.96**	

[1]Primary Prevention Total is populated from Table 4 - State Agency SABG Expenditure Compliance Report, Row 2 Primary Prevention.

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Prevention Attachments

Submission Uploads

FFY 2023 Prevention Attachment Category A:

File	Version	Date Added

FFY 2023 Prevention Attachment Category B:

File	Version	Date Added

FFY 2023 Prevention Attachment Category C:

File	Version	Date Added

FFY 2023 Prevention Attachment Category D:

File	Version	Date Added

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