

# Montana

## UNIFORM APPLICATION

FY 2022 Substance Abuse Block Grant Report

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022  
(generated on 02/08/2023 2.45.34 PM)

Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

# I: State Information

## State Information

### I. State Agency for the Block Grant

Agency Name Montana Department of Public Health and Human Services

Organizational Unit Behavioral Health & Developmental Disabilities Division

Mailing Address PO Box 202905

City Helena

Zip Code 59620-2905

### II. Contact Person for the Block Grant

First Name Mary

Last Name Collins

Agency Name Montana Department of Public Health and Human Services

Mailing Address PO Box 202905

City Helena

Zip Code 59620-2905

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### III. Expenditure Period

#### State Expenditure Period

From 7/1/2020

To 6/30/2021

#### Block Grant Expenditure Period

From 10/1/2018

To 9/30/2020

### IV. Date Submitted

Submission Date 11/29/2021 12:55:12 AM

Revision Date 7/15/2022 5:16:39 PM

### V. Contact Person Responsible for Report Submission

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**Footnotes:**

## II: Annual Update

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

<b>Priority #:</b>	1
<b>Priority Area:</b>	A continuum of community based behavioral and physical health services that improve and sustain the recovery of those individuals affected by the consumption and consequences of alcohol, tobacco, and other drug use.
<b>Priority Type:</b>	SAP, SAT
<b>Population(s):</b>	PWWDC, PP, PWID, EIS/HIV, TB
<b>Goal of the priority area:</b>	<div>The Addictive and Mental Disorders Division (AMDD) administers the Substance Abuse Prevention and Treatment Block Grant, a system of care designed for individuals who are not eligible for Medicaid or other funding sources and have a family income that does not exceed 200% of the Federal Poverty Level.</div>
<b>Objective:</b>	<div>Provide individualized consumer driven substance abuse prevention and treatment services which are integrated with community based primary care and social systems to ensure continued recovery.</div>
<b>Strategies to attain the goal:</b>	<div>Identify current issues/barriers to integrated services, provide training and technical assistance and work to remove barriers to services.</div>
<b>Edit Strategies to attain the objective here: (if needed)</b>	<div></div>

**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	Daily Living Assessment (DLA) to be collected on all clients receiving IOP services under Medicaid and Block Grant.
<b>Baseline Measurement:</b>	0
<b>First-year target/outcome measurement:</b>	1st year target is 1000 clients beginning 1/1/2020 to 12/31/2020.
<b>Second-year target/outcome measurement:</b>	2nd year target is 1000 clients from 1/1/2021 to 12/31/2021.
<b>New Second-year target/outcome measurement(if needed):</b>	
<b>Data Source:</b>	<div>DLA will be collected at admission and discharge for each client receiving Medicaid or Block Grant funded intensive outpatient services.</div>
<b>New Data Source(if needed):</b>	<div></div>
<b>Description of Data:</b>	<div>The Daily Living Assessment determines the impairment and functional capability as identified at a point in time of an individual. This data will help us to determine the level of care needed and determine if that level of care was successful in improving outcomes.</div>
<b>New Description of Data:(if needed)</b>	<div></div>
<b>Data issues/caveats that affect outcome measures:</b>	<div>Implementation and collection of the data and DPHHS / AMDD ability to analyze the plan - these details need to be finalized. The SEOW may be able to analyze the data to identify whether DLA should be expanded to all behavioral health services.</div>

**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:**

Updated 5-14-2021 by Dana Geary

Regarding the DLA data collection, an AMDD Data person was hired in late February 2021, but it has not been decided on how the DLA data will be collected at this time for analysis. AMDD staff are brainstorming of ideas and an initial proposals are being looked at but nothing is set at this time.

End Update 5-14-2021 By Dana Geary

The Daily Living Assessment (DLA) on clients are required to collect this information but AMDD has not been able to direct them where to send the DLA-20 because AMDD is waiting to hire that data person. Once that data person is hired, AMDD will be able to report on this information. Unknown when the data person will be hired at this time.

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

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

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

The system to collect the DLA has been delayed and while is still being developed, the AMDD was not able to collect this data during the reporting timeframe.

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

**Priority #:** 2

**Priority Area:** A responsive system to address newly identified alcohol, tobacco and other drug abuse issues.

**Priority Type:** SAP, SAT

**Population(s):** PWWDC, PP, PWID, EIS/HIV, TB

**Goal of the priority area:**

The misuse and abuse of alcohol, tobacco and other drugs is continuously evolving and changing. In order to ensure Montana is prepared to provide effective substance use disorder prevention and treatment service, AMDD is working to increase the number of providers and their knowledge, skills and abilities to identify and prepare to provide prevention and treatment services to address emerging issues through expanded services, training/technical assistance, and programming.

**Objective:**

Identify areas of unmet needs, gaps and emerging issues in the substance abuse and co-occurring continuum of care and work to meet needs, fill gaps and address emerging issues.

**Strategies to attain the goal:**

Provide planning, training and support to behavioral health prevention and treatment agencies to increase the number of State Approved Substance Abuse Treatment Providers integrating behavioral health and MAT in all 56 counties of Montana to improve access to SUD treatment.

**Edit Strategies to attain the objective here:  
(if needed)****Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Increase in the number of State Approved Substance Abuse Treatment Providers in geographically sparse areas.

**Baseline Measurement:** As of 9/30/19, 47 out of 56 (84%) counties have at least one state approved SUD Treatment Provider.

**First-year target/outcome measurement:** By 12/31/20, increase the number of counties with at least one State Approved SUD Treatment Provider by 5% (2) , for a total of 49 (88% of all counties).

**Second-year target/outcome measurement:** By 12/31/21, increase the number of counties with at least one State Approved SUD Treatment Provider by 5% (3) , for a total of 52 (93% of all counties).

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

**Data Source:**

Approved Applications and State Approved Provider Locator List.

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

**Description of Data:**

State Approval Applications and letters.  
State Approval Provider list on the AMDD Prevention Bureau Website.

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

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

No issues are currently foreseen that will affect the outcome.

**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:**

11-19-2020 Updated by Dana Geary

In 2019 we had 47 counties with state approved providers.

In 2020 we had 47 counties with state approved providers.

While we increased the number of state approved providers by 8 additional programs in 2020 (60 at the end of 2019 and 68 at the end of 2020), the number of total counties with state approved programs did not change. Therefore, we did not meet an increase. Data provided by Isaac Coy, Treatment Program Manager).

11-19-2020 End Updates Dana Geary

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

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

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

In 2021, there were 49 counties with a state approved provider, so we met our year 1 target but did not quite reach the year two target.

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

**Priority #:** 3

**Priority Area:** Evidence based services which use quality improvement monitoring to ensure optimum prevention and treatment outcomes.

**Priority Type:** SAP

**Population(s):** PWWDC, PP, PWID, EIS/HIV, TB

**Goal of the priority area:**

In order to efficiently and effectively use resources dedicated to the prevention and treatment of substance abuse, AMDD is focusing efforts and programming on the implementation of evidence based practices to ensure appropriate patient placement and treatment; to make providing co-occurring and physical health care an expectation of substance abuse prevention and treatment services, not the exception; and to have a responsive and effective recovery oriented system.

**Objective:**

Reduce 30-day Alcohol use among youth in grades 8, 10, and 12 combined from 33.1% in 2017 to 26.1 % in 2024 Baseline 2017 YRBS

**Strategies to attain the goal:**

35 SABG Funded communities implement a minimum of two local or regional policies that address youth alcohol targets by December 31, 2024.

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

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** All SABG Funded communities (35) implement a minimum of two local or regional policies that address youth alcohol targets by 2024.

**Baseline Measurement:** 35 Communities currently have implemented 0 local or regional policies as of 9/30/19.

**First-year target/outcome measurement:** 25% of communities (9) will have implemented at least 1 local or regional policy that addresses youth alcohol targets by 12/31/2020.

**Second-year target/outcome measurement:** 50% of communities (18) will have implemented at least 1 local or regional policy that addresses youth alcohol targets by 12/31/2021.

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

**Data Source:**

SSRS Wits Database reports on Implemented Strategies- SABG Table 5a, Approved Logic Models, and Active Wits Prevention Plans.

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

**Description of Data:**

All prevention activities are approved by the department through logic Models from each community. The logic model activities are then entered into the WITS database for reporting purposes.

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

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

No issues are currently foreseen that will affect the outcomes 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):**

Information provided by Kimberly Koch, AMDD Prevention Program Manager. The total number of Montana Counties utilizing block grant dollars is 33. The total number of communities implementing policies is 18 with the percentage equally 55%. NOTE: Only used ATOD Policies, Environmental Policies and School Policies.

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

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

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

Information provided by the prevention section. The total number of Montana communities using the BG equals 35, and the total amount implementing policies equal 30 communities. The goal was to reach 50% of our communities and we surpassed that goal to 86%. We adjusted the indicators for the next grant year to include policies regarding marijuana prevention. We only used ATOD policies, environmental policies, and school policies.

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

**Footnotes:**

1/12/2022 - The revision request for the COVID Mitigation Report has been uploaded in the attachments per request. JHansen





## COVID Testing and Mitigation Program Report

**Substance Abuse Block Grant (SABG)**  
**Federal Fiscal Year Ending September 30, 2021**  
**Due Date: December 31, 2021**

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

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

State Response:

Not Applicable for activities completed by September 30, 2021. Future activities are in place.

COVID Testing and Mitigation Program Report for Montana	
Item/Activity	Amount of Expenditure

## COVID Testing and Mitigation Program Report

**Substance Abuse Block Grant (SABG)**  
**Federal Fiscal Year Ending September 30, 2021**  
**Due Date: December 31, 2021**

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

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

State Response:

Not Applicable for activities completed by September 30, 2021. Future activities are in place.

COVID Testing and Mitigation Program Report for Montana	
Item/Activity	Amount of Expenditure

### III: Expenditure Reports

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

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

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID- 19 <sup>1</sup>
1. Substance Abuse Prevention <sup>2</sup> and Treatment	\$2,490,633.00		\$16,415,434.00	\$2,826,369.00	\$10,787,776.00	\$0.00	\$0.00	\$635,313.00
a. Pregnant Women and Women with Dependent Children <sup>2</sup>	\$361,872.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b. All Other	\$2,128,761.00		\$16,415,434.00	\$2,826,369.00	\$10,787,776.00	\$0.00	\$0.00	\$635,313.00
2. Substance Abuse Primary Prevention	\$3,300,711.00		\$0.00	\$3,274,999.00	\$322,902.00	\$0.00	\$0.00	\$0.00
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>3</sup>	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. State Hospital								
6. Other 24 Hour Care								
7. Ambulatory/Community Non-24 Hour Care								
8. Mental Health Primary Prevention								
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)								
10. Administration (Excluding Program and Provider Level)	\$277,202.00		\$1,041,151.00	\$683,891.00	\$717,518.00	\$0.00	\$0.00	\$11,419.00
<b>11. Total</b>	<b>\$6,068,546.00</b>	<b>\$0.00</b>	<b>\$17,456,585.00</b>	<b>\$6,785,259.00</b>	<b>\$11,828,196.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$646,732.00</b>

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

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

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

Please indicate the expenditures are actual or estimated.

☒ Actual      ☐ Estimated

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

**Footnotes:**

### III: Expenditure Reports

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

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

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

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

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

<b>Total</b>	<b>\$0</b>
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Please enter the five services (e.g., COVID-19 testing, risk messaging, group therapy, peer support) from any of the above service categories (e.g., Healthcare Home/Physical Health, prevention (including promotion), outpatient services, recovery supports) that reflect the five largest expenditures of COVID-19 Relief Supplement Funds.

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

**Footnotes:**



III: Expenditure Reports

Table 3A SABG – Syringe Services Program

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

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

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

**Footnotes:**

### III: Expenditure Reports

Table 3B SABG – Syringe Services Program

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

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

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

**Footnotes:**

### III: Expenditure Reports

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

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

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

Expenditure Category	FY 2019 SA Block Grant Award
1. Substance Abuse Prevention <sup>1</sup> and Treatment	\$2,898,258.00
2. Primary Prevention	\$3,807,201.01
3. Tuberculosis Services	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>2</sup>	\$0.00
5. Administration (excluding program/provider level)	\$262,419.22
<b>Total</b>	<b>\$6,967,878.23</b>

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

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

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

**Footnotes:**

2/2/22-Kimberly Koch updated Table 4 to include Table 6 Primary Prevention funding and Tables 5a and 5b for a total Primary Prevention expense of \$3,807,204.01.

2/4/22 - Attached the TA Expenditure Report in the attachments. JH

4/6/22 - Removed \$2,968,484 and replaced with the correct amount of \$2,898,258. This reflects the removal of \$70,226 TA dollars that was spent. Please see attachment labeled TA Assistance Summary of Expenditures 2022. The TA Assistance Summary of Expenditures was submitted on 2/4/2022 Noted by JH

6/3/22 - Per the request to remove the \$70,226 TA that was completed on 4/6/22, the amount was not taken out of the drawdown of \$7,038,103.86. The difference of \$259,589 was unobligated expenses. Noted by JH

*Training and Technical Assistance Summary of Expenditures*

Expenditure Category	Fiscal Year 2019
<b>Training Activities:</b> <ul style="list-style-type: none"> <li>○ Registration Fees</li> <li>○ Conferences</li> </ul>	\$27,251.29
<b>Workforce Development Meetings:</b> <ul style="list-style-type: none"> <li>○ Prevention Specialists</li> <li>○ Communities that Care</li> </ul>	\$2,085.26
<b>Travel Expenses:</b> <ul style="list-style-type: none"> <li>○ Lodging</li> <li>○ Airfare</li> <li>○ Mileage</li> <li>○ Per Diem</li> </ul>	\$40,889.31
<b>Total Category Expenditures</b>	<b>\$70,225.86</b>

The SABG TA Supplement Funding has been obligated in relation to serving the priority populations of the Substance Abuse Prevention.

Priority populations include:

- Pregnant Women
- Injecting Drug Users
- Women with Dependent Children
- Persons at Risk of Tuberculosis
- Individuals in Need of Primary Substance Abuse Prevention
- HIV-Designated states or a state designated in any of the prior three fiscal years
- Persons at Risk for HIV

### III: Expenditure Reports

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

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

Expenditure Period Start Date:  Expenditure Period End Date:

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Universal	\$966,216.22	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Information Dissemination</b>	<b>Total</b>	<b>\$966,216.22</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Indicated	\$1,781.60	\$0.00	\$0.00	\$0.00	\$0.00
Education	Universal	\$173,108.64	\$0.00	\$0.00	\$0.00	\$0.00
Education	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Education</b>	<b>Total</b>	<b>\$174,890.24</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective	\$5,344.80	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Indicated	\$11,821.44	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Universal	\$97,317.28	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Alternatives</b>	<b>Total</b>	<b>\$114,483.52</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective	\$5,931.68	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Indicated	\$7,419.84	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Universal	\$1,006.08	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$14,357.60</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Community-Based Process	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Universal	\$591,364.18	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Community-Based Process</b>	<b>Total</b>	<b>\$591,364.18</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Universal	\$59,065.28	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Environmental</b>	<b>Total</b>	<b>\$59,065.28</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 Tobacco	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 Tobacco	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 Tobacco	Universal	\$250,524.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 Tobacco	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Section 1926 Tobacco</b>	<b>Total</b>	<b>\$250,524.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Other	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Other</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Grand Total</b>	<b>\$2,170,901.04</b>				

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

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

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

**Footnotes:**

11/19/2021: Gina Tracy added data to this page. Data for this table was from FEI Wits 10/1/2019-9/30/2020 based on FFY19 expenditures for contractors. WITS hours were calculated at an hourly rate of \$41.92. Starting 10/1/2020 actual expenditures are now being collected in Fei

WITS for more accurate tracking.

6/3/2022 The request to review Table 5a was completed and noted there are no final cost changes. Noted by JH

### III: Expenditure Reports

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

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

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

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$302,599.52	\$0.00	\$0.00	\$0.00	\$0.00
Universal Indirect	\$1,836,002.16	\$0.00	\$0.00	\$0.00	\$0.00
Selective	\$11,276.48	\$0.00	\$0.00	\$0.00	\$0.00
Indicated	\$21,022.88	\$0.00	\$0.00	\$0.00	\$0.00
<b>Column Total</b>	<b>\$2,170,901.04</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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

**Footnotes:**

11/19/2021: Gina Tracy added data to this form. Data for this table was from FEI Wits 10/1/2019-9/30/2020 based on FFY19 expenditures for contractors.

6/3/2022 The request to review Table 5b was completed and noted there are no final cost changes. Noted by JH



### III: Expenditure Reports

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

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2019 SABG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

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

SABG Award	
Targeted Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>
Cocaine	<input checked="" type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>
Inhalants	<input type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>
Bath salts, Spice, K2)	<input type="checkbox"/>
Targeted Populations	
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 type="checkbox"/>
Hispanic	<input type="checkbox"/>
Homeless	<input checked="" type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>

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

**Footnotes:**

### III: Expenditure Reports

**Table 6 - Resource Development Expenditure Checklist**

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

Activity	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated <sup>1</sup>
1. Information Systems	\$0.00	\$185,583.34	\$0.00
2. Infrastructure Support	\$211,012.08	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$0.00
4. Planning Council Activities (MHBG required, SABG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$610,480.96	\$0.00
6. Research and Evaluation	\$0.00	\$0.00	\$0.00
7. Training and Education	\$0.00	\$840,235.66	\$0.00
<b>8. Total</b>	<b>\$211,012.08</b>	<b>\$1,636,299.96</b>	<b>\$0.00</b>

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

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

**Footnotes:**

11/19/2021: Gina Tracy added in data for SABG Prevention. FFY19 expenditures cover the contract payments made from 10/1/2019-9/30/2020 during the second year of the grant period.

2/2/22-Kimberly Koch moved \$610,480.96 from Infrastructure Support to Quality Assurance and Improvement based on the instructions to include any sub-contractor salary support into this category. The \$70,225.86 is the TA supplemental fund is attached for review.

4/6/22 - Removed TA from Row 7 Column C. SABG Combined. Noted JH























6/3/2022 The request to review Table 6 was completed and noted there are no final cost changes. Noted by JH

### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

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

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

										Source of Funds SAPT Block Grant					
	Entity Number	I-BHS ID (formerly I- SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
	201	MT100494		Region 4	Alcohol and Drug Services of	2310 North 7th Avenue	Bozeman	MT	59715	\$153,155.49	\$153,155.49	\$153,155.49	\$0.00	\$0.00	\$0.00
	None	None		Region 2	Alliance for Youth	PO Box 2982	Great Falls	MT	59403	\$185,413.56	\$0.00	\$0.00	\$185,413.56	\$0.00	\$0.00
	323	MT102171		Region 5	Alpenglow	830 Shoreline Drive	Polson	MT	59860	\$22,034.71	\$22,034.71	\$0.00	\$0.00	\$0.00	\$0.00
	None	None		Region 3	ART - Rimrock	1231 North 29th Street	Billings	MT	59101	\$94,343.06	\$94,343.06	\$0.00	\$0.00	\$0.00	\$0.00
	None	None		Region 5	ART - WMMHC	1325 Wyoming Street	Missoula	MT	59801	\$30,572.72	\$30,572.72	\$0.00	\$0.00	\$0.00	\$0.00
	329	MT102067		Region 2	Aspen Assessment and Counseling Services	505 West Main Street Suite 316	Lewistown	MT	59457 -5703	\$1,659.88	\$1,659.88	\$0.00	\$0.00	\$0.00	\$0.00
	222	MT750111		Region 4	Boyd Andrew Community Services	P.O. Box 1153	Helena	MT	59624	\$55,589.91	\$55,589.91	\$0.00	\$0.00	\$0.00	\$0.00
	299	MT100894		Region 2	Bullhook Community Health Center Inc	521 4th Street	Havre	MT	59501 -3649	\$8,252.20	\$8,252.20	\$0.00	\$0.00	\$0.00	\$0.00
	None	None		Region 4	Butte Cares	305 West Mercury Street	Butte	MT	59701	\$384,259.68	\$0.00	\$0.00	\$384,259.68	\$0.00	\$0.00
	283	MT100533		Region 2	Center for Mental Health	P.O. Box 1139	Choteau	MT	59422 -1139	\$1,536.46	\$1,536.46	\$0.00	\$0.00	\$0.00	\$0.00
	295	MT100653		Region 5	Choices for Change Counseling	P.O. Box 622	Superior	MT	59872	\$1,734.06	\$1,734.06	\$0.00	\$0.00	\$0.00	\$0.00
	None	None		Region 5	Confederated Salish Kootenai Tribe	PO Box 278	Pablo	MT	59855	\$21,672.64	\$0.00	\$0.00	\$21,672.64	\$0.00	\$0.00
	212	MT750038		Region 2	Crystal Creek Lodge	807 Piegan Street	Browning	MT	59417	\$5,697.15	\$5,697.15	\$0.00	\$0.00	\$0.00	\$0.00
	273	MT100192		Region 1	Eastern Montana Mental Health	P.O. Box 1530	Miles City	MT	59301	\$377,063.45	\$152,120.73	\$0.00	\$224,942.72	\$0.00	\$0.00
	312	MT102054		Region 4	Florence Crittenton Home & Services	901 North Harris Street	Helena	MT	59601	\$182,231.84	\$182,231.84	\$110,637.21	\$0.00	\$0.00	\$0.00
	None	None		Region 1	Fort Peck Tribe	PO Box 1027	Poplar	MT	59255	\$31,146.56	\$0.00	\$0.00	\$31,146.56	\$0.00	\$0.00
	227	MT900658		Region 2	Gateway Community Services	26 4th Street North	Great Falls	MT	59401	\$252,250.37	\$252,250.37	\$17,469.78	\$0.00	\$0.00	\$0.00
	None	None		Region 2	Havre HELP	PO box 68	Havre	MT	59501	\$250,524.00	\$0.00	\$0.00	\$250,524.00	\$0.00	\$0.00
	313	MT102049		Region 4	Instar Community Services	1824 North Last Chance Gulch	Helena	MT	59601 -0700	\$32,833.34	\$32,833.34	\$0.00	\$0.00	\$0.00	\$0.00
	303	MT100187		Region 4	Intermountain Community Services	3240 Dredge Drive	Helena	MT	59602	\$1,933.36	\$1,933.36	\$0.00	\$0.00	\$0.00	\$0.00
	328	MT102133		Region 1	Jeff Richardson LAC LLC	127 East Front Street	Wolf Point	MT	59201	\$2,952.90	\$2,952.90	\$0.00	\$0.00	\$0.00	\$0.00

	320	MT102101	✗	Region 4	L'Esprit	120 South Main Street	Livingston	MT	59047	\$1,216.25	\$1,216.25	\$0.00	\$0.00	\$0.00	\$0.00
	None	None	✗	Region 4	MSU Center for Health and Safety Culture	PO Box 172470	Bozeman	MT	59717	\$554,854.40	\$0.00	\$0.00	\$554,854.40	\$0.00	\$0.00
	296	MT100718	✓	Region 3	New Day Inc	P.O. Box 30282	Billings	MT	59101	\$183,338.67	\$183,338.67	\$0.00	\$0.00	\$0.00	\$0.00
	310	MT102057	✓	Region 5	Open Aid Alliance	1500 West Broadway	Missoula	MT	59802	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	338	MT102137	✗	Region 1	Oxytocin LLC	1645 US93 S Suite C	Kalispell	MT	59901	\$18,900.81	\$18,900.81	\$0.00	\$0.00	\$0.00	\$0.00
	202	MT900278	✓	Region 3	Rimrock Foundation	1231 North 29th Street P.O. Box 30374	Billings	MT	59101	\$496,310.36	\$496,310.36	\$92,840.40	\$0.00	\$0.00	\$0.00
	206	MT300107	✗	Region 3	South Central Montana Regional MH Ctr	P.O.Box 219	Billings	MT	59103 -0219	\$177,227.22	\$3,680.22	\$0.00	\$173,547.00	\$0.00	\$0.00
	231	MT900674	✓	Region 4	Southwest Chemical Dependency Program	P.O. Box 1587	Livingston	MT	59047	\$255,973.51	\$255,973.51	\$29,124.66	\$0.00	\$0.00	\$0.00
	302	MT100159	✓	Region 4	Southwest Montana Addiction Recovery	630 West Mercury Street	Butte	MT	59701	\$2,155.30	\$2,155.30	\$0.00	\$0.00	\$0.00	\$0.00
	325	MT102065	✗	Region 5	Stepping Stones Counseling LLC	202 Brooks Street Suite 300	Missoula	MT	59802	\$720.74	\$720.74	\$0.00	\$0.00	\$0.00	\$0.00
	322	MT102185	✗	Region 5	Sunburst Community Service Foundation	1511 South Russell Street	Missoula	MT	59802	\$40,296.37	\$40,296.37	\$0.00	\$0.00	\$0.00	\$0.00
	258	MT100168	✗	Region 5	Western Montana Addiction Services	1325 Wyoming Street	Missoula	MT	59801	\$630,512.00	\$319,130.24	\$56,181.92	\$311,381.76	\$0.00	\$0.00
	905	MT900807	✓	Region 2	White Sky Hope Center	P.O. Box 664	Box Elder	MT	59521	\$220,186.20	\$187,027.48	\$0.00	\$33,158.72	\$0.00	\$0.00
	308	MT100804	✓	Region 3	Yellowstone Boys and Girls Ranch	1732 South 72nd Street West	Billings	MT	59106 -3599	\$42,485.09	\$42,485.09	\$0.00	\$0.00	\$0.00	\$0.00
Total										\$4,721,034.26	\$2,550,133.22	\$459,409.46	\$2,170,901.04	\$0.00	\$0.00

\* Indicates the imported record has an error.  
0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**  
6/3/2022 The request to review Table 7 was completed and noted there are no final cost changes. Noted by JH

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2019) + B2(2020)</u> 2 (C)
SFY 2019 (1)	\$10,158,052.00	
SFY 2020 (2)	\$10,398,389.00	\$10,278,220.50
SFY 2021 (3)	\$9,357,437.00	

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

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

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

Yes \_\_\_\_\_ No X

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

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

Excel file is attached to demonstrate the expenditures used to calculate the MOE.

Methodology:

Speed Chart identification numbers are assigned to all sources of funding for spending and tracking purposes. The speed charts that are not block grant and provide substance use disorder treatment are used in this report. Treatment for Residential Homes and Inpatient care are tracked on a monthly basis through treatment information entered in the Substance Abuse Management System

(SAMS). Contractors (Providers) bill these services on a monthly basis separating the information into four categories one for pregnant women/women with dependent children, SSI, criminal justice, and all other. Treatment for outpatient care is tracked on a monthly basis through treatment information entered in the Substance Abuse Management System (SAMS). Contractors (Providers) bill these services on a quarterly or monthly basis separating the information into four categories one for pregnant women/women with dependent children, SSI, criminal justice, and all other.

SSI, Criminal Justice, and the all other category from all invoices are added from all providers to arrive at the MOE Treatment total.

The MOE contains fiscal information for substance use related treatment services provided at the state hospital. The total presented in this table will be higher than the information presented in Table 2 as the information in Table 2 contains only funds the Prevention Bureau is directly responsible for in the administration of substance use disorder treatment and prevention services.

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

**Footnotes:**

3/9/2022 - Montana Behavioral Health & Developmental Disabilities Division received a notice on January 7, 2022, on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA), regarding the Extraordinary Economic Circumstances Waiver and Public Health Emergency Waiver. Montana plans to follow the instructions and believe Montana will possibly qualify for the economic waiver. Noted by Jami Hansen

4/5/2022 - Uploaded MOE Economic Waiver Request. Noted by Jami Hansen

4/8/2022 - Updated description of amounts and methods to include methodology for calculating MOE. Noted by Mary Collins

6/3/22 The methodology is described in the SSA section. Noted by JH

6/13/2022 - Uploaded the attachment for the 2019 SABG MOE Methodology. Noted by JH

Preparing the Subst Abuse State Agency Spending Report	
	<b><u>Varies State funds</u></b>
	Support Sources see e-files
96	Org 33MCDSCS-Fund 02034/02598
91	Org 33 CDBRS all admin-61000/62000
10	Og MSHS fund 02034 & Co-Occurring costs
29	Org 33STATALC prj CoOCCUR..
65	Org08CHEM... prj CHEMDEPEND...
12	Org 08IND... Org 33IND...
23	BU 64010 fund 02034 Org 350104
59	33CDBRS prj MEDCDACCR...MEDCDINPAT
97	Org 33EXPBEN/01100/EXPCDINPA.... and EXPCDINPAX...
52	33CDBRS/02034/900HC/CDMETHTRETSFY
34	
	<b>fund 01100</b>
	<b>Org 33CDBRS see support</b>
0	33CDBRS/01100/900HC/CDMETHTRETSFY
	33CDBRS/01100/900HA/CDMSPFISGF09
00	33MSHS/01100/900HW/62170/62222
	33INDOUT/01100/900V1
	33CDBRS/02129/900A1
	33DIVADS/02217/900HA
03	33MEDICAID/02772/900GC/MEDCDINPATX
03	
36	
13	

Varies State Funds		SFY16	SFY17	SFY18	SFY19	SFY20	SFY21
L1 - Montana Chemical Dependency Center (MCDC)		4,667,932	4,953,810	4,749,497	5,054,522	5,193,637	4,468,496
L2 - Chemical Dependency Bureau Administration		304,974	448,936	499,083	548,898	550,200	660,391
L3 - Montana State Hospital - Co Occuring		1,009,000	421,063	1,363,944	2,127,531	2,148,453	1,246,810
L4 - Co-occurring Treatment Programs		588,540	636,298	608,682	640,798	7,475	783,029
L5 - Quality Assurance Division (Program Evaluation)		83,822	85,406	81,373	87,670	89,505	60,965
L6 - Indirect Transfers ( 04, 06, 08, 09, 33)		588,540	486,780	433,945	517,974	535,401	497,712
Provider Rate Increases							
Dept of Correction Youth Re-entry			25,523	25,523	25,523	25,523	25,523
L7 - Medicaid match (Incl GF, 02)		514,413	902,674	278,839	358,297	280,977	294,759
CD Help GF Match			161,752	161,752	411,598	933,108	616,597
CD Meth SSR		438,328	418,507	184,984	0	0	69,052
Subtotal Alc Tax		8,195,549	8,540,749	8,387,622	9,772,811	9,764,279	8,723,334
Non-Federal MOE							
GF:							
CDMETHTREATSFY		50,814	391,568	0	0	0	0
AD COMM TREATMENT PRI							
L0 - SPF SIG							
HB13a\$450							
Montana State Hospital Pharmacy Costs		75,000	75,000		75,000	75,000	75,000
Indirects							
SSR:							
Dept of Corrections Shared position							
Medicaid Match							
Tobacco Hlth and Medicaid Init		306,660	221,504	550,800	310,241	559,110	559,103
Subtotal Non Fed		432,474	688,072	550,800	385,241	634,110	634,103
TOTAL							
Prior Two Year + Average=MOE to meet		8,628,023	9,228,821	8,938,422	10,158,052	10,398,389	9,357,436
		8,656,739	8,928,422	9,083,622	9,548,237	10,278,221	9,877,913

	SFY16	SFY17	SFY18	SFY19	SFY20	SFY21
State Special Revenue for SUD Treatment						
Earmarked Alcohol Funds	6,787,858	6,435,542	7,119,200	7,285,755	6,400,172	6,180,886
MDCD Cost Recovery	893,278	1,040,781	2,904,913	2,881,835	2,850,236	1,631,092
GF for SUD Treatment	50,814	391,568				



## 69010 Public Health & Human Services Expenditure Summary by Org

Data Selected for Month/FY: 01 (Jul)/2020 through 12 (Jun)/2020

Business Unit	(All)
Program Year	(All)
Fiscal Year	(All)
Month	(All)
Subclass	(All)
Source of Auth	(All)
OBPP Program	(All)
Fund Type	(All)
Account Type	(All)
Acct Lvl 1	(All)
Account	(All)
Project	(All)
Acct Lvl 2	(All)
Ledger	(All)

Amount		Program Year	
Org	Fund	2021	Grand Total
33MCDCS MT Chemical Dependency Cntr		4,468,496.42	4,468,496.42
	02034 Earmarked Alcohol Funds	2,837,404.24	2,837,404.24
	02598 MCDC Cost Recovery	1,631,092.18	1,631,092.18
<b>Grand Total</b>		<b>4,468,496.42</b>	<b>4,468,496.42</b>

# All Business Units Expenditure Summary by Org

Data Selected for Month/FY: 01 (Jul)/2020 through 12 (Jun)/2020

Business Unit	(All)
Fiscal Year	(All)
Month	(All)
Source of Auth	(All)
Fund Type	(All)
Account	(All)
Acct Lvl 2	(All)
Account Type	(All)
Org	(All)
Ledger	(All)
OBPP Program	(All)

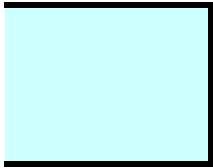
## Amount

Fund	Subclass	Project	Acct Lvl 1
02034 Earmarked Alcohol Funds			
	900HC CHEMICAL DEPENDENCY BUREAU		
		<u>CDBADMIN4600SFY CD BUREAU ADM-070120-063021</u>	
			61000 Personal Services
			62000 Operating Expenses
		<u>CDMETHTREATSFY METH TRTMNT RST-070120-063021</u>	
			61000 Personal Services
		<u>CDSPFALCOHOLSFY HAVER ALC COMP-070120-063021</u>	
			62000 Operating Expenses
		<u>MEDACDBMCDF20 CD MEDICAID PRG-100119-093020</u>	
			61000 Personal Services
			62000 Operating Expenses
		<u>MEDACDBMCDF21 CD MEDICAID PRG-100120-093021</u>	
			61000 Personal Services
		<u>SYNARTOBINSPSFY SYNAR TOB INSPEC-070120-063021</u>	
			62000 Operating Expenses

---

**Grand Total**

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Program Year	
2021	Grand Total
660,391.08	660,391.08
660,391.08	660,391.08
222,438.71	222,438.71
203,998.11	203,998.11
18,440.60	18,440.60
69,051.57	69,051.57
69,051.57	69,051.57
283,901.51	283,901.51
283,901.51	283,901.51
14,395.89	14,395.89
14,322.76	14,322.76
73.13	73.13
31,603.40	31,603.40
31,603.40	31,603.40
39,000.00	39,000.00
39,000.00	39,000.00

660,391.08	660,391.08
------------	------------

## All Business Units Expenditure Summary by Org

Data Selected for Month/FY: 01 (Jul)/2020 through 12 (Jun)/2021

Business Unit	(All)
Program Year	(All)
Month	(All)
Subclass	900HW MSH OPS
Source of Auth	(All)
Fund	02034 Earmarked Alcohol Funds
Fund Type	(All)
Account	(All)
Acct Lvl 2	(All)
Account Type	(All)
Ledger	(All)
Org	(All)
OBPP Program	(All)

Amount		
Org	Fund	Acct Lvl 1
33MSHS Montana State Hospital		
	02034 Earmarked Alcohol Funds	
		<u>61000 Personal Se</u>
		<u>62000 Operating E</u>
Grand Total		



This would be for Project with Nurses and LPN in them  
There were no LPN coded to 02034 in 2021

Project	Program Year	Grand Total
	2021	
	1,246,810.00	1,246,810.00
	1,246,810.00	1,246,810.00
Services	1,087,331.84	1,087,331.84
MSH2411SFY MSH A Unit NURSE-070120-063021	107,398.26	107,398.26
MSH2431SFY MSH Spratt NURSE-070120-063021	47,325.83	47,325.83
MSH2451SFY MSH D UNIT NURSE-070120-063021	69,477.61	69,477.61
MSH2461SFY PINTLER NURSES-070120-063021	55,502.58	55,502.58
MSH2471SFY MSH B UNIT NURSE-070120-063021	72,351.79	72,351.79
MSH2481SFY MSH E UNIT NURSE-070120-063021	57,012.13	57,012.13
MSH6401SFY MSH PHYCHIATRIST-070120-063021	678,263.64	678,263.64
Expenses	159,478.16	159,478.16
MSH2400SFY MSH DIR OF NURSN-070120-063021	158,926.19	158,926.19
MSH6401SFY MSH PHYCHIATRIST-070120-063021	551.97	551.97
	1,246,810.00	1,246,810.00

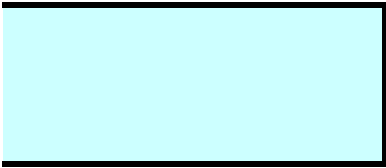
## All Business Units Expenditure Summary by Org

Data Selected for Month/FY: 01 (Jul)/2020 through 12 (Jun)/2021

Business Unit	(All)
Month	(All)
Subclass	(All)
Source of Auth	(All)
Fund	02034 Earmarked Alcohol Funds
Fund Type	(All)
Account	(All)
Acct Lvl 2	(All)
Account Type	(All)
Ledger	(All)
Org	33STATALC 33 ALC TAX STATUTORY
OBPP Program	(All)
Fiscal Year	2021

Amount		
Org	Fund	Project
33STATALC 33 ALC TAX STATUTORY		
	02034 Earmarked Alcohol Funds	
		COOCCURSFY CO-OCURRING ILL-070120-063021
		COOCCURSFY CO-OCURRING ILL-070121-063022
Grand Total		





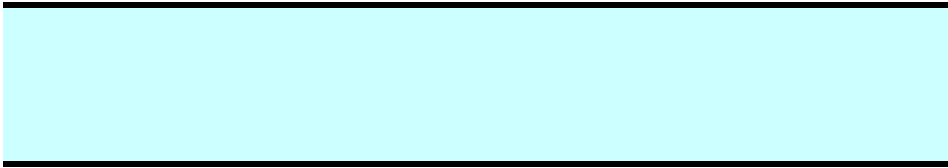
Program Year	
2021	Grand Total
783,029.07	783,029.07
783,029.07	783,029.07
21,121.07	21,121.07
761,908.00	761,908.00
783,029.07	783,029.07

## All Business Units Expenditure Summary by Org

Data Selected for Month/FY: 01 (Jul)/2020 through 12 (Jun)/2021

Fiscal Year	(All)
Month	(All)
Source of Auth	(All)
Fund Type	(All)
Account Type	(All)
Acct Lvl 2	(All)
Ledger	(All)
Account	(All)
Acct Lvl 1	(All)
Subclass	(All)
Project	(All)
Fund	02034 Earmarked Alcohol Funds

<b>Amount</b>		
<b>Business Unit</b>	<b>OBPP Program</b>	<b>Org</b>
69010		
	08 QUALITY ASSURANCE DIVISION	
		08LICCHEM CHEMIC
<b>Grand Total</b>		



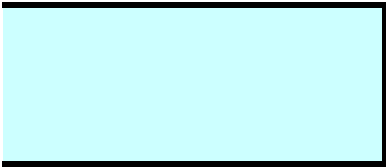
	Program Year	
	2021	Grand Total
	60,964.96	60,964.96
	60,964.96	60,964.96
<b>AL DEPENDENCY LIC PRG 08</b>	<b>60,964.96</b>	<b>60,964.96</b>
CHEMDEPENDF20 08 CHEM DEPNDNT-100119-093020	7,936.99	7,936.99
CHEMDEPENDF21 08 CHEM DEPNDNT-100120-093021	53,027.97	53,027.97
	<b>60,964.96</b>	<b>60,964.96</b>

# All Business Units Expenditure Summary by Org

Data Selected for Month/FY: 01 (Jul)/2020 through 12 (Jun)/2021

Business Unit	(All)
Fiscal Year	(All)
Month	(All)
Source of Auth	(All)
Fund Type	(All)
Account Type	(All)
Acct Lvl 2	(All)
Ledger	(All)
Account	(All)
Acct Lvl 1	(All)
Subclass	(All)
OBPP Program	(All)

Amount		
Org	Fund	Project
<b>08INDOUT PROGRAM 08 INDIRECTS OUT</b>		
	<b>02034 Earmarked Alcohol Funds</b>	
		AMDCDINDSFY F 0203433-070120-063021
<b>33INDOUT PROGRAM 33 INDIRECTS OUT</b>		
	<b>02034 Earmarked Alcohol Funds</b>	
		AMDCDINDSFY F 0203433-070120-063021
		MCDCTIERINDSFY MCDC TIER HLT RC-070120-063021
		MHFIMPROVINDSFY CD MHF-070120-063021
		NONMCDICINDSFY NonMCDC 02034-070120-063021
<b>Grand Total</b>		



Program Year	
2021	Grand Total
29,108.01	29,108.01
29,108.01	29,108.01
29,108.01	29,108.01
468,603.89	468,603.89
468,603.89	468,603.89
394,911.88	394,911.88
30,206.05	30,206.05
6,159.90	6,159.90
37,326.06	37,326.06
497,711.90	497,711.90

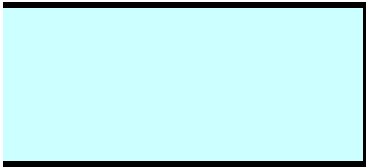
# All Business Units

## Expenditure Summary by Org, Account

Data Selected for Month/FY: 01 (Jul)/2020 through 12 (Jun)/2020

Business Unit	(All)
Fiscal Year	(All)
Month	(All)
Subclass	(All)
Source of Auth	(All)
Fund	02034 Earmarked Alcohol Funds
Fund Type	(All)
Account Type	(All)
Project	(All)
Acct Lvl 1	(All)
Acct Lvl 2	(All)
Ledger	(All)
Account	(All)

Amount	Program Year
OBPP Program	Org
2021	
<b>03 SECURE CUSTODY FACILITIES</b>	<b>25,523.00</b>
350104 PHYCF Cottage Life	25,523.00
<b>08 QUALITY ASSURANCE DIVISION</b>	<b>90,072.97</b>
08INDOUT PROGRAM 08 INDIRECTS OUT	29,108.01
08LICCHEM CHEMICAL DEPENDENCY LIC PRG 08	60,964.96
<b>33 ADDICTIVE &amp; MENTAL DISORDERS</b>	<b>13,306,962.90</b>
33CDBRS Chemical Dependency	660,391.08
33EXPBEN AMDD Expansion Benefits	1,243,000.00
33INDOUT PROGRAM 33 INDIRECTS OUT	468,603.89
33MCDCLR MEDICAID CLEARING	0.00
33MCDCS MT Chemical Dependency Cntr	2,837,404.24
33MEDICAID MEDICAID	294,758.62
33MSHS Montana State Hospital	1,246,810.00
33STATALC 33 ALC TAX STATUTORY	6,555,995.07
<b>Grand Total</b>	<b>13,422,558.87</b>



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**Grand Total**

**25,523.00**

25,523.00

**90,072.97**

29,108.01

60,964.96

**13,306,962.90**

660,391.08

1,243,000.00

468,603.89

0.00

2,837,404.24

294,758.62

1,246,810.00

6,555,995.07

**13,422,558.87**

## All Business Units Expenditure Summary by Org

Data Selected for Month/FY: 01 (Jul)/2020 through 12 (Jun)/2021

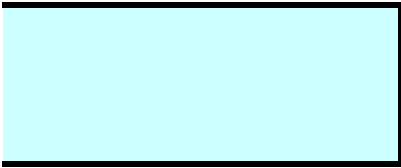
Pull project starting with EXPCDINPA..... and EXPCEINP  
Pulled 33EXPBEN, Fund 01100, Project EXPCDINP93....  
Pulled 33EXPBEN, Fund 01100, Project EXPCDINP95....  
These are the only project available for CD InPatient

Business Unit	(All)
Fiscal Year	(All)
Month	(All)
Subclass	(All)
Source of Auth	(All)
OBPP Program	(All)
Fund Type	(All)
Account Type	(All)
Ledger	(All)
Acct Lvl 1	(All)
Acct Lvl 2	(All)
Account	(All)

### Amount

Org	Fund	Project
33EXPBEN AMDD Expansion Benefits		
	01100 General Fund	
		EXPCDINPAF20 EXP CD INPAT-010120-093020
		EXPCDINPAF21 EXP CD INPAT-100120-093021
		EXPCDINPAXF20 EXP CD INPAT-010120-093020
		EXPCDINPAXF21 EXP CD INPAT-100120-093021
<b>Grand Total</b>		





'AX.....

.and EXPCDINPA93X But no projects exist

.and EXPCDINPA95X But no projects exist

Program Year	
2020	Grand Total
616,596.90	616,596.90
616,596.90	616,596.90
(15,456.09)	(15,456.09)
(102,899.96)	(102,899.96)
213,830.91	213,830.91
521,122.04	521,122.04
616,596.90	616,596.90

## All Business Units Expenditure Summary by Org

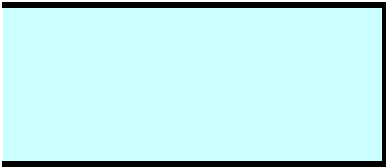
Data Selected for Month/FY: 01 (Jul)/2020 through 12 (Jun)/2021

Pulled 4 year to prove that there have been no exps in SFY2020  
01100/CDMETHTRETSFY  
02034/CDMETHTRETSFY

Business Unit	(All)
Month	(All)
Subclass	(All)
Source of Auth	(All)
Fund Type	(All)
Account	67103 Social Assistance
Acct Lvl 1	(All)
Acct Lvl 2	(All)
Account Type	(All)
OBPP Program	(All)
Ledger	(All)

### Amount

Fund	Org	Project
<b>01100 General Fund</b>		
	<b>33CDBRS Chemical Dependency</b>	
		CDMETHTRETSFY METH TRTMNT RST-070120-063021
		CDMETHTRETSFY METH TRTMNT RST-070120-063021
<b>02034 Earmarked Alcohol Funds</b>		
	<b>33CDBRS Chemical Dependency</b>	
		CDMETHTRETSFY METH TRTMNT RST-070120-063021
<b>Grand Total</b>		



for

Program Year		Grand Total
2021		
0.00		0.00
0.00		0.00
0.00		0.00
0.00		0.00
69,051.57		69,051.57
69,051.57		69,054.57
69,051.57		69,051.57
69,051.57		69,051.57

# All Business Units Expenditure Summary by Org

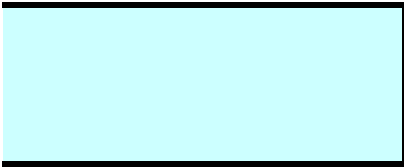
Data Selected for Month/FY: 01 (Jul)/2020 through 12 (Jun)/2021

Business Unit	(All)
Fiscal Year	(All)
Month	(All)
Subclass	(All)
Source of Auth	(All)
Fund Type	(All)
Account	(All)
Acct Lvl 1	(All)
Acct Lvl 2	(All)
Account Type	(All)
OBPP Program	(All)
Ledger	(All)

## Amount

Org	Fund	Project
33MEDICAID MEDICAID		
	<b>02034 Earmarked Alcohol Funds</b>	
		MEDCDACCRSFY MED MDCD ACCRUAL-070121-063022
		MEDCDINPATPCE0 MED CD INPAT-010120-093020
		MEDCDINPATPCE1 MED CD INPAT-100120-123120
		MEDCDINPATPCS0 MED CD INPAT-010120-093020
		MEDCDINPATPCS1 MED CD INPAT-100120-093021
		MEDCDINPATXCE0 MED CD INPAT-010120-093020
		MEDCDINPATXCE1 MED CD INPAT-100120-093021
		MEDCDINPATXCS0 MED CD INPAT-010120-093020
		MEDCDINPATXCS1 MED CD INPAT-100120-093021
	<b>02772 Tobacco Hlth and Medicaid Init</b>	
		MEDCDINPATPCE0 MED CD INPAT-010120-093020
		MEDCDINPATPCE1 MED CD INPAT-100120-123120
		MEDCDINPATPCS0 MED CD INPAT-010120-093020
		MEDCDINPATPCS1 MED CD INPAT-100120-093021
		MEDCDINPATXCE0 MED CD INPAT-010120-093020
		MEDCDINPATXCE1 MED CD INPAT-100120-093021
		MEDCDINPATXCS0 MED CD INPAT-010120-093020
		MEDCDINPATXCS1 MED CD INPAT-100120-093021

**Grand Total**



Program Year	
2021	Grand Total
853,861.49	853,861.49
294,758.62	294,758.62
119,245.63	119,245.63
(0.00)	(0.00)
4,606.66	4,606.66
0.00	0.00
(25,559.56)	(25,559.56)
0.00	0.00
(80,176.12)	(80,176.12)
0.00	0.00
276,642.01	276,642.01
559,102.87	559,102.87
3,733.05	3,733.05
9,092.50	9,092.50
(5,365.84)	(5,365.84)
(50,448.71)	(50,448.71)
(39,710.08)	(39,710.08)
(74,259.59)	(74,259.59)
141,110.62	141,110.62
574,950.92	574,950.92

853,861.49	853,861.49
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## All Business Units Expenditure Summary by Org

Data Selected for Month/FY: 01 (Jul)/2020 through 12 (Jun)/2021

Business Unit	(All)
Month	(All)
Fiscal Year	(All)
Subclass	(All)
Source of Auth	(All)
Fund	(All)
Fund Type	(All)
Acct Lvl 1	(All)
Acct Lvl 2	(All)
Project	(All)
Account Type	(All)
Ledger	(All)

Amount			Program Year	
OBPP Program	Org	Account	2021	Grand Total
<b>33 ADDICTIVE &amp; MENTAL DISORDERS</b>			<b>2,264,934.42</b>	<b>2,264,934.42</b>
	<b>33MSHS Montana State Hospital</b>		<b>2,264,934.42</b>	<b>2,264,934.42</b>
		62170 Prescription Services	1,837,550.77	1,837,550.77
		62222 Drug	427,383.65	427,383.65
<b>Grand Total</b>			<b>2,264,934.42</b>	<b>2,264,934.42</b>



# Department of Public Health and Human Services

Behavioral Health and Developmental Disabilities Division ♦ PO Box 202905 / 100 North Park Avenue, Suite 300

♦ Helena, MT 59620-2905 ♦ (406) 444-3964 ♦ Fax: (406) 444-7391 / 444-9389

Greg Gianforte, Governor

Adam Meier, Director

March 9, 2022

Miriam E. Delphin-Rittmon, Ph.D.  
Assistant Secretary for Mental Health and Substance Use  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (240) 276-2000

Request for Extraordinary Economic Conditions Waiver

Dear Ms. Delphin-Rittmon:

This letter is in response to your email dated January 7, 2021 regarding the MOE shortfall reported on the SABG on the 2022 report that reflects state fiscal year 2021. Montana has demonstrated a commitment to providing and expanding services statewide.

## ***State Multi-Year MOE 2020 – 2021, Report Year: 2022***

<i>Report Year</i>	<i>Required State MOE</i>	<i>Reported State Expenditure Year</i>	<i>Expenditures Reported</i>	<i>Difference</i>	<i>% of Reported Expenditures</i>
2022	\$10,278,221	2021	\$9,357,437	\$920,784	-8.96%
2021	\$10,278,221	2020	\$10,398,389	- \$120.169	8.90%
2020	\$10,278,221	2019	\$10,158,052	\$120.169	11.80%

*Source: WebBGAS System Reports*

## ***Shortfall Narrative***

Over the course of the last 1-2 years, COVID has impacted MT behavioral health and prevention partners' ability to meet the MOE for fiscal year 2021. Treatment services account for the larger share of MOE shortfall for the FFY2021 SABG grant. This is due in large part to retaining behavioral health workforce, lower than usual client engagement in SUD Treatment financial eligibility, temporarily closing satellite offices, and competing federal funding.

In addition, MT has Medicaid coverage for a large part of the SUD treatment compendium that covers all ASAM levels of care except room and board under the 3.1 Residential Treatment for single gender and women & children's homes.

As the coronavirus pandemic has spread across Montana, SUD treatment providers and the tribal prevention programs have had to adjust how they provided SABG funded services. Some providers have closed their offices for weeks at a time as clinical and office staff tested positive for COVID-19 along with clients who cancelled in-person appointments after testing positive with COVID.

Montana has addressed the above stated issues and are working on reinstating programs and creating solutions to avoid this shortfall from happening in the future should the current pandemic continue and/or additional issues arise. Since the beginning of the pandemic, the state has worked with providers to incorporate telehealth and telemedicine as an option and are working to keep clients actively engaged in treatment.

Montana is optimistic that providers are utilizing creative methods to continue services to individuals needing services statewide and do not see gaps, particularly as primary healthcare facilities are integrating behavioral health into their traditional physical health service continuum. Montana is on track to meet the MOE requirements for state fiscal year 2023.

Thank you for considering this request for an Extraordinary Economic Conditions Waiver. For additional information, please contact Jami Hansen at 406-444-3055 or via email at [jami.hansen@mt.gov](mailto:jami.hansen@mt.gov).

Sincerely,

*Jami Hansen*

Block Grant Section Supervisor

DPHHS – Behavioral Health and Developmental Disabilities Div.

Phone: 406-444-3055

Fax: 406-444-7391 or -9389

cc: Theresa Mitchell, DrPH

**2019 SABG MOE Methodology Report**

The State of Montana assigns fund codes and account level identification numbers to all sources of funding managed by the State. Speed chart numbers are developed to enable all expenses to be tracked by specific funding source and by specific purpose. All expenditures are documented with the Agency Wide Accounting Client System (AWACS), the State's payment system, which enables fiscal staff to pull reports for expenses tied to specific speed chart numbers within a certain time frame.

The uploaded excel document titled "SFY 2021 SAPT MOE Table 8a and backup" reflects all the expenses for non-block grant funding that are used to provide substance use treatment services during the State Fiscal Years. The following table documents the funding sources and amounts presented within the excel document.

<b>Funding Source</b>	<b>Description</b>	<b>Purpose</b>	<b>Amount</b>
State General Fund Dollars  Fund Code	State General Fund dollars are the funds made available in the State of Montana's base budget authorized by the state legislature.	State match for Medicaid-funded substance use treatment services (both expansion and non-expansion populations)	\$294,759 + \$616,597 = \$911,356
	This information can be located in the excel document provided under tab "Template",	Montana State Hospital's pharmacy costs	\$75,000
Alcohol Tax Dollars	Alcohol Tax Dollars are state special revenue dollars that are collected with every purchase of alcohol. Montana Code Annotated dictates that a portion of this funding be utilized for substance use treatment services.  This information can be located in the excel document provided, under tab "Alcohol Tax for MOE".	Montana Chemical Dependency Center costs to provide substance use treatment	\$4,468,496
		Prevention Bureau's (formerly known as the Chemical Dependency Bureau) administrative costs	\$660,391
		Montana State Hospital's costs to provide co-occurring treatment	\$1,246,810
		Quality Assurance Division's program evaluation expenses	\$60,965
		Addictive and Mental Disorders Division's indirect costs	\$497,712
State General Fund and Alcohol Tax Dollars		Stimulant use disorder services	\$69,052
	See above.	Department of Correction's expenses for a youth re-entry program	\$25,523
Tobacco Health Fund	The Tobacco Health Fund is state special revenue dollars that are collected with every purchase of tobacco. Montana Code Annotated dictates that a	Tobacco cessation programs	\$559,103

	<p>portion of this funding be utilized for tobacco cessation services.</p> <p>This information can be located in the excel document provided, under tab "Medicaid".</p>		
<b>Total</b>			<b>\$9,357,436</b>

The methodology to obtain the amounts for every expenditure used for substance use treatment services requires fiscal staff to engage in the following process:

1. Provided the date span indicated in the Block Grant instructions to identify expenses for the MOE for the report to identify expenses in each state fiscal year.
2. Generate a list of all non-block grant funded expenses for substance use treatment services and a list of all relevant speed charts used to track the expenses for substance use treatment services.
3. Run query reports within the Agency Wide Accounting Client System (AWACS), the State's payment system.
4. Compile the AWACS reports into a comprehensive excel sheet.
5. Create pivot tables within the excel sheet to total expenditures by funding source and by purpose of funding.
6. Compile all expenditures to identify the sum of non-block grant funded expenses for substance use treatment services to identify the MOE. The compilation of documents will be found in the excel document provided under the "Template" tab.

The MOE requirement is then calculated by averaging the total non-block grant expenditures for substance use treatment services over the two most recent state fiscal years.

### III: Expenditure Reports

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

This Maintenance of Effort table provides a description of expenditures including SABG and state funds (e.g., state legislature appropriations; revenue funds; state Medicaid match funds; and third-party reimbursements) for specialized treatment and related services that meet the SABG requirements for pregnant women and women with dependent children flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

##### Base

Period	Total Women's Base (A)
SFY 1994	\$ 271,086.00

##### Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2019		\$ 1,202,142.00	
SFY 2020		\$ 1,035,140.00	
SFY 2021		\$ 361,872.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2022 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): \$ 500000.00

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). The expenses for Pregnant Women and Women with Dependent Children are calculated from Room and Board at 3.1 Level of Care W/C Residential Treatment and OP/IOP services provided to individuals above Medicaid Eligibility. The expenditures were reduced due to few admissions to 3.1 w/c Residential Treatment and decreased admissions for OP and IOP due to COVID.

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Footnotes:

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

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

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

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	1. Information Dissemination	
	1. Clearinghouse/information resources centers	3
	2. Resources directories	2
	3. Media campaigns	12
	4. Brochures	5
	5. Radio and TV public service announcements	3
	6. Speaking engagements	8
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	4
	9. Engaging Parents Toolkits (ParentingMontana.org)	9
	2. Education	
	1. Parenting and family management	3
	2. Ongoing classroom and/or small group sessions	10
	3. Peer leader/helper programs	2
	4. Education programs for youth groups	5
	3. Alternatives	
	1. Drug free dances and parties	3
	2. Youth/adult leadership activities	6
	4. Community service activities	3
	6. Recreation activities	7
	7. Mentoring Programs	2
	4. Problem Identification and Referral	
	2. Student Assistance Programs	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	2
	2. Systematic planning	3

	3. Multi-agency coordination and collaboration/coalition	17
	4. Community team-building	7
	5. Accessing services and funding	2
	6. Communities that Cares Plus	8
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	5
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	6
	5. ATOD Policy Advocacy, Enactment, or Implementation	4
<b>Already using substances</b>	2. Education	
	1. Parenting and family management	2
	2. Ongoing classroom and/or small group sessions	1
	3. Alternatives	
	6. Recreation activities	1
	4. Problem Identification and Referral	
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	1
<b>Youth on Reservations</b>	2. Education	
	2. Ongoing classroom and/or small group sessions	2
	3. Peer leader/helper programs	1
<b>Youth on Probation</b>	3. Alternatives	
	4. Community service activities	1

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**Footnotes:**

11/22/2021 - Gina added data for the at risk populations for the time range 10/1/2019 - 9/30/2020. Data Source - WITS Report - SABG Table 9,

## IV: Population and Services Reports

**Table 10 - Treatment Utilization Matrix**

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

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

Level of Care	SABG Number of Admissions $\geq$ Number of Persons Served		COVID-19 Number of Admissions $\geq$ Number of Persons Served		SABG Costs per Person (C, D & E)			COVID-19 Costs per Person (C, D & E)		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
<b>DETOXIFICATION (24-HOUR CARE)</b>										
1. Hospital Inpatient	0	0								
2. Free-Standing Residential	0	0								
<b>REHABILITATION/RESIDENTIAL</b>										
3. Hospital Inpatient										
4. Short-term (up to 30 days)	0	0								
5. Long-term (over 30 days)	122	116								
<b>AMBULATORY (OUTPATIENT)</b>										
6. Outpatient	862	822								
7. Intensive Outpatient	157	141								
8. Detoxification										
<b>OUD MEDICATION ASSISTED TREATMENT</b>										
9. OUD Medication-Assisted Detoxification <sup>1</sup>										
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>										

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)

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

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

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

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

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

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	12	4	0	0	0	0	0	0	0	4	4	0	0	0	0	8	4	0	0
2. 18 - 24	130	48	33	1	1	1	0	0	0	13	24	4	5	0	0	66	60	1	3
3. 25 - 44	701	296	165	4	2	1	0	0	1	89	84	24	17	12	6	398	261	28	14
4. 45 - 64	234	121	44	3	0	1	0	2	1	21	23	12	1	3	2	154	68	9	3
5. 65 and Over	15	10	2	0	0	0	0	0	0	1	0	0	1	1	0	11	2	1	1
<b>6. Total</b>	<b>1,092</b>	<b>479</b>	<b>244</b>	<b>8</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>128</b>	<b>135</b>	<b>40</b>	<b>24</b>	<b>16</b>	<b>8</b>	<b>637</b>	<b>395</b>	<b>39</b>	<b>21</b>
7. Pregnant Women	18		9		0		0		0		9		0		0		0		0
Number of persons served who were admitted in a period prior to the 12 month reporting period		0																	
Number of persons served outside of the levels of care described on Table 10		0																	

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

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

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

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

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

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

**Footnotes:**

## IV: Population and Services Reports

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

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

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

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

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

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

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

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

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

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

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

Charitable choice provisions is an attachment to SABG contracts.

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#### Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		0
Number of CY 2020 discharges submitted:		0
Number of CY 2020 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		0

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

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	10	26
Total number of clients with non-missing values on employment/student status [denominator]	100	100
Percent of clients employed or student (full-time and part-time)	10.0 %	26.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		158
Number of CY 2020 discharges submitted:		171
Number of CY 2020 discharges linked to an admission:		100
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		100

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	100
---	-----

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

## Outpatient (OP)

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

Total number of clients with non-missing values on employment/student status [denominator]	234	234
Percent of clients employed or student (full-time and part-time)	74.8 %	78.6 %
Number of CY 2020 discharges submitted:		375
Number of CY 2020 discharges linked to an admission:		234
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		234
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		234

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

## Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	62	57
Total number of clients with non-missing values on employment/student status [denominator]	129	129
Percent of clients employed or student (full-time and part-time)	48.1 %	44.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		191
Number of CY 2020 discharges submitted:		206
Number of CY 2020 discharges linked to an admission:		129
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		129

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	129
---	-----

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

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Footnotes:



## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		0
Number of CY 2020 discharges submitted:		0
Number of CY 2020 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		0

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

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	50	59
Total number of clients with non-missing values on living arrangements [denominator]	100	100
Percent of clients in stable living situation	50.0 %	59.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		158
Number of CY 2020 discharges submitted:		171
Number of CY 2020 discharges linked to an admission:		100
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		100
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		100

## 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]	217	223
Total number of clients with non-missing values on living arrangements [denominator]	234	234
Percent of clients in stable living situation	92.7 %	95.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		797
Number of CY 2020 discharges submitted:		375
Number of CY 2020 discharges linked to an admission:		234
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		234
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		234

## 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]	101	103
Total number of clients with non-missing values on living arrangements [denominator]	129	129
Percent of clients in stable living situation	78.3 %	79.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		191
Number of CY 2020 discharges submitted:		206
Number of CY 2020 discharges linked to an admission:		129
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		129
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		129

**Footnotes:**

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	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 2020 admissions submitted:		0
Number of CY 2020 discharges submitted:		0
Number of CY 2020 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		0

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

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	90	93
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	100	100
Percent of clients without arrests	90.0 %	93.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		158
Number of CY 2020 discharges submitted:		171
Number of CY 2020 discharges linked to an admission:		100
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		100

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	100
---	-----

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

## Outpatient (OP)

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

Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	234	234
Percent of clients without arrests	95.7 %	97.9 %
Number of CY 2020 discharges submitted:		375
Number of CY 2020 discharges linked to an admission:		234
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		234
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		234

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

## Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	111	114
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	129	129
Percent of clients without arrests	86.0 %	88.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		191
Number of CY 2020 discharges submitted:		206
Number of CY 2020 discharges linked to an admission:		129
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		129

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	129
---	-----

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

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

**Footnotes:**

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

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

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

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

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

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

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

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

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

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

Number of CY 2020 admissions submitted:	0
Number of CY 2020 discharges submitted:	0
Number of CY 2020 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

## Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	63	62
All clients with non-missing values on at least one substance/frequency of use [denominator]	100	100
Percent of clients abstinent from alcohol	63.0 %	62.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		14
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	37	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		37.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		48
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	63	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		76.2 %

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

Number of CY 2020 admissions submitted:	158
Number of CY 2020 discharges submitted:	171
Number of CY 2020 discharges linked to an admission:	100
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	100
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	100

## Outpatient (OP)



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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	174	180
All clients with non-missing values on at least one substance/frequency of use [denominator]	234	234
Percent of clients abstinent from alcohol	74.4 %	76.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		28
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	60	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		46.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		152
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	174	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		87.4 %

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

Number of CY 2020 admissions submitted:	797
Number of CY 2020 discharges submitted:	375
Number of CY 2020 discharges linked to an admission:	234
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	234
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	234

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

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	81	74
All clients with non-missing values on at least one substance/frequency of use [denominator]	129	129
Percent of clients abstinent from alcohol	62.8 %	57.4 %

#### 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]		8
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	48	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		16.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		66
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	81	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		81.5 %

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

Number of CY 2020 admissions submitted:	191
Number of CY 2020 discharges submitted:	206
Number of CY 2020 discharges linked to an admission:	129
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	129
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	129

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

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

#### Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

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

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

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

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

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

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		0
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		0
Number of CY 2020 discharges submitted:		0
Number of CY 2020 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		0

## Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	48	35
All clients with non-missing values on at least one substance/frequency of use [denominator]	100	100
Percent of clients abstinent from drugs	48.0 %	35.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		9
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	52	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		17.3 %

### 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]		26
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	48	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		54.2 %

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

Number of CY 2020 admissions submitted:	158
Number of CY 2020 discharges submitted:	171
Number of CY 2020 discharges linked to an admission:	100
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	100
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	100

## 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]	187	154
All clients with non-missing values on at least one substance/frequency of use [denominator]	234	234
Percent of clients abstinent from drugs	79.9 %	65.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		11
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	47	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		23.4 %

**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]		143
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	187	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.5 %

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

Number of CY 2020 admissions submitted:	797
Number of CY 2020 discharges submitted:	375
Number of CY 2020 discharges linked to an admission:	234
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	234
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	234

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

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	76	51
All clients with non-missing values on at least one substance/frequency of use [denominator]	129	129
Percent of clients abstinent from drugs	58.9 %	39.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		9
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	53	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		17.0 %

#### 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]		42
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	76	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		55.3 %

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

Number of CY 2020 admissions submitted:	191
Number of CY 2020 discharges submitted:	206
Number of CY 2020 discharges linked to an admission:	129
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	129
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	129

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

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

#### Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0 %	0.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Number of CY 2020 discharges submitted:		0
Number of CY 2020 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		0

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

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	37	53
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	100	100
Percent of clients participating in self-help groups	37.0 %	53.0 %
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]	16.0 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:	158	
Number of CY 2020 discharges submitted:	171	

Number of CY 2020 discharges linked to an admission:	100
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	100
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	100

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

## Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	70	63
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	234	234
Percent of clients participating in self-help groups	29.9 %	26.9 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-3.0 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		797
Number of CY 2020 discharges submitted:		375
Number of CY 2020 discharges linked to an admission:		234
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		234
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		234

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

## Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	60	55
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	129	129
Percent of clients participating in self-help groups	46.5 %	42.6 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-3.9 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:	191	



Number of CY 2020 discharges submitted:	206
Number of CY 2020 discharges linked to an admission:	129
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	129
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	129

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

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

**Footnotes:**

## V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	19	5	21	29
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	0	0	0	0
5. Long-term (over 30 days)	76	16	55	114
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	80	47	66	106
7. Intensive Outpatient	68	2	47	104
8. Detoxification	0	0	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification <sup>1</sup>	0	0	0	0
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	0	0	0	0

Level of Care	2020 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	47	26
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	0	0

5. Long-term (over 30 days)	171	100
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	375	234
7. Intensive Outpatient	206	129
8. Detoxification	1	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification <sup>1</sup>	0	0
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	0	0

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

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

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

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

**Footnotes:**

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	<b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2018 - 2019	32.6	
	Age 21+ - CY 2018 - 2019	64.0	
2. 30-day Cigarette Use	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019	21.3	
3. 30-day Use of Other Tobacco Products	<b>Survey Item: NSDUH Questionnaire:</b> "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] <sup>[1]</sup> ?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2018 - 2019	4.7	
	Age 18+ - CY 2018 - 2019	10.7	
4. 30-day Use of Marijuana	<b>Source Survey Item: NSDUH Questionnaire:</b> "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2018 - 2019	16.4	
	Age 18+ - CY 2018 - 2019	17.3	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<b>Source Survey Item: NSDUH Questionnaire:</b> "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] <sup>[2]</sup> ? <b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2018 - 2019	4.7	

	Age 18+ - CY 2018 - 2019	2.9	
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[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.  
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.  
0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2018 - 2019	73.6	
	Age 21+ - CY 2018 - 2019	74.8	
2. Perception of Risk From Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2018 - 2019	90.1	
	Age 18+ - CY 2018 - 2019	92.4	
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2018 - 2019	55.9	
	Age 18+ - CY 2018 - 2019	42.5	

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

### Footnotes:

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of alcohol.		
	Age 12 - 20 - CY 2018 - 2019		
	Age 21+ - CY 2018 - 2019		
2. Age at First Use of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2018 - 2019	13.3	
	Age 18+ - CY 2018 - 2019	15.7	
3. Age at First Use of Tobacco Products Other Than Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] <sup>[1]</sup> ?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2018 - 2019	12.9	
	Age 18+ - CY 2018 - 2019	18.5	
4. Age at First Use of Marijuana or Hashish	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2018 - 2019	13.9	
	Age 18+ - CY 2018 - 2019	18.0	
5. Age at First Use Heroin	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of heroin.		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019	30.6	
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever] <sup>[2]</sup> in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		

	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019	33.1	

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



## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2018 - 2019		
2. Perception of Peer Disapproval of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2018 - 2019	93.2	
3. Disapproval of Using Marijuana Experimentally	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2018 - 2019		
4. Disapproval of Using Marijuana Regularly	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2018 - 2019	75.5	
5. Disapproval of Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2018 - 2019		

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### Footnotes:

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	<b>Source Survey Item:</b> NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] <b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019	27.9	

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

### Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	<b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a> . <b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2018	90.3	

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**Footnotes:**

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	<b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System <b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2019	39.0	

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**Footnotes:**

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug- Related Arrests	<b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports <b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2019	3.9	

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**Footnotes:**

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	<b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] <b>Outcome Reported:</b> Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2019 - 2020	66.9	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs? <sup>[1]</sup> [Response options: 0 times, 1 to 2 times, a few times, many times] <b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2019 - 2020	90.1	

[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 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - RETENTION MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ?" <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2019 - 2020	82.3	

[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:**

## V: Performance Indicators and Accomplishments

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

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

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

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

### General Questions Regarding Prevention NOMS Reporting

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

We use FEI Web Infrastructure for Treatment Services (WITS) to collect all of the hours, populations, demographic data, coalition meetings, intervention type, strategies, evidence based level of the intervention, and funding associated with the evidence based programs and strategies. The WITS data is entered for each county throughout Montana on a monthly basis. Then we can assess program outcomes by comparing crosstabs and analyzing information for each county. Each county also has a logic model that the Prevention Specialist implements in their communities, which allows for an ongoing program evaluation option. The six CSAP strategies are identified by assessing the community needs and implementation of the appropriate strategy to meet the needs in their community.

**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.

Under the Race demographic choice in WITS, we have the options, "More Than One Race" and "Race Not Known or Other". both are not OMB required. The Prevention Specialist in the community identifies these demographics on the WITS tracking sheets and they input the data into the WITS Web platform.

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**Footnotes:**

11/22/2021 - Gina Tracy updated the dates and questions in this form. Date Range: Calendar Year 2019

1/1/19-12/31/19. Data Source - WITS SABG Table 31

3/24/2022 - Updated Reporting Period Start Date to 10/1/2018 and the Reporting Period End Date to 9/30/2020. JH



## V: Performance Indicators and Accomplishments

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

Category	Total
<b>A. Age</b>	<b>6,429</b>
0-4	0
5-11	1,240
12-14	1,616
15-17	1,629
18-20	1,500
21-24	75
25-44	218
45-64	81
65 and over	20
Age Not Known	50
<b>B. Gender</b>	<b>6,429</b>
Male	3,282
Female	3,147
Gender Unknown	0
<b>C. Race</b>	<b>6,429</b>
White	5,797
Black or African American	10
Native Hawaiian/Other Pacific Islander	42
Asian	34
American Indian/Alaska Native	142
More Than One Race (not OMB required)	2

Race Not Known or Other (not OMB required)	402
<b>D. Ethnicity</b>	<b>6,429</b>
Hispanic or Latino	139
Not Hispanic or Latino	5,885
Ethnicity Unknown	405

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

**Footnotes:**  
11/22/2021 - Gina Tracy entered this data. Date Range: Calendar Year 2019  
1/1/19-12/31/19  
Data Source - WITS SABG Table 33

## V: Performance Indicators and Accomplishments

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

Category	Total
<b>A. Age</b>	<b>1440851</b>
0-4	56325
5-11	78822
12-14	50470
15-17	51519
18-20	82589
21-24	111507
25-44	293522
45-64	247139
65 and over	157141
Age Not Known	311817
<b>B. Gender</b>	<b>1440851</b>
Male	722442
Female	714873
Gender Unknown	3536
<b>C. Race</b>	<b>1440851</b>
White	1218051
Black or African American	11980
Native Hawaiian/Other Pacific Islander	657
Asian	2393
American Indian/Alaska Native	37708
More Than One Race (not OMB required)	22230

Race Not Known or Other (not OMB required)	147832
<b>D. Ethnicity</b>	<b>1440851</b>
Hispanic or Latino	35175
Not Hispanic or Latino	1107244
Ethnicity Unknown	298432

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

**Footnotes:**

11/22/2021 - Gina Tracy entered this data. Date Range: Calendar Year 2019  
1/1/19-12/31/19. Data Source - WITS SABG Table 32

## V: Performance Indicators and Accomplishments

**Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention**

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	14	N/A
2. Universal Indirect	N/A	\$158,060.00
3. Selective	977	N/A
4. Indicated	5,452	N/A
<b>5. Total</b>	<b>6,443</b>	<b>\$158,060.00</b>
<b>Number of Persons Served<sup>1</sup></b>	<b>6,429</b>	<b>1,440,851</b>

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

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

#### Footnotes:

11/22/2021 - Gina Tracy entered this data. Date Range: Calendar Year 2019  
1/1/19-12/31/19. Data Source - WITS SABG Table 33

## V: Performance Indicators and Accomplishments

**Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention**

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

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

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

The Montana Evidence Based Work Group (EBWG) includes several key stakeholders that meet monthly to review proposals for evidence based programs, policies, and practices that are sent to us for assessment, approval, or denial. The EBWG continues to analyze, assess, review and provide evidence based strategies for our prevention team to implement in every county throughout Montana. EBWG Mission Statement: Assist Montana communities in selecting best fit evidence-based substance misuse and abuse prevention strategies for their unique community to address identified needs. EBWG Vision Statement: Improve health and prevent substance misuse and abuse across the lifespan of all Montanans by implementing sustainable prevention programs and practices which are grounded in science; based on proven standards; use valuable resources effectively and efficiently and are responsive to diverse cultural beliefs and practices. The EBWG provides an evidence level for each program proposed. Based on the evidence from these sources, each program (or practice or policy) was classified as either Effective, Promising, Innovative, or Not Cleared according to the following definitions: • Effective: Multiple sources provide evidence of statistically significant long-term effects resulting from the program. • Promising: At least one source provides evidence of positive effects from the program, but more thorough research may need to be conducted to confirm those results. • Innovative: Program is relatively new or has mixed research results, more thorough research is required to determine the effectiveness of the program. • Not Cleared: The program does not have up-to-date research regarding its effectiveness and/or the research indicates no statistically significant effects. The established evidence-based program evaluators that are used by the evidence-based workgroup include Blueprints for Healthy Youth Development, the California Evidence-Based Clearinghouse for Child Welfare (CEBC), the Collaborative for Academic, Social, and Emotional Learning (CASEL), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Social Programs that Work, and What Works Clearinghouse (WWC). Following meeting the criteria for SAMHSA operational definition of "evidence-based" as defined above, communities are also required to align their selection with their "Community Needs" as outlined through Community Fit, Feasibility, and Data Outcome Driven Measures. Community Fit Criteria: - Will the proposed strategy yield the listed short- and long-term outcomes? - Are the proposed activities an appropriate match with the population served? - Does it address the identified Risk/Protective Factors? Feasibility (Capacity-Resources for Sustainability): Feasibility addresses the process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, that partnerships are strengthened, and that financial and other resources are secured over the long term. (Staffing, Time, Resources) We also provide our Prevention Specialists with a chart that ranks the ease of sustainability on a scale of 1-5; 1 being low support and 5 being high support. Data Outcome Driven Measures Does the program and/or selected strategy: - address the prioritized issue? - focus on identified target population? - address short- and long-term Outcome Measures (Problem & Risk/Protective Factors)?

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

We use FEI Web Infrastructure for Treatment Services (WITS) to collect all of the hours, populations, demographic data, coalition meetings, intervention type, strategies, evidence based level of the intervention, and funding associated with the evidence based programs and strategies. The WITS data is entered for each county throughout Montana on a monthly basis. Then we can assess program outcomes by comparing crosstabs and analyzing information for each county. Each county also has a logic model that the Prevention Specialist implements in their communities, which allows for an ongoing program evaluation option. The six CSAP strategies are identified by assessing the community needs and implementation of the appropriate strategy to meet the needs in their community. Each strategy contains an evidence level that, includes but not limited to, prevention education.

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	22	41	63	2	3	68
2. Total number of Programs and Strategies Funded	52	104	156	4	6	166
3. Percent of Evidence-Based Programs and Strategies	42.31 %	39.42 %	40.38 %	50.00 %	50.00 %	40.96 %

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

**Footnotes:**  
11/22/2021 - Gina Tracy added data and narrative to this form. Date Range: Calendar Year 2019  
1/1/19-12/31/19  
Data Source - WITS SABG Table 34

## V: Performance Indicators and Accomplishments

**Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies**

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 39	\$166,967.36
Universal Indirect	Total # 60	\$302,609.30
Selective	Total # 6	\$5,931.68
Indicated	Total # 8	\$8,027.68
	Total EBPs: 113	Total Dollars Spent: \$483,536.02
<b>Primary Prevention Total<sup>1</sup></b>	<b>\$3,807,201.01</b>	

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

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

### Footnotes:

11/29/2021 - Gina Tracy updated this form. Date Range 10/1/2019 to 9/30/2020

Data Source - WITS - InHouse Report SABG\_Table35\_Rate\_41.92\_Hours Final



V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2022 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category D:		
File	Version	Date Added

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

Footnotes: