

# Washington

## UNIFORM APPLICATION

FY 2023 Substance Abuse Block Grant Report

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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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

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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

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**Footnotes:**

## II: Annual Update

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

<b>Priority #:</b>	1
<b>Priority Area:</b>	Address high disproportionate rates of SUD and MH disorders and overdoses amongst AI/AN individuals in WA state.
<b>Priority Type:</b>	SAP, SAT
<b>Population(s):</b>	PWWDC, PP, PWID, TB, Other (American Indian/Alaska Native; Tribal and Urban Communities)

**Goal of the priority area:**

The goal of this priority is to address the disproportionately high rates of SUD and MH disorders for AI/AN individuals across the state. This goal is focused on addressing these rates by offering a direct allocation to Tribes through our government-to-government Indian Nation Agreements. The INA is an agreement between the HCA and Tribal governments to fund services as deemed appropriate by the Tribes to address substance use disorders using SABG dollars.

The Health Care Authority follows the RCW 43.376 and a communication and consultation policy which outlines the state regulations for G2G relationships with Tribes. The Office of Tribal Affairs assists DBHR in implementation of various consultation and confirm meetings with the 29 Tribes and urban Indian health programs. By extension of the Accord and our HCA Tribal Consultation Policy, HCA offers all 29 Tribes the opportunity to access substance abuse block grant funding to help bolster prevention, treatment, overdose intervention, and recovery support services within their tribal communities.

**Objective:**

- Support the Tribes to use block grant funding to begin and/or maintain tribal substance use disorder community-based prevention programs and projects for youth within tribal communities.
- Support the Tribes to use block grant and other funding resources for the treatment and overdose intervention services for youth and adults who are non-insured or underinsured for treatment services. These services may include, case management, drug screening tests including urinary analysis, treatment support services (transportation, childcare), outpatient and intensive outpatient, and individual and group therapy, naloxone distribution;
- Support the Tribes to use block grant funding to develop and enhance their recovery support services programs for any non-Medicaid billable services or support to individuals who are non-insured or underinsured.
- Support the Tribes to use block grant funding to address opioid overdose and opioid use disorders in their community by delivering either OUD prevention, treatment, overdose intervention, and recovery support services.
- Support Tribes to leverage these funding resources to prioritize their strategies as appropriate to their community to ensure culturally appropriate care and the sovereign right for the Tribes to decide how best to utilize these funds and tailor programs within their community.

**Strategies to attain the goal:**

- Each tribe is requested to complete an annual Tribal Plan and budget that indicates how the funding will be expended for the delivery of SUD prevention, intervention, treatment, and recovery support activities which is negotiated with HCA program managers with the support of the Office of Tribal Affairs.
- Each tribe submits quarterly fiscal and programmatic reports to HCA.
- Each tribe inputs data into each appropriate data system (i.e., TARGET Data System, and Substance Use Disorder (SUD) Prevention and MH Promotion Online Data System) on a quarterly basis with the support of HCA program managers.
- Each tribe submits an Annual Narrative Report to reflect on the prevention and treatment services provided with the funding, successes within the program, challenges within the program, etc.
- HCA coordinates a biennial desk monitoring review with each Tribe as negotiated through a formal consultation process.

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

*(if needed)*

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**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	Maintain substance use disorder prevention, intervention, treatment, and recovery support services to American Indian/Alaska Natives.
<b>Baseline Measurement:</b>	SUD Treatment - Individuals Served: 4,499
<b>First-year target/outcome measurement:</b>	SUD Treatment - Individuals Served: 3,400

**Second-year target/outcome measurement:** SUD Treatment - Individuals Served: 3,400

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

**Data Source:**

TARGET, or its successor, for treatment counts.  
Minerva – SUD Prevention and MH Promotion Online Reporting System (Washington’s Prevention Management Information Service):  
used to report SABG prevention performance indicators.

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

**Description of Data:**

As reported into TARGET by Tribes, total number of AI/AN clients served between July 1, 2019 and June 30, 2020.

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

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

- Indian Health Care Providers have to enter into multiple systems in their work to improve health information technology in their programs which is burdensome. Tribes are working to move to EHRs, are using an Indian Health Services System, plus the state data systems which are often duplicative and can be expensive to dedicate additional staff to enter data into multiple systems.
- TARGET is the system that is used by Tribes that is then transmitted into our Behavioral Health Data Store and HCA needs to sunset this system and move to a new solution for the Tribes as promised in 2016. HCA is working on a pilot project to identify a solution to gather the SUD encounter data in the future without the TARGET system.
- SUD Prevention numbers may include duplication of client counts due to Tribes reporting number of people in attendance at events for each day.
- Additionally, the prevention reporting system is also transitioning vendors in Fall 2021 and Tribes will need to learn a new system, this may increase data reporting challenges in some areas. HCA is working to ensure all Tribes are supported and engaged in this process to minimize the impact.

**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:**

Goal was SUD Treatment – Individuals served: 3,400 (prevention – 52,052 total participants); Actual was SUD Treatment - Individuals served: 3,335 (prevention - 51,714)

Priority will be adjusted next year to capture prevention.

There are several reasons for the slight unmet treatment and prevention encounter goals. We believe that the decline is likely due to the continuation of Tribes addressing the COVID pandemic and maintenance of social distancing protocols. For example, the annual Canoe Journey was canceled again in 2022. We believe that there will be an increase in prevention service community events as we witness more events taking place across the state.

Another reason is due to workforce. We have learned that many Tribes are facing significant workforce shortages for treatment, recovery, and prevention service providers. Workforce shortages has caused Tribes the ability to implement planned programs through their Indian Nation Agreements.

Additionally, the unmet goal is also due to our data collection processes. Our team continues to work on a solution to the need to sunset the TARGET data system for Tribes. Currently, the HCA has no technical assistance support to Tribes to enter data into the data system. However, our team is working on a solution to this issue and working with several Tribes on a pilot project to move Tribes from TARGET into the State’s current supplemental data system, the Behavioral Health Data Store. In addition to the data issues around TARGET, our prevention team also changed their prevention data system in the past year. This change likely has a minimal impact on data reporting.

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

**Priority #:** 2

**Priority Area:** Reduce Underage and Young Adult Substance Use/Misuse

**Priority Type:** SAP

**Population(s):** PP, Other (Adolescents w/SA and/or MH, Rural, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic

**Goal of the priority area:**

Decrease the use and misuse of alcohol, marijuana, tobacco, opioids or other prescription drugs, and the use of any other drugs in the last 30 days.

**Objective:**

- Decrease the percentage of 10th graders who report using alcohol in the last 30 days (HYS 2018: 18.5%; Target 2023: 15%).
- Prevent the increase in the percentage of 10th graders who report using marijuana (cannabis) in the last 30 days (HYS 2018: 17.9%, Target 2023: 12%).
- Decrease the percentage of 10th graders who report using tobacco products in the last 30 days (HYS 2018 Tobacco, any form except vape: 7.9%, Target 2023: 7.1%; HYS 2018 Vape: 21.2%, Target 2023: 19.1%).
- Decrease the percentage of 10th graders who report misusing/abusing painkillers in the past 30 days (HYS 2018: 3.6%, Target 2023: 2.0%).
- Decrease the percentage of young adults who report using non-medical marijuana (cannabis) (YAHS 2018: 48.5%; Target 2023: 43.7%)
- Decrease the percentage of young adults who report using alcohol in the last 30 days (YAHS 2018: 61.1%; Target 2023: 55%)

**Strategies to attain the goal:**

- Implement performance-based contracting with each prevention contractor.
- Adapt programs to address the unique needs of each tribe.
- Strategies to serve AI/AN communities with increased risk for SUD concerns through various prevention projects using leveraged resources and ensure culturally appropriate services.
- Deliver Evidenced-based Prevention Programs and Strategies according to approved strategic plans.
- Deliver direct prevention services (All CSAP Strategies).
- Deliver community-based prevention services (Community-based process, Information Dissemination and Environmental).
- Provide statewide Workforce Development Training to build capacity for service delivery.
- Develop best practices strategies to target underserved populations such as Tribal and urban Indian communities, Black, Indigenous, and People of Color.

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

*(if needed)*

**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	Reduce substance use/misuse
<b>Baseline Measurement:</b>	Average of 15,590 unduplicated participants served by direct services provided between SFY 2014-2019 (July 1, 2013 – June 30, 2019)
<b>First-year target/outcome measurement:</b>	Increase or maintain 15,590 unduplicated participants in direct services prevention programs.
<b>Second-year target/outcome measurement:</b>	Increase or maintain 15,590 unduplicated participants in direct services prevention programs.

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

**Data Source:**

Minerva - SUD Prevention and MH Promotion Online Reporting System (Washington’s Prevention Management Information Service): used to report SABG performance indicators.  
 Washington State Healthy Youth Survey (HYS): used to report 30 days use biannually.  
 Washington State Young Adult Health Survey (YAHS): used to report young adult (Ages 18-25) substance use/misuse.

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

**Description of Data:**

SABG performance indicators are used to measure Center for Substance Abuse Prevention Strategies and Institute of Medicine Categories for services provided annually. From HYS, 10th grade Substance Use Among Washington Youth is used to measure intermediate outcomes. From Washington State Young Adult Health Survey (YAHS), Substance Use Among Washington young adults is used to measure intermediate outcomes.

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

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

Data integrity can be negatively affected by staff turnover and contractor capacity to report accurately and in a timely manner. DBHR continues to provide on-going training and technical assistance to support grantees as they use the Management Information System. Additionally, the prevention reporting system is also transitioning vendors in Fall 2021 and all providers will need to learn a new system, this may increase data reporting challenges in some areas. HCA is working to ensure all providers are supported and engaged in this process to minimize the impact.

**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):**

Our goal was maintain at least 15,590 unduplicated participants in direct services prevention programs, we achieved this goal by serving 22,912 unduplicated participants during FY22.

During late 2021, using leveraged funds from SAMHSA discretionary grants, DBHR Px expanded the number of sub-recipients receiving funds for our Community Prevention and Wellness Initiative program. The Community Prevention and Wellness Initiative now has nearly 100 coalitions and student assistance programs in over 100 schools in total. This is responsible for the increase in services that were provided during SFY 22

**Priority #:** 3

**Priority Area:** Increase the number of youths receiving outpatient substance use disorder treatment

**Priority Type:** SAT

**Population(s):** PWWDC, PWID, Other (Adolescents w/SA and/or MH, LGBTQ, Rural, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Communities)

**Goal of the priority area:**

Increase the treatment initiation and engagement rates among the number of youths accessing substance use disorder outpatient services.

**Objective:**

- Require Behavioral Health Administrative Service Organizations (BH-ASOs) and Managed Care Organizations (MCOs) to continue to maintain behavioral health provider network adequacy for adolescents.
- Re-examine current adolescent network and capacity
- Improve access and increase available SUD outpatient services for youth.

**Strategies to attain the goal:**

- Conduct behavioral health provider mapping efforts to identify current adolescent network. Identify access challenges and strategies to remove system barriers.
- Continue using performance-based contracts with BH-ASOs and MCOs to ensure focus and oversight of provider network.

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

*(if needed)*

### Annual Performance Indicators to measure goal success

<b>Indicator #:</b>	1
<b>Indicator:</b>	Increase youth outpatient SUD treatment services
<b>Baseline Measurement:</b>	SFY20 (July 1, 2019 – June 30, 2020): 1,695 youth received SUD outpatient treatment services
<b>First-year target/outcome measurement:</b>	Increase the number of youths receiving SUD outpatient treatment services in SFY22 to 3,584
<b>Second-year target/outcome measurement:</b>	Increase the number of youths receiving SUD outpatient treatment services in SFY23 to

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

The number of youths receiving SUD outpatient services is tracked using the Behavioral Health Data System (BHDS).

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

The state fiscal year 2020 data is an unduplicated count of youth (persons under 18 years of age) served in publicly funded SUD outpatient treatment between July 1, 2019 and June 30, 2020.

**New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:**

DBHR has integrated behavioral health services with physical healthcare coverage, which has caused data reporting challenges. The entities submitting encounter data and how data is being submitted has changed.

**New Data issues/caveats that affect outcome measures:****Report of Progress Toward Goal Attainment**

First Year Target:

Achieved

Not Achieved *(if not achieved, explain why)***Reason why target was not achieved, and changes proposed to meet target:**

The number of youth receiving substance use disorder (SUD) outpatient treatment in SFY22 had increase by 128% from 711 in SFY21 to 1,624, however missing our target goal of serving 3,584 youth.

Access to outpatient SUD treatment continued to be impacted by the COVID-19 pandemic, although there's been an increase in access to care via telebehavioral health. While behavioral health providers pivoted early in the pandemic to provide telehealth, there was still a lack of continuity in care, youth and families not having internet access, a safe and confidential space for a telehealth session and an overall disconnect between the youth, families and behavioral health care.

Schools are a significant referral source and link to SUD treatment. Schools are now providing in-person education and beginning to see the impact the pandemic has had on individuals and families in terms of education, poverty, digital divide and behavioral health needs. It's anticipated these impacts will be felt for years to come.

Behavioral health workforce shortages continue to impact access and services. Programs have had to reduce or pause programming, limiting the number of individuals receiving 1-1 or group treatment.

Our agency, behavioral health delivery system and provider network has continued to focus on quality assurance as it relates to fiscal, programmatic changes, and data reporting to ensure the accuracy and completeness of services provided. Our agency continues to work internally and partnering with the Research and Data Analysis Administration (RDA) on improving how we capture and receive data from all regions.

Managed Care Organizations (MCOs), and Behavioral Health Administrative Services Organization (BH-ASOs) are required to meet network adequacy standards, and as we all continue to monitor and ensure individuals in our state have access to behavioral health treatment, gaps are being identified. To aid in these identified needs, state partner agencies are offering capital funding to increase behavioral health services for children and youth, COVID-19 relief funds and other funding opportunities. We will continue to work internally, across systems and networks strategizing how we can increase the number of youth receiving outpatient SUD treatment.

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

4

**Priority Area:**

Increase the number of SUD Certified Peers

**Priority Type:**

SAT

**Population(s):**

PWWDC, PWID, TB, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska



**Goal of the priority area:**

Increase the number of SUD peers working in the field, create a strategic plan to incorporate SUD peer services into the behavioral health system

**Objective:**

Pilot SUD peers  
• Develop a strategic plan to review curriculum, funding strategies and rule changes

**Strategies to attain the goal:**

HCA/DBHR will seek input from key stakeholders and certified peers to guide the development of a strategic plan incorporating peer services within the substance use treatment service delivery system  
• Identify any curriculum adjustments needed to integrate SUD peer services  
• Strategic planning to incorporate SUD peer services into the system of care, exploring funding strategies and rule changes

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** SUD peer support program  
**Baseline Measurement:** From July 1, 2019 – June 30, 2020 total number of SUD trained peers was 802  
**First-year target/outcome measurement:** Peer support program in SFY22 that would train 280 peers  
**Second-year target/outcome measurement:** Peer support program in SFY23 that would train 350 peers  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Monthly reports submitted to DBHR through the STR Peer Pathfinder project

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

**Description of Data:**

Excel reports indicating the number of individuals served by SUD Peers on the Pathfinder project

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

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

No issues are currently foreseen that will affect the outcome measures.

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

**Report of Progress Toward Goal Attainment**

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

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

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

In FY22, DBHR trained and certified 430 certified peer counselors who self-identified as having lived experience with substance use disorder. Out of the 430 CPCs certified, 210 were employed or had a job offer in a Medicaid setting. In addition to the 210, an additional 108 CPCs trained identified working in a non-Medicaid behavioral health setting. The remaining 128 CPCs were certified and increased the available workforce of CPCs who can provide SUD peer services.

This work was achieved by increasing the number of certified peer counselor trainings using state funds to supplement block grant funding. In addition, HCA provides technical assistance called Operationalizing Peer Support to agencies who want to add peer

services to their book of business or who need extra supports around their peer programs. This technical assistance is provided at no cost via webinars, one on one TA, generic trainings and tailored trainings specific to an agencies need. The Peer Support Program hosts webinars and a Peer to Peer Newsletter that educates peers and providers about peer support programs. HCA also hosts an annual Certified Peer Counselor Workforce Development Conference for certified peer counselors, peer supervisors, and peer allies.

**Priority #:** 5  
**Priority Area:** Maintain outpatient mental health services for youth with SED  
**Priority Type:** MHS  
**Population(s):** SED

**Goal of the priority area:**

The primary goal is to maintain community based behavioral health services to youth who are diagnosed with SED.

**Objective:**

Require the Behavioral Health – Administrative Services Organizations (BH-ASO) and I/T/U to improve and enhance available behavioral health services to youth.

**Strategies to attain the goal:**

- Require BH-ASOs to maintain behavioral health provider network adequacy.
- Increase available MH community-based behavioral health services for youth diagnosed with SED.

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

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Increase outpatient Mental Health services to youth with Serious Emotional Disturbance (SED)  
**Baseline Measurement:** SFY20: 68,113 youth with SED received services  
**First-year target/outcome measurement:** Maintain the number of youths with SED receiving outpatient services to at least 54,293 in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)  
**Second-year target/outcome measurement:** Maintain the number of youths with SED receiving outpatient services to at least 54,293 in SFY23 SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)

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

**Data Source:**

The number of youths with SED receiving MH outpatient services is reported in the Behavioral Health Data System (BHDS).

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

**Description of Data:**

Fiscal Year 2018 is an unduplicated count of youth with Serious Emotional Disturbance (SED) who under the age of 18 served in publicly funded outpatient mental health programs from July 1, 2017 through June 30, 2018.

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

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

No issues are currently foreseen that will affect the outcome measure.

**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):

Goal was Maintaining 54,293 youths with SED receiving outpatient services.  
Washington was successfully able to achieve our goal of increasing outpatient mental health services for youth with Serious Emotional Disturbances at a level of 76,941 youth who received outpatient mental health services during FY22

**Priority #:** 6  
**Priority Area:** Increase capacity for early identification and intervention for individuals experiencing First Episode Psychosis.  
**Priority Type:** MHS  
**Population(s):** SMI, SED

### Goal of the priority area:

The primary goal is to increase community based behavioral health services to transition age youth who are diagnosed with First Episode Psychosis (FEP).

### Objective:

- Increase capacity in the community to serve youth experiencing First Episode Psychosis (FEP) through the New Journeys Program

### Strategies to attain the goal:

- Provide funding to increase the number of agencies who serve youth with First Episode Psychosis (FEP)
- Increase available MH community based behavioral health services for youth diagnosed with First Episode Psychosis (FEP).

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

## Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Increase outpatient MH capacity for youth with First Episode Psychosis (FEP).  
**Baseline Measurement:** SFY20: 11 First Episode Psychosis (FEP) Programs, serving a total of 325 youth  
**First-year target/outcome measurement:** FY22 (July 1, 2021 – June 30, 2022) Increase the number of coordinated specialty care sites from 11 to 12 serving an additional 25 youth statewide (total of 350 youth served).  
**Second-year target/outcome measurement:** FY23 (July 1, 2022 – June 30, 2023) Maintain the 12 coordinated specialty care sites, serving an additional 75 youth statewide (total of 425 youth served).

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

#### Data Source:

DBHR, via reporting from WSU. Extracted from the URS reports.

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

#### Description of Data:

Number of youth being served through the coordinated specialty care sites.

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

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

No issues are currently foreseen that will affect the outcome measure.

**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 Division of Behavioral Health and Recovery (DBHR) uses MHBG and GF-State funds to provide behavioral health services, including services not covered by Medicaid, to individuals with Medicaid funding and individuals identified as having low income, or without health coverage. The primary goal is to increase evidence based behavioral health services to transition age youth who are diagnosed with First Episode Psychosis (FEP) and decrease the duration of untreated psychosis statewide.

SFY22 DBHR increased the number of coordinated specialty care teams from 11 to 12, achieving our objective. Overall expansion efforts were sluggish due to persistent severe behavioral health workforce shortages. Provider organizations reported struggles related to the pandemic and workforce shortages and were reluctant to take on new projects resulting in slower expansion of teams than anticipated.

SFY22 DBHR increased the number of youth served to 308, exceeding the target goal of 281 and serving an additional 52 youth. The coordinated specialty care teams reported challenges managing referrals due to slow staff recruitment and limited capacity to accept private insurance in anticipation of implementation of the team based rate financing structure.

**Priority #:** 7

**Priority Area:** Maintain the number of adults with Serious Mental Illness (SMI) receiving mental health outpatient treatment services

**Priority Type:** MHS

**Population(s):** SMI, Other (LGBTQ, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Natives; Tribal and Urban Communities)

**Goal of the priority area:**

Maintain the number of adults with Serious Mental Illness (SMI) accessing mental health outpatient services.

**Objective:**

- Require MCOs, BH-ASOs, and to maintain and enhance behavioral health provider network adequacy.
- Increase available mental health behavioral health services for adults.

**Strategies to attain the goal:**

- Gather data and resources regarding how potential individuals are identified.

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

### Annual Performance Indicators to measure goal success

<b>Indicator #:</b>	1
<b>Indicator:</b>	Maintain mental health outpatient services for adults with Serious Mental Illness (SMI)
<b>Baseline Measurement:</b>	SFY20: 192,662 adults with Serious Mental Illness (SMI) received mental health outpatient services
<b>First-year target/outcome measurement:</b>	Maintain a minimum of 104,128 adults with Serious Mental Illness (SMI) receiving mental health outpatient services in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)
<b>Second-year target/outcome measurement:</b>	Maintain a minimum of 104,128 adults with Serious Mental Illness (SMI) receiving mental health outpatient services in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)

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

**Data Source:**

The number of adults with Serious Mental Illness (SMI) receiving Mental Health outpatient treatment services is tracked using the Behavioral Health Data System (BHDS).

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

**Description of Data:**

Fiscal Year 2020 clients served is an unduplicated count of adults with Serious Mental Illness (SMI) (persons 18 years of age and older) served in publicly funded mental health outpatient programs between July 1, 2019 and June 30, 2020.

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

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

With the combination of behavioral health services coverage, we are experiencing data reporting challenges due to the way data was collected previously.

**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):**

Goal was minimum 104,128 adults with SMI receiving mental health outpatient services. Washington was successfully able to achieve our goal of maintaining outpatient mental health services for adults with Serious Mental Illness (SMI) at a level of 216,740 adults who received outpatient mental health services during FY22

**Priority #:** 8

**Priority Area:** Increase the number of individuals receiving recovery support services, including increasing supported employment and supported housing services for individuals with Serious Mental Illness (SMI), SED, and SUD

**Priority Type:** SAT, MHS

**Population(s):** SMI, SED, PWWDC, PWID, TB, Other (Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Communities)

**Goal of the priority area:**

Measurements for this goal will include increasing the employment rate, decreasing the homelessness rate and providing stable housing in the community.

**Objective:**

- Increase awareness, implementation and adherence to the evidence-based practices of permanent supportive housing and supported employment models by implementing fidelity reviews at five agencies

**Strategies to attain the goal:**

- Train 500 staff working in behavioral health, housing and health care, through webinars or in-person training events
- Support 1,000 individuals in obtaining and maintaining housing
- Support 1,000 individuals in obtaining and maintaining competitive employment
- Assist 25 behavioral health agencies in implementing evidence-based practices of permanent supportive housing and supported employment models

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Increase number of people receiving supported employment services

**Baseline Measurement:** FY2020 – 4,437 enrollments in supported employment

**First-year target/outcome measurement:** Increase average number of people receiving supported employment services per month (over 12-month period) by 4% in FY22 (total 4,614 enrollments)

**Second-year target/outcome measurement:** Increase number of people receiving supported employment services per month (over 12-month period) by 4% in FY23 (total 4,798 enrollments)

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

**Data Source:**

Department of Social and Human Services (DSHS), RDA

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

**Description of Data:**

Includes all people who have received supported employment services.

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

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

No issues are currently foreseen that will impact the outcome of this measure.

**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):**

Our goal was to increase the average number of people receiving supported employment services per month (over a 12-month period) by 4% in FY22 (total of 4,614 enrollments). We achieved this goal by enrolling a total of 4,650 people in supported employment services by the end of FY22.

Foundational Community Supports (FCS) Supported Employment program that target support services for high-risk Medicaid recipients with specific health needs and risk-based criteria including mental health and SUD diagnoses. These individuals are unemployed, are often chronically homeless, and experience frequent or lengthy contact with institutional settings. Goals of the FCS supported employment services are to reduce rates of unemployment among these target populations, as well as promote self-sufficiency and reduce poverty. HCA has continued to expand its provider network capacity through outreach, engagement, training, and partnerships with sibling state agencies and programs to increase the referrals to its supported employment Medicaid benefit.

**Indicator #:** 2

**Indicator:** Increase number of people receiving supportive housing

**Baseline Measurement:** FY2020 – 5,199 enrollments in supportive housing

**First-year target/outcome measurement:** Increase average number of people receiving supportive housing services per month (over 12-month period) by 4% in FY22 (total 5,406 enrollments)

**Second-year target/outcome measurement:** Increase average number of people receiving supportive housing services per month (over 12-month period) by 4% in FY23 (total 5,622 enrollments)

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

**Data Source:**

Department of Social and Human Services (DSHS), RDA

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

**Description of Data:**

Includes all people who have received supported housing services.

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

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

No issues are currently foreseen the will impact this outcome measure.

**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):**

Our goal was to increase the average number of people receiving supportive housing services per month (over a 12-month period) by 4% in FY22 (total of 5,406 enrollments). We achieved this goal by enrolling a total of 7,343 enrollees in supportive housing services by the end of FY22.

The number of individuals enrolled in Foundational Community Supports Supportive housing services significantly increased in FY22, due in part to the increase in capacity of the provider network and likely the increasing challenges of finding affordable housing. The Foundational Community Supports Supportive Housing program that target support services for high-risk Medicaid recipients with specific health needs and risk-based criteria including mental health and SUD diagnoses. These individuals are often chronically homeless and/or have histories of frequent or lengthy contact with institutional settings. Goals of the FCS supportive housing program are to reduce homelessness and help individuals find and maintain stable housing as part of their recovery. In May of FY22, the HCA added its Transition Assistance Program to the FCS benefit package, a state-funded flexible funding resource to help reduce barriers to finding stable housing, which can pay for things such as first/last month's rent, security deposits, and basic home goods.

**Priority #:** 9

**Priority Area:** Increase the number of adults receiving outpatient substance use disorder treatment

**Priority Type:** SAT

**Population(s):** PWWDC, PWID, TB, Other (LGBTQ, Criminal/Juvenile Justice, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Indian Communities)

**Goal of the priority area:**

Increase the number of adults receiving outpatient SUD treatment including adults who are using opioids and other prescription drugs.

**Objective:**

• Require the Behavioral Health – Administrative Services Organizations (BH-ASOs) to improve and enhance available SUD outpatient services to adults.

**Strategies to attain the goal:**

• Explore new mechanisms and protocols for case management and continue using Performance Based Contracts to increase the number of adults receiving outpatient SUD services.

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

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Increase outpatient SUD for adults in need of SUD treatment

**Baseline Measurement:** SFY20: 40,293  
**First-year target/outcome measurement:** Increase the number of adults in SFY22 to 47,875  
**Second-year target/outcome measurement:** Increase the number of adults in SFY23 to 48,888.

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

**Data Source:**

The number of adults receiving SUD outpatient services is tracked using the Behavioral Health Data System (BHDS).

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

**Description of Data:**

Fiscal Year 2020 is an unduplicated count of adults (persons 18 years of age and older) served in publicly funded SUD outpatient treatment between July 1, 2019 and June 30, 2020.

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

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

With the combination of behavioral health services coverage, we are experiencing data reporting challenges due to the way data was collected previously

**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:**

Washington State Health Care Authority failed to meet the previously defined priority of increasing the number of adults receiving outpatient substance use disorder treatment. We fell a little more than 4,000 participants short of the target measurement goal of 47,785 adults in SFY22. To demonstrate the total number of adult participants receiving outpatient substance use disorder treatment, we compiled data from our Behavioral Health Data System, to include HCA services funded both in the fully integrated managed care regions as well as fee for service encounters. These data include outpatient and opioid substitution treatment where brief outpatient, intensive outpatient, and outpatient services were provided.

There were a number of anticipated and unanticipated reasons as to why this priority measurement target was not met in SFY22. COVID -19 continues to impose barriers on accessing treatment for many individuals. In response to the pandemic, agencies were forced to modify their existing systems to be able to treat individuals in a remote environment. Teleworking processes helped with accessibility, though it also created a challenge for individuals to access computers and/or phones and prevented individuals from going in person to agencies to request treatment.

Other factors also continue to reshape how the SUD treatment system can respond to community needs, including workforce shortages, new state laws, and the impact of fentanyl. Many agencies were forced to decrease the accessibility of appointments for assessment and treatment or closed their doors altogether due to staff shortages. Changes to Washington law regarding simple drug possession reduced the number of individuals receiving referrals to mandated assessment and treatment through the criminal legal system. All of this is exacerbated by the unanticipated impact of fentanyl, which has created challenges for treating individuals through the traditional outpatient model due to its increasing danger.

Washington State continues to focus on the continuum of services to address the social determinants of health for individuals who use drugs and/or have behavioral health disorders. Outpatient treatment is but one way to measure that impact. There have been considerable investments in outreach and intensive case management services which fall outside of the traditional treatment system. The metrics we focus on as part of the priority areas will be re-evaluated to ensure that we are best representing the impact we are having in the State of Washington.

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

**Priority #:** 10  
**Priority Area:** Pregnant and Parenting Women  
**Priority Type:** SAT  
**Population(s):** PWWDC



**Goal of the priority area:**

Increase the number of Pregnant and Parenting Women (PPW) clients receiving case management services

**Objective:**

Improve the health of pregnant and parenting women and their children and help them maintain their recovery.

**Strategies to attain the goal:**

Client slots are in contract and are being served continually through the existing PCAP sites to ensure services are received.

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

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Expand capacity for women and their children to have access to case management services.

**Baseline Measurement:** As of June 2021, the total contracted number of Pregnant and Parenting Women (PPW) clients receiving PCAP case management services is 1409.

**First-year target/outcome measurement:** Increase the number of Pregnant and Parenting Women (PPW) clients receiving PCAP case management services (an estimated increase of anywhere from 82-92 client slots, depending on the per client rate determined per county)

**Second-year target/outcome measurement:** Maintain the number of Pregnant and Parenting Women (PPW) clients receiving PCAP case management services.

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

**Data Source:**

Contracts with PCAP providers.

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

**Description of Data:**

The contracts mandate that PCAP providers must submit the number of clients being served: 1) on their monthly invoices in order to be reimbursed, 2) to the University of Washing ADAI for monthly reporting.

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

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

- Impacts of the current/ongoing COVID pandemic.
- If funding is reduced for any reason, the number of sites/clients served may decrease.

**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 Parent Child Assistance Program (PCAP) is an evidence-informed program that provides intensive case management and support services to pregnant and parenting women with substance use disorders and their young children. In June 2021, the total contracted number of PPW clients receiving PCAP case management services was at 1,409. The goal to increase capacity for PPW clients to receive PCAP services was met by adding 81 client slots statewide, totaling to 1,490.

**Priority #:** 11  
**Priority Area:** Tuberculosis Screening  
**Priority Type:** SAT  
**Population(s):** TB

**Goal of the priority area:**

Provide TB screening at all SUD outpatient and residential provider agencies within their provider networks.

**Objective:**

Ensure TB screening is provided for all SUD treatment services.

**Strategies to attain the goal:**

Review TB screening plans with the BH-ASOs for each of the state's ten regions during contract amendment cycles.

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

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Provide TB screening and education at all SUD outpatient and residential provider agencies within their provider networks.  
**Baseline Measurement:** As of July 1, 2021, Tuberculosis screening and education is a continued required element in the BH-ASO contract for SUD treatment services.  
**First-year target/outcome measurement:** By July 1, 2022, ensure TB screening plans continue to be in contract with each of the ten BH-ASOs.  
**Second-year target/outcome measurement:** Review TB screening plans prior to the July 1, 2023 BH-ASO amendment and update as needed to ensure screenings and education services are being provided during SUD treatment services.

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

**Data Source:**

Health Care Authority/BH-ASO Contracts

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

**Description of Data:**

The contracts between the Health Care Authority and the BH-ASOs will be maintained to include this language.

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

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

None

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

**Report of Progress Toward Goal Attainment**

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

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

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

Washington State was able to provide TB screening and education to all SUD outpatient and residential provider agencies within their provider networks by maintain services in the Behavioral Health Administrative Organizations (BH-ASO's) contracts.

**Footnotes:**

**III: Expenditure Reports**

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

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

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding Local Medicaid)	G. Other	H. COVID-19 <sup>1</sup>	I. ARP <sup>2</sup>
1. Substance Abuse Prevention (Other than Primary Prevention) and Treatment <sup>3</sup>	\$32,384,211.42		\$258,172,177.30	\$23,275,687.59	\$68,284,089.51	\$0.00	\$0.00	\$3,251,423.58	\$840,654.13
a. Pregnant Women and Women with Dependent Children	\$1,244,565.39		\$8,772,920.31	\$0.00	\$2,546,947.87	\$0.00	\$0.00	\$60.88	\$0.00
b. All Other	\$31,139,646.03		\$249,399,256.99	\$23,275,687.59	\$65,737,141.64	\$0.00	\$0.00	\$3,251,362.70	\$840,654.13
2. Substance Use Disorder Primary Prevention	\$17,718,705.38		\$7,246,922.28	\$7,246,922.28	\$1,401,602.09	\$0.00	\$0.00	\$1,270,343.09	\$0.00
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>4</sup>	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	\$1,225,821.35		\$1,683,199.26	\$1,619,908.39	\$920,255.98	\$890,723.73	\$0.00	\$480,332.03	\$1,769.65
<b>11. Total</b>	<b>\$51,328,738.15</b>	<b>\$0.00</b>	<b>\$267,102,298.84</b>	<b>\$32,142,518.26</b>	<b>\$70,605,947.58</b>	<b>\$890,723.73</b>	<b>\$0.00</b>	<b>\$5,002,098.70</b>	<b>\$842,423.78</b>

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

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

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

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

Please indicate the expenditures are actual or estimated.

Actual  Estimated

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**Footnotes:**

### III: Expenditure Reports

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

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

Service	COVID-19 Expenditures
<b>Healthcare Home/Physical Health</b>	<b>\$52,209</b>
Specialized Outpatient Medical Services	
Acute Primary Care	
COVID-19 Screening (e.g., temperature checks, symptom questionnaires)	
COVID-19 Testing	
COVID-19 Vaccination	
Comprehensive Care Management	
Care Coordination and Health Promotion	
Comprehensive Transitional Care	\$10,000
Individual and Family Support	
Referral to Community Services Dissemination	\$42,209
<b>Prevention (Including Promotion)</b>	<b>\$1,056,170</b>
Screening with Evidence-based Tools	
Risk Messaging	
Access Line/Crisis Phone Line/Warm Line	
Purchase of Technical Assistance	
COVID-19 Awareness and Education for Person with SUD	
Media Campaigns (Information Dissemination)	\$89,266
Primary Substance Use Disorder Prevention (Education)	\$73,333
Primary Substance Use Disorder Prevention (Alternatives)	\$120,836
Employee Assistance Programs (Problem Identification and Referral)	\$286,383
Primary Substance Use Disorder Prevention (Community-Based Processes)	\$485,991

Primary Substance Use Disorder Prevention (Environmental)	\$362
<b>Intervention Services</b>	<b>\$0</b>
Fentanyl Strips	
Syringe Services Program	
Naloxone	
Overdose Kits/Dissemination of Overdose Kits	
<b>Engagement Services</b>	<b>\$408,273</b>
Assessment	\$1,375
Specialized Evaluations (Psychological and Neurological)	
Services Planning (including crisis planning)	
Consumer/Family Education	\$171,031
Outreach (including hiring of outreach workers)	\$235,868
<b>Outpatient Services</b>	<b>\$30,237</b>
Evidence-based Therapies	\$17,866
Group Therapy	\$12,370
Family Therapy	
Multi-family Therapy	
Consultation to Caregivers	
<b>Medication Services</b>	<b>\$186,270</b>
Medication Management	
Pharmacotherapy (including MAT)	\$186,090
Laboratory Services	\$180
<b>Community Support (Rehabilitative)</b>	<b>\$279,519</b>
Parent/Caregiver Support	
Case Management	\$173,996
Behavior Management	

Supported Employment	
Permanent Supported Housing	\$105,523
Recovery Housing	
<b>Recovery Supports</b>	<b>\$1,405,793</b>
Peer Support	\$1,089,838
Recovery Support Coaching	\$104,025
Recovery Support Center Services	\$211,930
Supports For Self-Directed Care	
<b>Supports (Habilitative)</b>	<b>\$0</b>
Personal Care	
Respite	
Supported Education	
<b>Acute Intensive Services</b>	<b>\$429,531</b>
Mobile Crisis	
Peer-based Crisis Services	\$216,487
Urgent Care	
23-hour Observation Bed	
Medically Monitored Intensive Inpatient for SUD	\$213,044
24/7 Crisis Hotline	
<b>Other</b>	<b>\$1,154,096</b>
Smartphone Apps	
Personal Protective Equipment	
Virtual/Telehealth/Telemedicine Services	
Purchase of increased connectivity (e.g., Wi-Fi)	\$47,097
Cost-sharing Assistance (e.g., copayments, coinsurance and deductibles)	
Provider Stabilization Payments	
Transportation to COVID-19 Services (e.g., testing, vaccination)	\$4,703

Other (please list)	\$1,102,296
<b>Total</b>	<b>\$5,002,099</b>

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

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**Footnotes:**



### III: Expenditure Reports

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

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

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

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

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

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**Footnotes:**

### III: Expenditure Reports

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

Expenditure Start Date: Expenditure End Date:

SABG							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
COVID-19							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
ARP							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

**Footnotes:**

### III: Expenditure Reports

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

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

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

Expenditure Category	FY 2020 SA Block Grant Award
1. Substance Abuse Prevention <sup>1</sup> and Treatment	\$24,832,135.49
2. Primary Prevention	\$11,510,270.02
3. HIV Early Intervention Services <sup>2</sup>	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)	\$0.00
5. Administration (excluding program/provider level)	\$1,840,664.49
<b>Total</b>	<b>\$38,183,070.00</b>

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

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

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**Footnotes:**

Resource Development = 1,355,885.56 and not included in Table 7 but is included in treatment and prevention here on Table 4.

Treatment RD = \$754,510.81

Prevention RD = 581,374.75

### III: Expenditure Reports

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

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

Expenditure Period Start Date:

Expenditure Period End Date:

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective	\$3,430.80	\$13,684.27			
Information Dissemination	Indicated		\$8,315.28			
Information Dissemination	Universal	\$375,401.22	\$851,934.69	\$153,727.66		
Information Dissemination	Unspecified					
<b>Information Dissemination</b>	<b>Total</b>	<b>\$378,832.02</b>	<b>\$873,934.24</b>	<b>\$153,727.66</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective	\$46,655.02	\$42,009.29	\$122,364.77		
Education	Indicated			\$5,313.92		
Education	Universal	\$291,925.73	\$898,511.63	\$749,265.09		
Education	Unspecified			(\$14,605.67)		
<b>Education</b>	<b>Total</b>	<b>\$338,580.75</b>	<b>\$940,520.92</b>	<b>\$862,338.11</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective	\$6,682.27	\$170,558.54	\$260,874.64		
Alternatives	Indicated					
Alternatives	Universal	\$284,557.63	\$77,907.54	\$187,234.77		
Alternatives	Unspecified			(\$669.40)		
<b>Alternatives</b>	<b>Total</b>	<b>\$291,239.90</b>	<b>\$248,466.08</b>	<b>\$447,440.01</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective	\$25,868.65	\$241,638.65	\$104,238.61		
Problem Identification and Referral	Indicated	\$8,000.00		\$38,181.80		
Problem Identification and Referral	Universal		\$5,526.12	\$17,869.54		
Problem Identification and Referral	Unspecified					
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$33,868.65</b>	<b>\$247,164.77</b>	<b>\$160,289.95</b>	<b>\$0.00</b>	<b>\$0.00</b>

Community-Based Process	Selective			\$12,443.40		
Community-Based Process	Indicated					
Community-Based Process	Universal	\$2,885,118.98	\$3,402,265.74	\$684,125.47		
Community-Based Process	Unspecified					
<b>Community-Based Process</b>	<b>Total</b>	<b>\$2,885,118.98</b>	<b>\$3,402,265.74</b>	<b>\$696,568.87</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal	\$37,925.03	\$59,870.16	\$193.21		
Environmental	Unspecified					
<b>Environmental</b>	<b>Total</b>	<b>\$37,925.03</b>	<b>\$59,870.16</b>	<b>\$193.21</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 (Synar)-Tobacco	Selective					
Section 1926 (Synar)-Tobacco	Indicated					
Section 1926 (Synar)-Tobacco	Universal					
Section 1926 (Synar)-Tobacco	Unspecified					
<b>Section 1926 (Synar)-Tobacco</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Other	Selective		\$3,714.55	\$1,930.04		
Other	Indicated			\$317.61		
Other	Universal	\$156,378.26	\$338,342.66	\$383,754.42		
Other	Unspecified					
<b>Other</b>	<b>Total</b>	<b>\$156,378.26</b>	<b>\$342,057.21</b>	<b>\$386,002.07</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Grand Total</b>	<b>\$4,121,943.59</b>	<b>\$6,114,279.12</b>	<b>\$2,706,559.88</b>		

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

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

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

**Footnotes:**

### 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

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

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**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 <sup>1</sup>
1. Information Systems	\$0.00	\$141,722.11	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$374,666.32	\$286,462.54	\$0.00
4. Planning Council Activities (MHBG required, SABG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$399,844.50	\$148,150.10	\$0.00
7. Training and Education	\$0.00	\$5,040.00	\$0.00
<b>8. Total</b>	<b>\$774,510.82</b>	<b>\$581,374.75</b>	<b>\$0.00</b>

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

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

**Footnotes:**

### 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	
1221	WA750360		1	Adams Cnty Integrated Healthcare Servs	425 East Main Street	OTHELLO	WA	99344	\$45,646.00	\$1,931.00	\$0.00	\$43,715.00	\$0.00	\$0.00	
1453	IL102014		99	Advocates for Human Potential Inc	1021 West Adams Street Suite 303	Chicago	IL	60607-2937	\$27,713.00	\$27,713.00	\$0.00	\$0.00	\$0.00	\$0.00	
4	WA100327		18	Agape Unlimited	4841 Auto Center Way, #101	Bremerton	WA	98312	\$101,580.00	\$101,580.00	\$35,885.00	\$0.00	\$0.00	\$0.00	
1316	WA101712		21	American Behavioral Health Systems	500 SE WASHINGTON AVE	CHEHALIS	WA	98532	\$47,390.00	\$47,390.00	\$0.00	\$0.00	\$0.00	\$0.00	
830	WA101444		32	American Behavioral Health Systems	12715 E Mission Ave	Spokane Valley	WA	98214	\$128,205.73	\$128,205.73	\$0.00	\$0.00	\$0.00	\$0.00	
1284	WA103304		27	ASIAN AMERICAN CHEMICAL DEPENDENCY	8811 S TACOMA WAY #106	LAKEWOOD	WA	98499	\$81,242.00	\$81,242.00	\$0.00	\$0.00	\$0.00	\$0.00	
266	WA100433		17	Asian Counseling and Referral Services	3639 Martin Luther King Jr. Way South	Seattle	WA	98144	\$16,202.00	\$16,202.00	\$0.00	\$0.00	\$0.00	\$0.00	
9	X		2	ASOTIN COUNTY COMMUNITY SERVICES	549 5TH ST, SUITE A	CLARKSTON	WA	99403	\$41,212.00	\$0.00	\$0.00	\$41,212.00	\$0.00	\$0.00	
1248	X		17	AUBURN SCHOOL DISTRICT	915 4th St NE	Auburn	WA	98002	\$115,283.00	\$0.00	\$0.00	\$115,283.00	\$0.00	\$0.00	
BHO	X		99	BEACON HEALTH OPTIONS INC	1400 CROSSWAYS BLVD STE 101	CHESAPEAKE	WA	23320	\$54,786.00	\$54,786.00	\$0.00	\$0.00	\$0.00	\$0.00	
210	WA104527		16	Beacon of Hope (Safe Harbor)	686 Lake Street, #400	Port Townsend	WA	98368	\$23,250.00	\$23,250.00	\$0.00	\$0.00	\$0.00	\$0.00	
1334	WA900783		34	BEHAVIORAL HEALTH RESOURCES	3857 MARTIN WAY E	OLYMPIA	WA	98506	\$2,181.00	\$2,181.00	\$0.00	\$0.00	\$0.00	\$0.00	
484	X		03	BENTON COUNTY HUMAN SERVICES	7102 W OKANOGAN PL STE	KENNEWICK	WA	99336	\$42,776.00	\$0.00	\$0.00	\$42,776.00	\$0.00	\$0.00	
334	WA105219		7	BLUE MOUNTAIN COUNSELING OF COLUMBIA COUNTY	221 E WASHINGTON	DAYTON	WA	99328	\$1,708.00	\$1,708.00	\$0.00	\$0.00	\$0.00	\$0.00	
1146	X		99	BOARD OF REGENTS OF THE NSHE	CONTROLLERS OFFICE MS 124	RENO	WA	89557	\$126,638.00	\$900.00	\$0.00	\$125,738.00	\$0.00	\$0.00	
1452	WA103306		06	BOYS AND GIRLS CLUB OF SW WASHINGTON	5109 NE 82ND AVE STE 205	VANCOUVER	WA	98662	\$34,971.00	\$34,971.00	\$0.00	\$0.00	\$0.00	\$0.00	
1438	WA103307		06	Breaking Free Ministries	4716 NE 56th Ave	Vancouver	WA	98682	\$2,100.00	\$2,100.00	\$0.00	\$0.00	\$0.00	\$0.00	
211	X		37	BRIGID COLLINS HOUSE	1231 GARDEN STREET #200	BELLINGHAM	WA	98225	\$99,968.00	\$99,968.00	\$99,968.00	\$0.00	\$0.00	\$0.00	
1439	WA103317		06	C-Tran	10600 NE 51st Circle	Vancouver	WA	98682	\$806.00	\$806.00	\$0.00	\$0.00	\$0.00	\$0.00	
1335	WA100050		34	CAPITAL RECOVERY CENTER	100 CHERRY ST SE	OLYMPIA	WA	98501	\$25,392.00	\$25,392.00	\$0.00	\$0.00	\$0.00	\$0.00	
1448	WA100161		21	Cascade Community Healthcare	2428 Reynolds Ave	Centralia	WA	98531	\$142,648.00	\$142,648.00	\$0.00	\$0.00	\$0.00	\$0.00	
				CASTEELE											

868	WA103271	X	27	WILLIAMS AND ASSOCIATES	711 S 25TH ST	TACOMA	WA	98405	\$94,404.00	\$94,404.00	\$0.00	\$0.00	\$0.00	\$0.00
1307	WA103308	X	39	CATHOLIC CHARITIES DIOCS YAKIMA	5301 TIETON DRIVE SUITE C	YAKIMA	WA	98908	\$14,829.00	\$14,829.00	\$0.00	\$0.00	\$0.00	\$0.00
1307	WA103309	X	32	CATHOLIC CHARITIES SPOKANE	101 E HARTSON	SPOKANE	WA	99202	\$1,409.00	\$1,409.00	\$0.00	\$0.00	\$0.00	\$0.00
1119	WA103310	X	31	CATHOLIC COMMUNITY SERVICES	1918 EVERETT AVENUE	EVERETT	WA	98201	\$264,692.00	\$264,692.00	\$133,562.00	\$0.00	\$0.00	\$0.00
1451	WA100180	X	29	CATHOLIC COMMUNITY SERVICES	614 PETERSON RD STE 200	BURLINGTON	WA	98233	\$234,886.00	\$234,886.00	\$0.00	\$0.00	\$0.00	\$0.00
1348	WA103085	X	17	Catholic Community Services of Western WA	100 23rd Avenue S	Seattle	WA	98144	\$55,296.00	\$55,296.00	\$0.00	\$0.00	\$0.00	\$0.00
874	WA102315	X	5	Cedar Grove	221 N Race St	Port Angeles	WA	98326	\$6,300.00	\$6,300.00	\$0.00	\$0.00	\$0.00	\$0.00
28	WA902573	X	4	CENTER FOR ALCOHOL AND DRUG TREATMENT	327 OKANOGAN AVE	WENATCHEE	WA	98807	\$71,305.00	\$71,305.00	\$0.00	\$0.00	\$0.00	\$0.00
273	WA903621	X	17	CENTER FOR HUMAN SERVICES	17018 15TH AVE NE	SHORELINE	WA	981555126	\$11,246.00	\$11,246.00	\$11,246.00	\$0.00	\$0.00	\$0.00
20	X	X	4	CHELAN-DOUGLAS TOGETHER FOR DRUG	521 S. CHELAN AVE B	WENATCHEE	WA	98807-3525	\$79,503.00	\$0.00	\$0.00	\$79,503.00	\$0.00	\$0.00
529	WA103337	X	06	CHILDREN'S HOME SOCIETY	3006 W 12TH ST	VANCOUVER	WA	98666	\$62,500.00	\$62,500.00	\$0.00	\$0.00	\$0.00	\$0.00
25	WA102293	X	6	CLARK COUNTY	1601 E 4TH PLAIN BLVD	VANCOUVER	WA	98666	\$289,772.00	\$289,772.00	\$0.00	\$0.00	\$0.00	\$0.00
30	X	X	7	COLUMBIA COUNTY TREASURER	221 E WASHINGTON	DAYTON	WA	99328	\$24,751.00	\$0.00	\$0.00	\$24,751.00	\$0.00	\$0.00
1378	WA100288	X	6	COLUMBIA RIVER MHS	6926 NE FOURTH PLAIN BLVD	VANCOUVER	WA	98661	\$21,709.00	\$21,709.00	\$0.00	\$0.00	\$0.00	\$0.00
1305	WA102507	X	8	COLUMBIA WELLNESS	921 14TH AVENUE	LONGVIEW	WA	98632	\$414,553.00	\$414,553.00	\$0.00	\$0.00	\$0.00	\$0.00
630	WA103311	X	29	COMMUNITY ACTION OF SKAGIT VALLEY	2221 RIVERSIDE DR	MOUNT VERNON	WA	98273	\$112,926.00	\$112,926.00	\$0.00	\$0.00	\$0.00	\$0.00
1454	X	X	99	COMMUNITY ANTI-DRUG COALITION	625 SLATERS LN STE 300	ALEXANDRIA	WA	22314	\$4,775.00	\$4,775.00	\$0.00	\$0.00	\$0.00	\$0.00
443	WA103166	X	31	COMPASS HEALTH	4526 FEDERAL AVE	EVERETT	WA	98203	\$775,225.00	\$775,225.00	\$0.00	\$0.00	\$0.00	\$0.00
1424	WA103312	X	32	COMPASSIONATE ADDICTION TREATMENT	168 S DIVISION ST	SPOKANE	WA	99202	\$30,000.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$0.00
1245	WA100270	X	39	COMPREHENSIVE HEALTHCARE	505 S. 4TH AVE	YAKIMA	WA	98907	\$422,568.00	\$422,568.00	\$0.00	\$0.00	\$0.00	\$0.00
511	WA900155	X	39	COMPREHENSIVE HEALTHCARE	402 S 4TH AVE	YAKIMA	WA	98907	\$552,318.00	\$552,318.00	\$0.00	\$0.00	\$0.00	\$0.00
1393	WA102560	X	27	COMPREHENSIVE LIFE RESOURCES	1305 TACOMA AVE S STE 201	TACOMA	WA	98402	\$5,188.00	\$5,188.00	\$0.00	\$0.00	\$0.00	\$0.00
1394	WA103314	X	27	COMPREHENSIVE MENTAL HEALTH CNTR	1305 TACOMA AVE S STE 201	TACOMA	WA	98402	\$43,657.00	\$43,657.00	\$0.00	\$0.00	\$0.00	\$0.00
31	WA103315	X	24	CONFEDERATED TRIBES COLVILLE RES	1ST STREET	NESPELEM	WA	991550150	\$2,750.00	\$2,750.00	\$0.00	\$0.00	\$0.00	\$0.00
281	WA301461	X	17	Consejo Counseling & Referral Services	3808 South Angeline Street	Seattle	WA	98118	\$421,434.00	\$421,434.00	\$0.00	\$0.00	\$0.00	\$0.00
1380	WA102535	X	6	CONSUMER VOICES ARE BORN INC	1601 EAST 4TH PLAIN BLVD	VANCOUVER	WA	986691707	\$402,500.00	\$402,500.00	\$0.00	\$0.00	\$0.00	\$0.00
1425	WA103155	X	21	CORE HEALTH	1126 S Gold St	CENTRALIA	WA	98531	\$30,000.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$0.00
1113	X	X	39	COUNTY OF YAKIMA SUNNYSIDE SCH	1110 S 6TH ST	YAKIMA	WA	98944	\$86,464.00	\$0.00	\$0.00	\$86,464.00	\$0.00	\$0.00
1449	WA101897	X	08	Cowlitz Family Health Center	2232 South Silver Lake Rd	Castle Rock	WA	98611	\$5,265.00	\$5,265.00	\$0.00	\$0.00	\$0.00	\$0.00
1377	WA102436	X	17	COWLITZ INDIAN TRIBE	15455 65TH AVE S	TUKWILA	WA	98188	\$95,751.00	\$95,751.00	\$0.00	\$0.00	\$0.00	\$0.00

1325	X	✘	5	CRESCENT SCHOOL DISTRICT 313	50350 HIGHWAY 112	JOYCE	WA	98343	\$8,800.00	\$0.00	\$0.00	\$8,800.00	\$0.00	\$0.00
1280	WA101843	✘	34	CRISIS CLINIC OF THURSTON & MASON COUNTIES	1004 SAN FRANCISCO AVE NE	OLYMPIA	WA	98506	\$24,000.00	\$24,000.00	\$0.00	\$0.00	\$0.00	\$0.00
1395	WA103316	✘	17	CRISIS CONNECTION	2901 3RD AVE STE 100	SEATTLE	WA	98121	\$975,786.00	\$833,964.00	\$0.00	\$141,822.00	\$0.00	\$0.00
1373	WA103318	✘	28	DAVE PURCHASE PROJECT	535 DOCK ST STE 113	TACOMA	WA	98402	\$165,000.00	\$165,000.00	\$0.00	\$0.00	\$0.00	\$0.00
1362	X	✘	32	DESAUTEL HEGE COMMUNICATIONS	315 WEST RIVERSIDE AVE #200	SPOKANE	WA	99201	\$938,683.00	\$0.00	\$0.00	\$938,683.00	\$0.00	\$0.00
923	WA103319	✘	34	DOH GRANTS	111 ISRAEL RD SE	OLYMPIA	WA	98504	\$2,589,937.00	\$1,889,937.00	\$0.00	\$700,000.00	\$0.00	\$0.00
361	WA100545	✘	17	Downtown Emergency Service Center	515 Third Avenue	Seattle	WA	98104	\$54,994.00	\$54,994.00	\$0.00	\$0.00	\$0.00	\$0.00
1241	WA103320	✘	34	DSHS FSO INTERAGENCY	1115 WASHINGTON ST SE	OLYMPIA	WA	985045802	\$136,574.00	\$133,614.00	\$0.00	\$2,960.00	\$0.00	\$0.00
501	WA101633	✘	6	EDUCATIONAL SERVICE DIST 112	2500 NE 65TH AVE	VANCOUVER	WA	98661-6812	\$275,950.00	\$80,420.00	\$0.00	\$195,530.00	\$0.00	\$0.00
551	X	✘	39	EDUCATIONAL SERVICE DIST 105	33 S 2ND AVE	YAKIMA	WA	98902	\$72,962.00	\$0.00	\$0.00	\$72,962.00	\$0.00	\$0.00
1428	X	✘	19	ELLENSBURG SCHOOL DIST	2100 North Cora St	Ellensburg	WA	98926	\$11,783.00	\$0.00	\$0.00	\$11,783.00	\$0.00	\$0.00
1420	X	✘	99	EN ROUTE COACH & TRAIN SERV	3720 SW BOND AVE STE 102	PORTLAND	WA	97237	\$3,750.00	\$3,750.00	\$0.00	\$0.00	\$0.00	\$0.00
1323	WA103322	✘	31	EVERETT RECOVERY CAFE	2624 ROCKEFELLER AVE	EVERETT	WA	98201	\$340,681.00	\$340,681.00	\$0.00	\$0.00	\$0.00	\$0.00
1290	WA101374	✘	31	EVERGREEN RECOVERY SERVICES	2601 SUMMIT AVE	EVERETT	WA	98201	\$96,396.00	\$96,396.00	\$86,964.00	\$0.00	\$0.00	\$0.00
420	WA103842	✘	17	Evergreen Treatment Services	1700 Airport Way S	Seattle	WA	98134	\$25,831.00	\$25,831.00	\$0.00	\$0.00	\$0.00	\$0.00
1426	WA103323	✘	24	FAMILY HEALTH CENTERS	626 2ND AVE S	OKANOGAN	WA	98840	\$20,000.00	\$20,000.00	\$0.00	\$0.00	\$0.00	\$0.00
771	X	✘	27	FRANKLIN PIERCE SCHOOL DISTRICT	315 129TH ST S	TACOMA	WA	98402	\$68,664.00	\$0.00	\$0.00	\$68,664.00	\$0.00	\$0.00
52	X	✘	12	GARFIELD COUNTY HUMAN SERVICES (QUALITY BEHAVIORAL HEALTH)	856 MAIN STREET	POMEROY	WA	99347	\$70,600.00	\$0.00	\$0.00	\$70,600.00	\$0.00	\$0.00
1429	CA112887	✘	99	GATEKEEPER INNOVATION INC	4225 NORTHGATE BLVD STE 4	SACRAMENTO	WA	95834	\$78,300.00	\$78,300.00	\$0.00	\$0.00	\$0.00	\$0.00
1440	WA103324	✘	06	Gates of Grace	9500 NE 73rd St #117	Vancouver	WA	98682	\$8,925.00	\$8,925.00	\$0.00	\$0.00	\$0.00	\$0.00
1430	X	✘	17	GAY CITY (SEATTLE LGBTQ CENTER)	517 E PIKE ST	SEATTLE	WA	98122	\$1,600.00	\$0.00	\$0.00	\$1,600.00	\$0.00	\$0.00
1242	X	✘	99	GMMB INC	1010 WISCONSIN AVE NW STE 800	WASHINGTON DC	WA	20007	\$889,491.00	\$0.00	\$0.00	\$889,491.00	\$0.00	\$0.00
1441	WA103325	✘	06	Grace Ministries	21810 NE 37th Ave	Ridgefield	WA	98682	\$9,450.00	\$9,450.00	\$0.00	\$0.00	\$0.00	\$0.00
54	WA103326	✘	13	GRANT COUNTY PARC	840 EAST PLUM STREET	MOSES LAKE	WA	98837	\$108,630.00	\$40,665.00	\$0.00	\$67,965.00	\$0.00	\$0.00
55	X	✘	14	GRAYS HARBOR CO HEALTH DEPT	2109 SUMNER AVE	ABERDEEN	WA	98520	\$29,929.00	\$0.00	\$0.00	\$29,929.00	\$0.00	\$0.00
367	WA101583	✘	27	GREATER LAKES MENTAL HEALTHCARE	9330 59TH AVE SW	LAKEWOOD	WA	98499	\$69,282.00	\$69,282.00	\$0.00	\$0.00	\$0.00	\$0.00
293	WA100412	✘	17	HARBORVIEW MEDICAL CENTER	325 9th Ave	Seattle	WA	98104	\$586,645.00	\$586,645.00	\$0.00	\$0.00	\$0.00	\$0.00
1442	WA103329	✘	06	Haven Health & Wellness	1404 NE 134th St Ste 180C	Vancouver	WA	98682	\$1,170.00	\$1,170.00	\$0.00	\$0.00	\$0.00	\$0.00
1422	WA103200	✔	17	Hero House	142030 NE 21st Street	Bellevue	WA	98007	\$11,741.00	\$11,741.00	\$0.00	\$0.00	\$0.00	\$0.00
1172	WA103340	✘	32	HIP OF SPOKANE COMMUNITY MINDED ENTERPRISES	104 W 3RD AVE STE B	SPOKANE	WA	99201	\$483,393.00	\$483,393.00	\$0.00	\$0.00	\$0.00	\$0.00

294	WA103342	X	5	HOH TRIBAL BUSINESS COMMITTEE	2261 LOWER HOH RD	FORKS	WA	98331	\$28,134.00	\$2,196.00	\$0.00	\$25,938.00	\$0.00	\$0.00
1399	WA102622	X	17	IKRON CORPORATION	3805 108TH AVE NE STE 204	BELLEVUE	WA	98004	\$29,784.00	\$29,784.00	\$0.00	\$0.00	\$0.00	\$0.00
1443	WA103330	X	06	Inland Empire Residential Resources	2803 NE 59th St	Vancouver	WA	98682	\$300.00	\$300.00	\$0.00	\$0.00	\$0.00	\$0.00
1444	WA103331	X	06	Inn His Care	6503 NE 94th Ave	Vancouver	WA	98682	\$8,400.00	\$8,400.00	\$0.00	\$0.00	\$0.00	\$0.00
1455	X	X	99	INTENTIONAL PEER SUPPORT LLC	PO BOX 259	W CHESTERFIELD	WA	03466	\$15,000.00	\$15,000.00	\$0.00	\$0.00	\$0.00	\$0.00
60	WA103343	X	15	ISLAND COUNTY HUMAN SERVICES	1 NE 7TH STREET	COUPEVILLE	WA	98239	\$144,563.00	\$144,563.00	\$0.00	\$0.00	\$0.00	\$0.00
62	WA100970	X	5	JAMESTOWN SKLALLAM TRIBE	1034 OLD BLYN HWY	SEQUIM	WA	98383	\$37,070.00	\$3,370.00	\$0.00	\$33,700.00	\$0.00	\$0.00
63	X	X	16	JEFFERSON COUNTY PUBLIC HEALTH	615 SHERIDAN STREET	PORT TOWNSEND	WA	98368	\$76,025.00	\$0.00	\$0.00	\$76,025.00	\$0.00	\$0.00
1450	X	X	16	JEFFERSON MENTAL HEALTH SERVICES	884 W PARK ST	PORT TOWNSEND	WA	98368	\$84,375.00	\$84,375.00	\$0.00	\$0.00	\$0.00	\$0.00
247	WA103344	X	26	KALISPEL INDIAN COM KALISPEL RES	1982 LECLERC RD	CUSICK	WA	99120	\$67,370.00	\$3,397.00	\$0.00	\$63,973.00	\$0.00	\$0.00
68	X	X	17	KING COUNTY PREVENTION PROGRAM COST	201 S Jackson St	Seattle	WA	98104	\$176,484.00	\$0.00	\$0.00	\$176,484.00	\$0.00	\$0.00
1456	X	X	32	KITARA JOHNSON	7812 N G STREET	SPOKANE	WA	99208	\$1,750.00	\$1,750.00	\$0.00	\$0.00	\$0.00	\$0.00
70	WA101396	X	18	KITSAP COUNTY HUMAN SERVICES	614 DIVISION ST	PORT ORCHARD	WA	98366	\$136,769.00	\$0.00	\$0.00	\$136,769.00	\$0.00	\$0.00
296	WA301370	✓	18	Kitsap Mental Health Services	5455 Almira Drive NE	Bremerton	WA	98311	\$276,431.00	\$276,431.00	\$0.00	\$0.00	\$0.00	\$0.00
1314	X	X	18	Kitsap Public Health Dist (Kitsap Strong)	345 6th Street Suite 300	Bremerton	WA	98337	\$11,365.00	\$0.00	\$0.00	\$11,365.00	\$0.00	\$0.00
1427	WA102994	X	37	LAKE WHATCOM CENTER	609 NORTSHORE DR	BELLINGHAM	WA	98668	\$7,002.00	\$7,002.00	\$0.00	\$0.00	\$0.00	\$0.00
1329	X	X	27	LAKEWOOD CITY OF	6000 MAIN STREET SW	LAKEWOOD	WA	98499	\$63,472.00	\$0.00	\$0.00	\$63,472.00	\$0.00	\$0.00
1209	X	X	99	Language Line	1 Lower Ragsdale Drive, Building 2	Monterey	WA	93940	\$449.00	\$449.00	\$0.00	\$0.00	\$0.00	\$0.00
76	X	X	21	LEWIS CO SOCIAL SERVICES	360 NW NORTH ST	CHEHALIS	WA	98532	\$50,397.00	\$0.00	\$0.00	\$50,397.00	\$0.00	\$0.00
1295	WA101097	X	6	LIFELINE CONNECTIONS	1601 E 4TH PLAIN BLVD	VANCOUVER	WA	98668	\$537,879.00	\$537,879.00	\$0.00	\$0.00	\$0.00	\$0.00
77	X	X	22	LINCOLN COUNTY ALCOHOL & DRUG	510 MORGAN ST	DAVENPORT	WA	99122	\$77,762.00	\$0.00	\$0.00	\$77,762.00	\$0.00	\$0.00
1210	X	X	99	LINGUALINX LANGUAGE SOLUTIONS	433 RIVER ST STE 6001	TROY	WA	12180	\$424.00	\$0.00	\$0.00	\$424.00	\$0.00	\$0.00
1431	MT102276	X	99	LINKENBACH JEFFREY (MONTANA INSTITUTE)	51 Hitching Post Rd	BOZEMAN	WA	59717	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00
1244	X	X	34	LOOKING GLASS ANALYTICS INC	215 LEGION WAY SW	OLYMPIA	WA	98506	\$83,174.00	\$0.00	\$0.00	\$83,174.00	\$0.00	\$0.00
376	WA904470	X	3	LOURDES HOSPITAL LLC	516 W MARGARET ST	PASCO	WA	99301	\$24,836.00	\$24,836.00	\$0.00	\$0.00	\$0.00	\$0.00
80	WA103345	X	5	LOWER ELWHA KLALLAM TRIBE	2851 LOWER ELWHA RD	PORT ANGELES	WA	983638409	\$94,736.00	\$45,532.00	\$0.00	\$49,204.00	\$0.00	\$0.00
1313	WA103346	X	37	LUMMI NATION SERVICE ORGANIZ	2665 KWINA ROAD	BELLINGHAM	WA	98226	\$68,586.00	\$57,337.00	\$0.00	\$11,249.00	\$0.00	\$0.00
85	WA100566	X	5	MAKAH INDIAN TRIBE	181 RESORT DRIVE	NEAH BAY	WA	98357-0115	\$88,751.00	\$31,723.00	\$0.00	\$57,028.00	\$0.00	\$0.00
1139	X	X	31	MARYSVILLE SCHOOL DISTRICT 25	4220 80TH STREET NW	MARYSVILLE	WA	98270	\$47,536.00	\$0.00	\$0.00	\$47,536.00	\$0.00	\$0.00
1136	WA103348	X	23	MASON COUNTY HEALTH SERVICES	415 N 6TH STREET	SHELTON	WA	98584	\$59,660.00	\$0.00	\$0.00	\$59,660.00	\$0.00	\$0.00
1457	x	X	99	MENTAL HEALTH ASSOC OF OR	10373 NE HANCOCK ST STE 106	PORTLAND	WA	97220	\$2,600.00	\$2,600.00	\$0.00	\$0.00	\$0.00	\$0.00

446	WA903787	X	39	MERIT RESOURCE SERVICES	702 FRANKLIN AVE	SUNNYSIDE	WA	98944	\$719,366.00	\$719,366.00	\$26,859.00	\$0.00	\$0.00	\$0.00
86	WA100277	X	27	METROPOLITAN DEVELOPMENT COUNCIL	721 SOUTH FAWCETT AVE	TACOMA	WA	98402	\$315,639.00	\$315,639.00	\$0.00	\$0.00	\$0.00	\$0.00
1458	X	X	99	MICHELLE C JOHNSON LLC	2945 LOCH DR	WINSTON SALEM	WA	27106	\$2,500.00	\$0.00	\$0.00	\$2,500.00	\$0.00	\$0.00
1384	WA103349	X	17	MILLER BEVERLY	9110 SW HARBOR DRIVE #13552	VASHON ISLAND	WA	98070	\$58,543.00	\$58,543.00	\$0.00	\$0.00	\$0.00	\$0.00
1211	X	X	31	MONROE SCHOOL DISTRICT 103	200 E FREMONT ST	MONROE	WA	98272	\$24,618.00	\$0.00	\$0.00	\$24,618.00	\$0.00	\$0.00
1110	X	X	39	MT ADAMS SCHOOL DISTRICT 209	621 SIGNAL PEAK RD	WHITE SWAN	WA	989520571	\$32,464.00	\$0.00	\$0.00	\$32,464.00	\$0.00	\$0.00
88	WA104543	X	17	MUCKLESHOOT INDIAN TRIBE	39015 172ND AVENUE SE	AUBURN	WA	98092	\$74,987.00	\$28,730.00	\$0.00	\$46,257.00	\$0.00	\$0.00
1285	WA102735	X	38	MULTICARE HEALTH SYSTEM	325 E PIONEER AVE	PUYALLUP	WA	98372	\$39,756.00	\$39,756.00	\$0.00	\$0.00	\$0.00	\$0.00
1423	WA100466	X	06	NAMI SW WASHINGTON (NATIONAL ALLIANCE ON MENTAL ILLNESS)	2500 MAIN ST	VANCOUVER	WA	98660	\$23,289.00	\$23,289.00	\$0.00	\$0.00	\$0.00	\$0.00
1247	X	X	17	NEIGHBORHOOD HOUSE	1225 S Weller St #510	Seattle	WA	98144	\$127,057.00	\$0.00	\$0.00	\$127,057.00	\$0.00	\$0.00
1349	WA101681	X	17	New Family Traditions	9045 16th Avenue SW	Seattle	WA	98106	\$117,611.00	\$117,611.00	\$117,611.00	\$0.00	\$0.00	\$0.00
371	WA105250	X	32	NEW HORIZONS CARE CENTERS INC	701 E 3RD AVE	SPOKANE	WA	99202	\$108,454.00	\$108,454.00	\$7,593.00	\$0.00	\$0.00	\$0.00
1445	WA103332	X	06	New Life Friends Church	2410 Grand Blvd	Vancouver	WA	98682	\$7,350.00	\$7,350.00	\$0.00	\$0.00	\$0.00	\$0.00
91	WA103350	X	34	NISQUALLY INDIAN TRIBE	4816 SHE-NAH- NUM DR SE	OLYMPIA	WA	98513	\$2,901.00	\$2,901.00	\$0.00	\$0.00	\$0.00	\$0.00
1112	X	X	31	NORTH COUNTIES FAMILY SERVICES	1015 SEEMAN STREET	DARRINGTON	WA	98241	\$90,671.00	\$0.00	\$0.00	\$90,671.00	\$0.00	\$0.00
1303	X	X	32	NORTHEAST WA EDU SERV DIST 101	4202 S REGAL ST	SPOKANE	WA	99223	\$278,623.00	\$0.00	\$0.00	\$278,623.00	\$0.00	\$0.00
778	X	X	29	NORTHWEST ED SVC DIST 189	1601 R AVE	ANACORTES	WA	98221	\$78,439.00	\$0.00	\$0.00	\$78,439.00	\$0.00	\$0.00
1328	WA100898	X	27	NORTHWEST INTEGRATED HEALTH	9720 S TACOMA WAY	LAKEWOOD	WA	98496	\$188,247.00	\$188,247.00	\$0.00	\$0.00	\$0.00	\$0.00
1446	WA103333	X	Clark County	OH Clark Co ATR Funds	305 SE Chkalov Dr Ste 111 #110	Vancouver	WA	98682	\$180,113.00	\$180,113.00	\$0.00	\$0.00	\$0.00	\$0.00
382	WA751129	✓	24	OKANOGAN BEHAVIORAL HEALTHCARE	1007 KOALA DRIVE	OMAK	WA	98841	\$423,208.00	\$423,208.00	\$0.00	\$0.00	\$0.00	\$0.00
99	X	X	24	OKANOGAN COUNTY COMMUNITY COALITION	213 N. MAIN STREET	OMAK	WA	98841	\$87,622.00	\$0.00	\$0.00	\$87,622.00	\$0.00	\$0.00
100	WA750311	X	18	OLALLA RECOVERY CENTERS	12850 LALA COVE LN SE	OLALLA	WA	98359	\$20,779.00	\$20,779.00	\$0.00	\$0.00	\$0.00	\$0.00
98	X	X	34	OSPI GENERAL FUND 001	600 WASHINGTON ST SE	OLYMPIA	WA	985047200	\$3,436,611.00	\$0.00	\$0.00	\$3,436,611.00	\$0.00	\$0.00
102	WA100311	X	99	OXFORD HOUSE INC	1010 WAYNE AVE, SUITE 300	SILVER SPRING	WA	20910	\$876,305.00	\$876,305.00	\$0.00	\$0.00	\$0.00	\$0.00
1227	X	X	25	PACIFIC COUNTY HEALTH & HUMAN SV	7013 SANDRIDGE RD	LONG BEACH	WA	98631	\$65,238.00	\$0.00	\$0.00	\$65,238.00	\$0.00	\$0.00
384	WA750956	X	38	PALOUSE RIVER COUNSELING	NE 340 MAPLE ST	PULLMAN	WA	99163	\$36,666.00	\$36,666.00	\$0.00	\$0.00	\$0.00	\$0.00
1459	X	X	99	PAT DEEGAN PHD & ASSOCIATES LLC	PO BOX 208	BYFIELD	WA	01922	\$4,348.00	\$4,348.00	\$0.00	\$0.00	\$0.00	\$0.00
1354	WA103351	X	17	PEER SEATTLE	1520 BELLEVUE AVE SUITE 100	SEATTLE	WA	98122	\$924,610.00	\$924,610.00	\$0.00	\$0.00	\$0.00	\$0.00
451	WA902771	X	26	PEND OREILLE COUNTY	105 S GARDEN AVE	NEWPORT	WA	99156	\$73,882.00	\$11,082.00	\$944.00	\$62,800.00	\$0.00	\$0.00
1402	WA901377	X	5	PENINSULA BEHAVIORAL HEALTH	118 E 8TH ST	PORT ANGELES	WA	98362	\$175,654.00	\$175,654.00	\$0.00	\$0.00	\$0.00	\$0.00

1225	WA100376	X	27	PIERCE COUNTY ALLIANCE	510 TACOMA AVENUE SOUTH	TACOMA	WA	98402	\$645,772.00	\$645,772.00	\$0.00	\$0.00	\$0.00	\$0.00
1432	WA103352	X	27	PIERCE COUNTY DISTRICT COURT	950 FAWCETT AVE STE 100	TACOMA	WA	98402	\$1,040.00	\$1,040.00	\$0.00	\$0.00	\$0.00	\$0.00
252	WA105474	X	17	PIONEER HUMAN SERVICES	7440 W MARGINAL WAY S	SEATTLE	WA	98108	\$573,025.00	\$573,025.00	\$0.00	\$0.00	\$0.00	\$0.00
1368	WA172900	X	32	PIONEER HUMAN SERVICES	910 W BOONE AVE	SPOKANE	WA	99201	\$30,000.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$0.00
1460	X	X	99	POLICY RESEARCH ASSOCIATES INC	345 DELAWARE AVE	DELMAR	WA	12054	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00
113	WA101002	X	18	PORT GAMBLE S'KLALLAM TRIBE	32020 LITTLE BOSTON RD NE	KINGSTON	WA	983469734	\$134,416.00	\$79,909.00	\$0.00	\$54,507.00	\$0.00	\$0.00
1251	WA100511	X	27	PROSPERITY COUNSELING & TREATMENT SERVICES INC.	5001 112TH STREET EAST	TACOMA	WA	98446	\$28,844.00	\$28,844.00	\$0.00	\$0.00	\$0.00	\$0.00
1215	X	X	4	PROSSER CITY OF	602 7TH ST	PROSSER	WA	993501460	\$71,219.00	\$0.00	\$0.00	\$71,219.00	\$0.00	\$0.00
1340	WA100459	X	34	PROVIDENCE ST PETER HOSPITAL	4800 COLLEGE STREET SE	OLYMPIA	WA	98503	\$31,885.00	\$31,885.00	\$0.00	\$0.00	\$0.00	\$0.00
1405	WA103353	X	17	PUBLIC DEFENDER ASSOCIATION	110 PREFONTAINE PL S STE 502	SEATTLE	WA	98104	\$149,195.00	\$149,195.00	\$0.00	\$0.00	\$0.00	\$0.00
1107	X	X	17	PUGET SOUND EDUC SVC DIST 121	800 OAKESDALE AVENUE SW	RENTON	WA	98057	\$154,263.00	\$0.00	\$0.00	\$154,263.00	\$0.00	\$0.00
227	WA301479	X	27	PUYALLUP TRIBAL HEALTH AUTHORITY	2209 E 32ND ST	TACOMA	WA	98404	\$51,391.00	\$4,672.00	\$0.00	\$46,719.00	\$0.00	\$0.00
512	WA901344	✓	Asotin County	QUALITY BEHAVIORAL HEALTH	900 7TH STREET	CLARKSTON	WA	99403	\$5,412.00	\$5,412.00	\$0.00	\$0.00	\$0.00	\$0.00
1216	WA101917	X	5	QUILEUTE TRIBAL COUNCIL (-909.99 Tx -614.97 Px -1515.96 TOTAL)	90 MAIN ST	LA PUSH	WA	983500279	\$48,313.00	\$22,150.00	\$0.00	\$26,163.00	\$0.00	\$0.00
1217	X	X	5	QUILLAYUTE VALLEY SCHL DIST 402	411 SOUTH SPARTAN AVE	FORKS	WA	98331	\$67,684.00	\$0.00	\$0.00	\$67,684.00	\$0.00	\$0.00
1433	OR102565	X	99	QUINN THOMAS PUBLIC AFFAIRS LLC	310 N STATE ST STE 216	LAKE OSWEGO	WA	97034	\$39,598.00	\$39,598.00	\$0.00	\$0.00	\$0.00	\$0.00
1287	WA103270	X	27	RAINIER INTERNAL MEDICINE	5929 WESTGATGE BLVD	TACOMA	WA	98406	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00
1228	WA100215	X	17	RECOVERY CAFE	2022 BOREN AVENUE	SEATTLE	WA	98121	\$418,094.00	\$418,094.00	\$0.00	\$0.00	\$0.00	\$0.00
1407	WA103334	X	06	RECOVERY CAFE OF CLARK COUNTY	3312 E 4TH PLAIN BLVD	VANCOUVER	WA	98661	\$348,140.00	\$348,140.00	\$0.00	\$0.00	\$0.00	\$0.00
1406	WA103354	X	27	RECOVERY CAFE ORTING	113 VARNER AVE SE	ORTING	WA	98360	\$87,017.00	\$87,017.00	\$0.00	\$0.00	\$0.00	\$0.00
1105	WA102424	X	5	Reflections Counseling Service Group	3430 East Highway 101 Ste 3	Port Angeles	WA	98362	\$20,300.00	\$20,300.00	\$0.00	\$0.00	\$0.00	\$0.00
1192	X	X	Ferry County	REPUBLIC SCHOOL DISTRICT 309	30306 E HWY 20	REPUBLIC	WA	991668746	\$51,239.00	\$0.00	\$0.00	\$51,239.00	\$0.00	\$0.00
122	WA105185	X	17	Residence XII	12029 113th Avenue NE	Kirkland	WA	98034	\$183.00	\$183.00	\$0.00	\$0.00	\$0.00	\$0.00
1193	X	X	33	RURAL RESOURCES COMMUNITY ACTION	956 S MAIN ST	COLVILLE	WA	991142505	\$29,859.00	\$0.00	\$0.00	\$29,859.00	\$0.00	\$0.00
132	WA103355	X	29	SAMISH INDIAN NATION	2918 COMMERCIAL AVE	ANACORTES	WA	98221	\$87,580.00	\$72,566.00	\$0.00	\$15,014.00	\$0.00	\$0.00
1324	X	X	28	SAN JUAN COUNTY HEALTH & COMM	145 RHONE STREET	FRIDAY HARBOR	WA	98250	\$29,365.00	\$0.00	\$0.00	\$29,365.00	\$0.00	\$0.00
133	X	X	28	SAN JUAN COUNTY TREASURER	350 COURT ST 7	FRIDAY HARBOR	WA	98250	\$15,002.00	\$0.00	\$0.00	\$15,002.00	\$0.00	\$0.00
1283	WA100268	X	17	SEA MAR COMMUNITY HEALTH CENTERS	1040 SOUTH HENDERSON ST	SEATTLE	WA	98108	\$135,274.00	\$135,274.00	\$0.00	\$0.00	\$0.00	\$0.00
1223	WA100378	X	17	SEA MAR TURNING POINT RECOVERY	113 23RD AVE SOUTH	SEATTLE	WA	98144	\$6,630.00	\$6,630.00	\$0.00	\$0.00	\$0.00	\$0.00

392	WA300067	X	17	SEADRUNAR- SEATTLE DRUG & NARCOTIC CENTER	10344 14TH AVE S	SEATTLE	WA	98168	\$137.00	\$137.00	\$0.00	\$0.00	\$0.00	\$0.00
1108	X	X	17	SEATTLE PUBLIC SCHOOLS	2445 3RD AVE S	Seattle	WA	98134	\$179,572.00	\$0.00	\$0.00	\$179,572.00	\$0.00	\$0.00
627	WA103335	X	6	SECOND STEP HOUSING	2500 MAINE ST SUITE 120	VANCOUVER	WA	98660	\$405.00	\$405.00	\$0.00	\$0.00	\$0.00	\$0.00
145	WA103356	X	25	SHOALWATER BAY INDIAN TRIBE	2373 TOKELAND RD.	TOKELAND	WA	985900130	\$24,073.00	\$3,515.00	\$0.00	\$20,558.00	\$0.00	\$0.00
1355	X	X	29	SKAGIT COUNTY PUBL HOSP DIST 304	2241 HOSPITAL DR	SEDRO WOOLLEY	WA	98284	\$84,220.00	\$0.00	\$0.00	\$84,220.00	\$0.00	\$0.00
1218	WA104865	X	30	SKAMANIA COUNTY	710 SW ROCK CREEK DR	STEVENSON	WA	98648	\$3,576.00	\$3,576.00	\$0.00	\$0.00	\$0.00	\$0.00
257	WA101959	X	17	SKOKOMISH TRIBAL COUNCIL	N 80 TRIBAL CENTER RD	SKOKOMISH	WA	98584	\$70,637.00	\$70,637.00	\$0.00	\$0.00	\$0.00	\$0.00
1321	WA103174	X	31	SNOHOMISH COUNTY HUMAN SERVICES	3000 ROCKEFELLER AVENUE, MS 305	EVERETT	WA	98201	\$756,049.00	\$756,049.00	\$0.00	\$0.00	\$0.00	\$0.00
1408	X	X	31	SNOHOMISH COUNTY PROSECUTOR	3000 ROCKEFELLER MS 610	EVERETT	WA	98201	\$512,332.00	\$512,332.00	\$0.00	\$0.00	\$0.00	\$0.00
151	WA101004	X	17	SNOQUALMIE INDIAN TRIBE	9450 ETHAN WADE WAY SE	SNOQUALMIE	WA	98065	\$22,506.00	\$22,506.00	\$0.00	\$0.00	\$0.00	\$0.00
433	WA100367	X	17	SOUND MENTAL HEALTH	1600 E OLIVE ST	SEATTLE	WA	98122	\$44,709.00	\$44,709.00	\$0.00	\$0.00	\$0.00	\$0.00
1434	X	X	15	SOUTH WHIDBEY SCHOOL DIST 206	5520 MAXWELTON RD	LANGLEY	WA	98260	\$10,762.00	\$0.00	\$0.00	\$10,762.00	\$0.00	\$0.00
1237	WA100609	X	5	Specialty Services 2 (PO BOX 141106, SPOKANE)	825 East Eth Street	Port Angeles	WA	98362	\$27,995.00	\$27,995.00	\$0.00	\$0.00	\$0.00	\$0.00
1382	X	X	36	SPECTRUM REACH	1145 ABADIE	WALLA WALLA	WA	99362	\$2,735.00	\$0.00	\$0.00	\$2,735.00	\$0.00	\$0.00
153	WA904645	X	32	SPOKANE ADDICTION RECOVERY CENTERS	1508 W 6th AVE	SPOKANE	WA	99204	\$2,700.00	\$2,700.00	\$0.00	\$0.00	\$0.00	\$0.00
1371	WA102289	X	32	SPOKANE CO (COMMUNITY SVC)	312 WEST 8TH AVENUE	SPOKANE	WA	99204	\$26,940.00	\$26,940.00	\$0.00	\$0.00	\$0.00	\$0.00
1369	WA102225	X	32	SPOKANE TREATMENT & RECOVERY SERVICES	312 W 8TH AVE	SPOKANE	WA	99204	\$86,955.00	\$86,955.00	\$0.00	\$0.00	\$0.00	\$0.00
260	X	X	33	SPOKANE TRIBAL NETWORK	6195 Ford- Wellpinit Road	WELLPINIT	WA	99040	\$36,799.00	\$2,293.00	\$0.00	\$34,506.00	\$0.00	\$0.00
156	WA101873	X	23	SQUAXIN ISLAND TRIBE	3760 SE OLD OLYMPIC HWY	SHELTON	WA	98584- 9200	\$93,379.00	\$39,319.00	\$0.00	\$54,060.00	\$0.00	\$0.00
1297	WA902201	X	33	STEVENS COUNTY (NE WASHINGTON ALLIANCE COUNSELING SERVICES)	165 E HAWTHORNE AVE	COLVILLE	WA	99114	\$4,222.00	\$4,222.00	\$14.00	\$0.00	\$0.00	\$0.00
161	WA101962	X	31	STILLAGUAMISH TRIBE	17014 59TH AVE NE	ARLINGTON	WA	98223	\$234,403.00	\$229,817.00	\$0.00	\$4,586.00	\$0.00	\$0.00
1372	WA101964	X	18	SUQUAMISH TRIBE	18490 SUQUAMISH WAY, SUITE 107	SUQUAMISH	WA	98392	\$900.00	\$0.00	\$0.00	\$900.00	\$0.00	\$0.00
164	WA101915	X	29	SWINOMISH INDIAN TRIBAL COMMUNIT	11404 MOORAGE WY	LA CONNER	WA	982579450	\$84,541.00	\$7,378.00	\$0.00	\$77,163.00	\$0.00	\$0.00
1410	WA103360	X	27	TACOMA RECOVERY CAFE	813 MLK JR WAY	TACOMA	WA	98405	\$166,100.00	\$166,100.00	\$0.00	\$0.00	\$0.00	\$0.00
1157	X	X	38	TEKOA SCHOOL DIST 265	135 N COLLEGE AVENUE	TEKOA	WA	990330869	\$86,347.00	\$0.00	\$0.00	\$86,347.00	\$0.00	\$0.00
324	WA100038	✓	17	THERAPEUTIC HEALTH SERVICES	1116 SUMMIT AVENUE	SEATTLE	WA	98101	\$584,667.00	\$584,667.00	\$363,566.00	\$0.00	\$0.00	\$0.00
1341	X	X	34	THURSTON COUNTY DBA TC PUBLIC HEALTH & SOCIAL SERVICES	412 LILLY ROAD NE	OLYMPIA	WA	98506	\$101,058.00	\$0.00	\$0.00	\$101,058.00	\$0.00	\$0.00
1342	WA103079	X	34	THURSTON MASON BEHAV HEALTH ORG (OLYMPIA HEALTH & RECOVERY)	612 WOODLAND SQ LOOP SE 501	LACEY	WA	98506	\$643,759.00	\$643,759.00	\$0.00	\$0.00	\$0.00	\$0.00



1411	x	X	99	TRAIN FOR CHANGE	5221 SIGSTOM DR UNIT 1	CARSON CITY	WA	89706	\$92,000.00	\$92,000.00	\$0.00	\$0.00	\$0.00	\$0.00
1447	WA103336	X	06	Tri-Star Denture Clinic	2802 Columbia St	Vancouver	WA	98682	\$23,700.00	\$23,700.00	\$0.00	\$0.00	\$0.00	\$0.00
188	WA101408	X	39	Triumph Treatment Services	102 S. Naches Ave	Yakima	WA	98362	\$5,850.00	\$5,850.00	\$0.00	\$0.00	\$0.00	\$0.00
1296	WA751095	X	39	Triumph Treatment Services	120 South 3rd Street	Yakima	WA	98901	\$52,629.00	\$52,629.00	\$6,329.00	\$0.00	\$0.00	\$0.00
235	WA101941	X	31	TULALIP TRIBES THE	6406 MARINE DR NW	TULALIP	WA	982719775	\$3,234.00	\$3,234.00	\$0.00	\$0.00	\$0.00	\$0.00
1200	WA103361	X	31	UNIVERSITY OF WASHINGTON	6912 220TH SW STE 105	MOUNTLAKE TERRACE	WA	98043	\$182,236.00	\$182,236.00	\$0.00	\$0.00	\$0.00	\$0.00
174	WA103362	X	29	UPPER SKAGIT INDIAN TRIBE	25944 COMMUNITY PLAZA WAY	SEDRO WOOLLEY	WA	98284	\$142,616.00	\$91,317.00	\$0.00	\$51,299.00	\$0.00	\$0.00
786	X	X	99	US BANK PURCHASING CARD PROGRAM	200 6TH ST S	MINNEAPOLIS	WA	55402	\$15,591.00	\$15,549.00	\$0.00	\$42.00	\$0.00	\$0.00
173	IL104619	X	99	UW-GRANT & CONTRACT ACCOUNTING	12455 COLLECTIONS DRIVE	CHICAGO	WA	606930001	\$131,585.00	\$117,216.00	\$0.00	\$14,369.00	\$0.00	\$0.00
1326	WA102270	X	17	Valley Cities Counseling	325 West Gowe Street	Kent	WA	98032	\$267,079.00	\$267,079.00	\$0.00	\$0.00	\$0.00	\$0.00
1381	X	X	17	VARSA	9920 SW Bank Rd	Vashon Island	WA	98070	\$107,905.00	\$0.00	\$0.00	\$107,905.00	\$0.00	\$0.00
648	X	X	31	Volunteers of America Western Washington	2802 Broadway	Everett	WA	98201	\$68,026.00	\$68,026.00	\$0.00	\$0.00	\$0.00	\$0.00
182	WA103363	X	38	WA STATE UNIV SPS	1610 NE EASTGATE BLVD	PULLMAN	WA	99164	\$673,320.00	\$578,483.00	\$0.00	\$94,837.00	\$0.00	\$0.00
434	WA103685	X	35	WAHIAKUM CO HEALTH HUMAN SVCS	42 ELOCHOMAN VALLEY RD	CATHLAMET	WA	98612	\$98,210.00	\$31,670.00	\$0.00	\$66,540.00	\$0.00	\$0.00
1413	X	X	13	WAHLUKE SCHOOL DISTRICT 73	411 E SADDLE MOUNTAIN DR	MATTAWA	WA	99349	\$6,093.00	\$0.00	\$0.00	\$6,093.00	\$0.00	\$0.00
179	X	X	36	WALLA WALLA COUNTY DEPARTMENT	314 W MAIN ST	WALLA WALLA	WA	99362	\$51,462.00	\$0.00	\$0.00	\$51,462.00	\$0.00	\$0.00
1414	X	X	39	WAPATO SCHOOL DISTRICT	212 W 3RD ST	WAPATO	WA	98951	\$20,337.00	\$0.00	\$0.00	\$20,337.00	\$0.00	\$0.00
1435	WA103364	X	29	WASHINGTON ALLIANCE FOR QUALITY	1623 Hoag Rd	MOUNT VERNON	WA	98273	\$59,164.00	\$59,164.00	\$0.00	\$0.00	\$0.00	\$0.00
1436	WA103365	X	17	WASHINGTON STATE COMM CONNECTORS	319 S 297TH ST	FEDERAL WAY	WA	98003	\$200,000.00	\$200,000.00	\$0.00	\$0.00	\$0.00	\$0.00
1417	WA102928	X	17	WE CARE DAILY CLINICS LLC	3320 AUBURN WAY N	AUBURN	WA	98002	\$5,000.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00
510	X	X	5	West End Outreach Services	530 Bogachiel Way	Forks	WA	98331	\$25,313.00	\$25,313.00	\$0.00	\$0.00	\$0.00	\$0.00
402	WA903563	X	18	West Sound Treatment Center	1415 Lumsden Rd	Port Orchard	WA	98367	\$2,250.00	\$2,250.00	\$0.00	\$0.00	\$0.00	\$0.00
184	WA902482	X	37	WHATCOM CO	322 N COMMERCIAL STREET	BELLINGHAM	WA	98225	\$418,005.00	\$287,849.00	\$0.00	\$130,156.00	\$0.00	\$0.00
497	WA101397	X	25	WILLAPA BEHAVIORIAL HEALTH	2204 PACIFIC AVE N	LONG BEACH	WA	98631	\$161,335.00	\$161,335.00	\$0.00	\$0.00	\$0.00	\$0.00
1311	WA103366	X	6	XCHANGE RECOVERY	6702 NE SEPTAN DR	BATTLE GROUND	WA	98604	\$64,045.00	\$64,045.00	\$4,700.00	\$0.00	\$0.00	\$0.00
1437	WA103367	X	39	YAKIMA NEIGHBORHOOD HEALTH SVCS	12 S 8TH ST	YAKIMA	WA	98901	\$20,000.00	\$20,000.00	\$0.00	\$0.00	\$0.00	\$0.00
1418	X	X	19	YOUTH SERVICES OF KITTITAS CO	213 W 3RD AVE	ELLENSBURG	WA	98926	\$51,064.00	\$0.00	\$0.00	\$51,064.00	\$0.00	\$0.00
Total									\$34,986,522.73	\$24,057,626.73	\$895,241.00	\$10,928,896.00	\$0.00	\$0.00

\* Indicates the imported record has an error.

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**Footnotes:**

Prevention RD is not included here on Table 7 but is included on Table 4 = 581,374.75.

### III: Expenditure Reports

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

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

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2020) + B2(2021)</u> 2 (C)
SFY 2020 (1)	\$111,666,561.00	
SFY 2021 (2)	\$132,016,126.00	\$121,841,343.50
SFY 2022 (3)	\$130,723,039.00	

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.

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**Footnotes:**

### 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	\$ 5,186,165.00

#### Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2020		\$ 5,341,350.00	
SFY 2021		\$ 5,564,959.00	
SFY 2022		\$ 6,749,984.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2023 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): \$ 5500000.00

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). We do not have the information on how the base was calculated in 1994. The State captures PPW expenditures in account coding through agency contracts.

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**Footnotes:**

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

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

Column A (Risks)	Column B (Strategies)	Column C (Providers)
<b>No Risk Assigned</b>	<b>1. Information Dissemination</b>	
	1. Clearinghouse/information resources centers	3
	2. Resources directories	3
	3. Media campaigns	50
	5. Radio and TV public service announcements	37
	6. Speaking engagements	20
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	115
	9. Audiovisual	15
	<b>2. Education</b>	
	1. Parenting and family management	48
	2. Ongoing classroom and/or small group sessions	77
	3. Peer leader/helper programs	7
	4. Education programs for youth groups	34
	<b>3. Alternatives</b>	
	1. Drug free dances and parties	12
	2. Youth/adult leadership activities	22
	3. Community drop-in centers	14
	4. Community service activities	27
	7. Recognition activities	5
	<b>4. Problem Identification and Referral</b>	
	2. Student Assistance Programs	65
	4. Prevention Assessment and Referral Services	5
	<b>5. Community-Based Process</b>	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	49
	2. Systematic planning	31
	3. Multi-agency coordination and collaboration/coalition	37

4. Community team-building	41
5. Accessing services and funding	19
6. Assessing Community Needs	33
<b>6. Environmental</b>	
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	93
5. Public Policy Efforts	23
<b>7. Other</b>	
1. EBP/RBP OR Innovative OR Promising Program/Curriculum Training	31
2. Coalition Capacity Development	20
3. Staff and volunteer professional development	43

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**Footnotes:**

Source: Minerva 1.0 and SAPISP

## IV: Population and Services Reports

**Table 10 - Treatment Utilization Matrix**

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

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

Level of Care	SABG Number of Admissions ≥ Number of Persons Served		COVID-19 Number of Admissions ≥ Number of Persons Served		SABG Costs per Person			COVID-19 Costs per Person <sup>1</sup>			ARP Costs per Person <sup>2</sup>		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
<b>DETOXIFICATION (24-HOUR CARE)</b>													
1. Hospital Inpatient	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Free-Standing Residential	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>REHABILITATION/RESIDENTIAL</b>													
3. Hospital Inpatient	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Short-term (up to 30 days)	15,797	11,229	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Long-term (over 30 days)	7,972	5,671	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>AMBULATORY (OUTPATIENT)</b>													
6. Outpatient	44,569	31,097	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Intensive Outpatient	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Detoxification	12,455	8,774	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>OUD MEDICATION ASSISTED TREATMENT</b>													
9. OUD Medication-Assisted Detoxification <sup>3</sup>	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. OUD Medication-Assisted Treatment Outpatient <sup>4</sup>	17,159	9,285	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

Includes Fee-For-Service data. Excludes modalities listed below; Medication-Assisted Opioid Therapy (MAT), and Medications for Alcohol Use Disorder (MOUD).

Alcohol/Drug Information School, Assessment, Brief Intervention, MAT (MOUD), PPW Women Housing Support Services, Peer Support, Recovery Support Services, SBIRT, Sobering Services

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

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

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

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

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**Footnotes:**

## 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	1,857	569	629	73	66	0	0	13	0	83	118	0	0	183	123	636	695	332	307
2. 18 - 24	4,633	1,656	1,147	222	142	69	0	31	27	292	247	68	52	498	182	1,866	1,359	938	454
3. 25 - 44	35,004	14,880	10,891	1,567	841	364	168	297	121	1,805	645	434	370	1,818	803	17,550	12,798	3,351	1,963
4. 45 - 64	13,814	6,101	4,213	745	323	97	37	96	33	694	614	89	82	480	210	7,292	5,015	862	439
5. 65 and Over	881	362	289	75	21	0	0	15	0	24	47	0	0	37	11	461	357	49	21
<b>6. Total</b>	<b>56,189</b>	<b>23,568</b>	<b>17,169</b>	<b>2,682</b>	<b>1,393</b>	<b>530</b>	<b>205</b>	<b>452</b>	<b>181</b>	<b>2,898</b>	<b>1,671</b>	<b>591</b>	<b>504</b>	<b>3,016</b>	<b>1,329</b>	<b>27,805</b>	<b>20,224</b>	<b>5,532</b>	<b>3,184</b>
7. Pregnant Women	247		202		16		0		0		29		0		0		39		235
Number of persons served who were admitted in a period prior to the 12 month reporting period		18,406																	
Number of persons served outside of the levels of care described on Table 10		36,889																	

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

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

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

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

Age	Gender Identity (GI): "Do you think of yourself as:"					Sexual Orientation (SO): "Do you think of yourself as:"					
	Cisgender Male	Cisgender Female	Transgender Man/Trans Man/Female-To-Male	Transgender Woman/Trans Woman/Male-To-Female	Genderqueer/Gender Non-Conforming/Neither Exclusively Male Nor Female	Additional Gender Category (or Other)	Straight or Heterosexual	Lesbian or Gay	Bisexual	Queer, Pansexual, and/or Questioning	Something Else; Please Specify:
1. 17 and Under	0	0	0	0	0	0	950	48	0	0	756
2. 18 - 24	0	0	0	0	0	0	3,126	86	299	65	1,088
3. 25 - 44	0	0	0	0	0	0	26,959	791	1,160	242	6,852
4. 45 - 64	0	0	0	0	0	0	10,474	270	211	80	2,779
5. 65 and Over	0	0	0	0	0	0	702	25	0	0	161
<b>6. Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>42,211</b>	<b>1,220</b>	<b>1,670</b>	<b>387</b>	<b>11,636</b>

**Footnotes:**

At this time with Covid Enhancement funds, the data integrity and population suppression are preventing us from being able to accurately report the information. We are working with our data analysts to determine an appropriate path forward and will update SAMHSA with our plan. We expect to have more complete data for the next progress report.



## 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:**

## IV: Population and Services Reports

### Table 13 - Charitable Choice

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

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

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

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

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

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

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

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

The current BHDS data system does not capture Charitable Choice as a value within the Program End Reason variable.

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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]	45	54
Total number of clients with non-missing values on employment/student status [denominator]	343	343
Percent of clients employed or student (full-time and part-time)	13.1 %	15.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,244
Number of CY 2021 discharges submitted:		1,314
Number of CY 2021 discharges linked to an admission:		648
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		648
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		343

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

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	4	2
Total number of clients with non-missing values on employment/student status [denominator]	24	24
Percent of clients employed or student (full-time and part-time)	16.7 %	8.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		114
Number of CY 2021 discharges submitted:		142
Number of CY 2021 discharges linked to an admission:		77
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		77

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	24
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Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 5/1/2022]

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	120	117
Total number of clients with non-missing values on employment/student status [denominator]	326	326
Percent of clients employed or student (full-time and part-time)	36.8 %	35.9 %

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

Number of CY 2021 admissions submitted:	1,120
Number of CY 2021 discharges submitted:	2,673
Number of CY 2021 discharges linked to an admission:	1,221
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,029
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	326

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

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	74	87
Total number of clients with non-missing values on employment/student status [denominator]	286	286
Percent of clients employed or student (full-time and part-time)	25.9 %	30.4 %

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

Number of CY 2021 admissions submitted:	664
Number of CY 2021 discharges submitted:	1,580
Number of CY 2021 discharges linked to an admission:	769
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	757

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

286

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

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**Footnotes:**

## V: Performance Data and Outcomes

**Table 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]	70	65
Total number of clients with non-missing values on living arrangements [denominator]	185	185
Percent of clients in stable living situation	37.8 %	35.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,244
Number of CY 2021 discharges submitted:		1,314
Number of CY 2021 discharges linked to an admission:		648
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		648
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		185

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

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	9	9
Total number of clients with non-missing values on living arrangements [denominator]	22	22
Percent of clients in stable living situation	40.9 %	40.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		114
Number of CY 2021 discharges submitted:		142
Number of CY 2021 discharges linked to an admission:		77
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		77
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		22

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

## 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]	152	154
Total number of clients with non-missing values on living arrangements [denominator]	227	227
Percent of clients in stable living situation	67.0 %	67.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,120
Number of CY 2021 discharges submitted:		2,673
Number of CY 2021 discharges linked to an admission:		1,221
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,029
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		227

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

## 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]	183	180
Total number of clients with non-missing values on living arrangements [denominator]	259	259
Percent of clients in stable living situation	70.7 %	69.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		664
Number of CY 2021 discharges submitted:		1,580
Number of CY 2021 discharges linked to an admission:		769
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		757
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		259

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

**Footnotes:**



## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,244
Number of CY 2021 discharges submitted:		1,314
Number of CY 2021 discharges linked to an admission:		648
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		648
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

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

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		114
Number of CY 2021 discharges submitted:		142
Number of CY 2021 discharges linked to an admission:		77
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		77

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 5/1/2022]

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,120
Number of CY 2021 discharges submitted:		2,673
Number of CY 2021 discharges linked to an admission:		1,221
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,038
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		0

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

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		664
Number of CY 2021 discharges submitted:		1,580
Number of CY 2021 discharges linked to an admission:		769
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		768

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 5/1/2022]

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**Footnotes:**

## V: Performance Data and Outcomes

**Table 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]	261	241
All clients with non-missing values on at least one substance/frequency of use [denominator]	454	454
Percent of clients abstinent from alcohol	57.5 %	53.1 %

#### 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]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	193	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		241
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	261	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.3 %

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

Number of CY 2021 admissions submitted:	1,244
Number of CY 2021 discharges submitted:	1,314
Number of CY 2021 discharges linked to an admission:	648
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	648
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	454

## 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]	31	31
All clients with non-missing values on at least one substance/frequency of use [denominator]	46	46
Percent of clients abstinent from alcohol	67.4 %	67.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	15	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		31
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	31	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		100.0 %

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

Number of CY 2021 admissions submitted:	114
Number of CY 2021 discharges submitted:	142
Number of CY 2021 discharges linked to an admission:	77
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	77
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	46

**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]	399	346
All clients with non-missing values on at least one substance/frequency of use [denominator]	563	563
Percent of clients abstinent from alcohol	70.9 %	61.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	164	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		346
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	399	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		86.7 %

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

Number of CY 2021 admissions submitted:	1,120
Number of CY 2021 discharges submitted:	2,673
Number of CY 2021 discharges linked to an admission:	1,221
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,038
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	563

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

**Intensive Outpatient (IO)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	364	325
All clients with non-missing values on at least one substance/frequency of use [denominator]	492	492
Percent of clients abstinent from alcohol	74.0 %	66.1 %

**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]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	128	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		325
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	364	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		89.3 %

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

Number of CY 2021 admissions submitted:	664
Number of CY 2021 discharges submitted:	1,580
Number of CY 2021 discharges linked to an admission:	769
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	768
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	492

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

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**Footnotes:**

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	102	105
All clients with non-missing values on at least one substance/frequency of use [denominator]	454	454
Percent of clients abstinent from drugs	22.5 %	23.1 %

#### 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]		18
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	352	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		5.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		87
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	102	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		85.3 %

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

Number of CY 2021 admissions submitted:	1,244
Number of CY 2021 discharges submitted:	1,314
Number of CY 2021 discharges linked to an admission:	648
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	648
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	454



**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]	14	14
All clients with non-missing values on at least one substance/frequency of use [denominator]	46	46
Percent of clients abstinent from drugs	30.4 %	30.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		3
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	32	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		9.4 %

**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]		11
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	14	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		78.6 %

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

Number of CY 2021 admissions submitted:	114
Number of CY 2021 discharges submitted:	142
Number of CY 2021 discharges linked to an admission:	77
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	77
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	46

**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]	265	206
All clients with non-missing values on at least one substance/frequency of use [denominator]	563	563
Percent of clients abstinent from drugs	47.1 %	36.6 %

**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]		11
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	298	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		3.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		195
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	265	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		73.6 %

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

Number of CY 2021 admissions submitted:	1,120
Number of CY 2021 discharges submitted:	2,673
Number of CY 2021 discharges linked to an admission:	1,221
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,038
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	563

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

**Intensive Outpatient (IO)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	226	194
All clients with non-missing values on at least one substance/frequency of use [denominator]	492	492
Percent of clients abstinent from drugs	45.9 %	39.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		24
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	266	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		9.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		170
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	226	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		75.2 %

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

Number of CY 2021 admissions submitted:	664
Number of CY 2021 discharges submitted:	1,580
Number of CY 2021 discharges linked to an admission:	769
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	768
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	492

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

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#### Footnotes:

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	98	92
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	285	285
Percent of clients participating in self-help groups	34.4 %	32.3 %
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]	-2.1 %	
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,244
Number of CY 2021 discharges submitted:		1,314
Number of CY 2021 discharges linked to an admission:		648
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		648
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		285

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

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	7	5
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	31	31
Percent of clients participating in self-help groups	22.6 %	16.1 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-6.5 %	
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		114
Number of CY 2021 discharges submitted:		142

Number of CY 2021 discharges linked to an admission:	77
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	77
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	31

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

### Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	124	114
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	276	276
Percent of clients participating in self-help groups	44.9 %	41.3 %
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]	-3.6 %	

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

Number of CY 2021 admissions submitted:	1,120
Number of CY 2021 discharges submitted:	2,673
Number of CY 2021 discharges linked to an admission:	1,221
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,038
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	276

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

### Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	175	154
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	358	358
Percent of clients participating in self-help groups	48.9 %	43.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-5.9 %	

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

Number of CY 2021 admissions submitted:	664
---	-----

Number of CY 2021 discharges submitted:	1,580
Number of CY 2021 discharges linked to an admission:	769
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	768
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	358

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
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**Footnotes:**

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

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	8	2	4	14
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	25	13	26	28
5. Long-term (over 30 days)	73	27	47	123
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	114	35	81	161
7. Intensive Outpatient	91	34	71	117
8. Detoxification	0	0	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification <sup>3</sup>				

Level of Care	2021 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	733	396
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	69	0
4. Short-term (up to 30 days)	1314	648
5. Long-term (over 30 days)	142	77

<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	2673	1039
7. Intensive Outpatient	1580	769
8. Detoxification	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification <sup>3</sup>		

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

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

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

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**Footnotes:**



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

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

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

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**Footnotes:**

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

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

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

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

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**Footnotes:**

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

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**Footnotes:**

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

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

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**Footnotes:**

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

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

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**Footnotes:**



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

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

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**Footnotes:**

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

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

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

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

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

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**Footnotes:**

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

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

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

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**Footnotes:**

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

### 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 reported data is from the following reporting systems: Minerva 1.0 SAPISP reporting system This data is inclusive of data from all funding sources, both state and federal, as the data that is reported into these systems is across leveraged funding.

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

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

Individual participants are asked to self-identify as to Race and Ethnicity. More Than One Race is offered as a distinct option and reported in the More Than One Race subcategory.

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#### Footnotes:

WA state is working to update the method of collecting data around racial categories which will be reflected in the upcoming application.

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

Category	Total
<b>A. Age</b>	<b>12,663</b>
0-4	65
5-11	2,701
12-14	6,199
15-17	2,394
18-20	61
21-24	37
25-44	636
45-64	251
65 and over	21
Age Not Known	298
<b>B. Gender</b>	<b>12,663</b>
Male	6,137
Female	6,354
Gender Unknown	172
<b>C. Race</b>	<b>12,663</b>
White	9,317
Black or African American	529
Native Hawaiian/Other Pacific Islander	112
Asian	299
American Indian/Alaska Native	498
More Than One Race (not OMB required)	1,150

Race Not Known or Other (not OMB required)	758
<b>D. Ethnicity</b>	<b>12,663</b>
Hispanic or Latino	4,282
Not Hispanic or Latino	8,381
Ethnicity Unknown	0

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**Footnotes:**

Source: Minerva 1.0 and SAPISP

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

Category	Total
<b>A. Age</b>	<b>67278999</b>
0-4	487868
5-11	664233
12-14	265474
15-17	276317
18-20	337053
21-24	496456
25-44	1845512
45-64	1793388
65 and over	990040
Age Not Known	60122658
<b>B. Gender</b>	<b>67278999</b>
Male	3538501
Female	3621318
Gender Unknown	60119180
<b>C. Race</b>	<b>67278999</b>
White	6161981
Black or African American	377684
Native Hawaiian/Other Pacific Islander	91577
Asian	381783
American Indian/Alaska Native	146794
More Than One Race (not OMB required)	0



Race Not Known or Other (not OMB required)	60119180
<b>D. Ethnicity</b>	<b>67278999</b>
Hispanic or Latino	972319
Not Hispanic or Latino	6187500
Ethnicity Unknown	60119180

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**Footnotes:**

Source: Minerva 1.0, SAPISP reporting system

## V: Performance Data and Outcomes

**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	10,699	N/A
2. Universal Indirect	N/A	\$67,216,249.00
3. Selective	161	N/A
4. Indicated	1,751	N/A
<b>5. Total</b>	<b>12,611</b>	<b>\$67,216,249.00</b>
<b>Number of Persons Served<sup>1</sup></b>	<b>12,663</b>	<b>67,278,999</b>

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

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**Footnotes:**

\*Universal Indirect is not captured in this table under Individual-Based Programs and Strategies so 78 participants are not included in the overall count hence the disparity in totals between Table 31 and Table 33.

\*Universal Direct is not captured in this table under Population-Based Programs and Strategies so 62750 participants are not included in the overall count hence the disparity in totals between Table 32 and Table 33.

Source: Minerva 1.0 and SAPISP

## V: Performance Data and Outcomes

**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.

The State's Evidence-Base Workgroup determines evidence-based practices and strategies. Membership includes representatives from the prevention research sub-committee, the Washington State Institute for Public Policy (WSIPP), and academic partners. The Workgroup focuses on building and maintaining up-to-date lists of evidence-based programs and practices. This list is the evidence-based program and practice lists that our sub-recipients for primary prevention services are permitted to select from. To determine whether a strategy is evidence based, the Workgroup consults Blueprints for Healthy Youth Development, a separate list of programs identified as evidence-based by the State of Oregon and the "Scientific Evidence for developing a Logic Model on Underage Drinking: A reference Guide for Community Environmental Prevention" report.

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

Washington's Substance Use Disorder Prevention and Mental Health Promotion online Reporting System is used to report the SABG performance indicators for 10/1/2016 - 2/1/2022.

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

	<b>A.</b> <b>Universal</b> <b>Direct</b>	<b>B.</b> <b>Universal</b> <b>Indirect</b>	<b>C.</b> <b>Universal</b> <b>Total</b>	<b>D.</b> <b>Selective</b>	<b>E.</b> <b>Indicated</b>	<b>F.</b> <b>Total</b>
1. Number of Evidence-Based Programs and Strategies Funded	428	103	531	33	123	687
2. Total number of Programs and Strategies Funded	672	348	1020	39	126	1185
3. Percent of Evidence-Based Programs and Strategies	63.69 %	29.60 %	52.06 %	84.62 %	97.62 %	57.97 %

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**Footnotes:**  
Source: Minerva 1.0 and SAPISP

## V: Performance Data and Outcomes

**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**

	<b>Total Number of Evidence-Based Programs/Strategies for IOM Category Below</b>	<b>Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies</b>
Universal Direct	Total # 428	\$5,105,553.24
Universal Indirect	Total # 103	\$127,447.64
Selective	Total # 33	\$384,296.23
Indicated	Total # 123	\$16,410.87
Unspecified	Total # 0	\$0.00
	Total EBPs: 687	Total Dollars Spent: \$5,633,707.98
<b>Primary Prevention Total<sup>1</sup></b>	<b>\$11,510,270.02</b>	

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

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**Footnotes:**

## V: Performance Data and Outcomes

### 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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#### Footnotes: