

Iowa

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
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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

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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

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Footnotes:

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Expand the capacity of the IPN Primary Prevention Workforce to target increased rates of Underage and Binge Drinking
Priority Type: SAP
Population(s): PP

Goal of the priority area:

By year two, the underage drinking rate of 8th graders will be reduced by at least one percentage point as documented by the Iowa Youth Survey (2020-2022)

Objective:

IDPH will identify and implement strategies to reduce binge-drinking in youth under the age of 18 and young adults up to age 24

Strategies to attain the goal:

IDPH is supporting ongoing evidence-based programming through online and in-person trainings, to support IPN prevention agencies in their efforts to address underage alcohol use and binge drinking.

IDPH is requiring all IPN contractors to focus on Alcohol as a required prevention priority. IDPH is currently conducting three IPN Prevention Regional Trainings on the Strategic Prevention Framework to discuss the Assessment and Capacity steps which will inform future prevention strategies.

IDPH is supporting ongoing evidence-based programming through online and in-person trainings, during year one, to support IPN prevention agencies in their efforts to address underage alcohol use and binge drinking.

Alcohol is a required prevention priority area that all funded agencies must address throughout the project period of the grant. Prevention strategies focusing on alcohol and currently include but are not limited to the following:

Evidence-based programming such as LifeSkills, Project Alert, Curriculum Based Support Group, and Prime for Life;

Drivers education focusing on the risks and harms of underage drinking;

Health Promotion efforts such as the "What Do You Throw Away" underage drinking media campaign;

Responsible Beverage Server Training for liquor license establishments utilizing the Training for Intervention Procedures evidence-based program;

Providing technical assistance and support to local community coalitions to discuss the importance and benefits of alternative activities;

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Reduced the drinking rate of 8th grade students by one percentage point
Baseline Measurement: Iowa youth survey
First-year target/outcome measurement: 8.9%
Second-year target/outcome measurement: 7.9%
New Second-year target/outcome measurement(if needed):

Data Source:

Iowa Youth Survey 2020-2022

New Data Source(if needed):

Description of Data:

Data collected every two years in survey administered in school setting

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Data not available until 2021 as data survey administered every two years with data collection and analysis following that collection of data.

New Data issues/caveats that affect outcome measures:

Ability to collect IYS data

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:

By year 2, the underage drinking rate of 8th graders will be reduced by at least one percentage point as documented by the Iowa Youth Survey (IYS) 2020-2022 report

Challenges: Due to Covid-1 in 2020; , the Governor of Iowa issued the following proclamation:

Per the disaster proclamation by Governor Reynolds on May 20, 2020, the Iowa Youth Survey (IYS) is delayed until 2021. The IYS is delayed to allow time for more planning and registration, and so as to not cause additional schedule disruptions as students are returning to school in the fall.

IDPH is moving forward with plans to conduct the survey during the spring semester of 2021 dependent on additional impacts of the COVID-19 pandemic. Periodically over the next 3-6 months, IDPH shall provide updates on survey administration timeframes, anticipated administration changes, and registration for the survey. Please look for these updates over the summer and feel free to submit any IYS questions to iowayouthsurvey.iowa.gov.

As a result of the proclamation, IDPH will not have data available from the IYS to demonstrate that target data measures were met.

How first year target was achieved (optional):

IDPH will identify and implement strategies in youth under 18 and young adults up to age 24.

IDPH is requiring all IPN contractors to focus on Alcohol as a required prevention priority throughout the project period.

Prevention strategies focusing on alcohol currently include but are not limited to the following:

Utilization of the Assessment step of the Strategic Prevention Framework on the to understand community readiness on binge drinking in each IPN funded county.

Evidence-based individual programming such as LifeSkills, Project Alert, Curriculum Based Support Group, and Prime for Life; Drivers education focusing on the risks and harms of underage drinking.

Environmental strategy implementation focusing on the "What Do You Throw Away" underage drinking prevention media campaign and "Think Before You Drink" adult alcohol use prevention media campaign; Responsible Beverage Server Training through the Training for Intervention Procedures (TIPS) for liquor license establishments.

Providing technical assistance and support to local community coalitions to discuss the importance and benefits of alternative activities as well as alcohol-related data, effective prevention services and resources.

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

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

Unable to show achievement of data threshold due to delay of the Iowa Youth Survey (IYS) related to Covid-19 pandemic and the Governor of Iowa proclamation indicating a delay in administration of the IYS.

Per the disaster proclamation by Governor Reynolds on May 20, 2020, the Iowa Youth Survey (IYS) is delayed until 2021. The IYS is delayed to allow time for more planning and registration, and so as to not cause additional schedule disruptions as students are returning to school in the fall. As a result of the proclamation and subsequent postponement of the survey, IDPH will not have data available to support a reduction in underage drinking as evidenced by the IYS by the end of year 2. Data will be available in Spring of 22.

IDPH moved forward with plans and conducted the IYS survey during the spring semester of 2021. Following the survey, IDPH provided updates on survey administration timeframes, anticipated administration changes, and registration for the survey. Due to the postponement of the IYS, data results are not available. For further information see: iowayouthsurvey.iowa.gov.

IDPH continues to support ongoing evidence-based programming through online and in-person training, to support IPN prevention agencies in their efforts to address underage alcohol use and binge drinking.

IDPH conducted IPN Prevention Regional Trainings on the Strategic Prevention Framework to discuss the Assessment and Capacity steps which will inform future prevention strategies. Training on the planning steps and on environmental strategies will be provided in November 2021.

IDPH is supporting ongoing evidence-based programming through online and in-person training, during year one, to support IPN prevention agencies in their efforts to address underage alcohol use and binge drinking.

IDPH is requiring all IPN contractors to focus on Alcohol as a required prevention priority. All IPN funded agencies must address Alcohol throughout the project period of the grant. Prevention strategies focusing on alcohol and currently include but are not limited to the following:

Evidence-based programming such as LifeSkills, Project Alert, Curriculum Based Support Group, and Prime for Life, Drivers education focusing on the risks and harms of underage drinking,

Health Promotion efforts such as the "What Do You Throw Away" underage drinking media campaign, Responsible Beverage Server Training for liquor license establishments utilizing the Training for Intervention Procedures evidence-based program, Providing technical assistance and support to local community coalitions to discuss the importance and benefits of alternative activities to address underage alcohol use and binge drinking.

How second year target was achieved (optional):

Priority #: 2
Priority Area: Increase IPN workforce competency in Zero Suicide: Youth and Young Adult Mental Health- Serious Suicidal Ideation Increase-Plan to Address:
Priority Type: SAT
Population(s): PP

Goal of the priority area:

IDPH will increase the competency of the IPN network to implement Zero Suicide strategies

Objective:

IPN contractors will increase competency in assessing and developing policies and skills in the Zero Suicide Framework

Strategies to attain the goal:

The majority of contractors utilize the PHQ-9, with the few others utilizing screenings such as SAD Persons scale, suicide risk assessment, Columbia Suicide Severity Tool etc. IDPH will require ALL IPN providers to implement an evidenced based screening tool for suicide/depression screening and to repeat screening as needed throughout the treatment episode. IDPH will explore the use of requiring one specific screening IDPH will educate the IPN contractors about co-occurring disorders, data and the required focus to either provide mental health related services or utilize care coordination to provide warm handoffs and secure linkages to mental health providers in the community. IDPH will provide training on the Zero Suicide framework to all IPN contractors. IDPH will continue to provide education to IPN. IDPH will work with contractors to complete detailed safety planning for participants who had a positive suicide screening and identified some level of risk for self-harm (current or past). IDPH through the Zero Suicide Iowa project, will be offering patients who may be at risk for suicide follow-up calls as they transition out of residential SUD treatment.

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase workforce competency in Zero Suicide
Baseline Measurement: By the end the the Zero Suicide Project, contractors will utilize screening, have training in Zero Suicide, will demonstrate competency in zero suicide safety planning and will have follow-up processes in place
First-year target/outcome measurement: By the end of year one, IDPH will review screening tools and ensure all IPN providers are assessing for depression and suicide
Second-year target/outcome measurement: By 2020, approximately half of the IPN contractors will have attended the Zero Suicide Academy

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

Data Source:

Retro Reviews, Zero Suicide Academy Trainings

New Data Source(if needed):

Description of Data:

Documentation of Screening tools utilized in Retrospective Reviews; Zero Suicide Attendance logs

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

incomplete attendance logs ; need for increased technical assistance

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):

IDPH has been the lead agency within Iowa to implement suicide prevention programming and services across the state. The division of Behavioral Health has been responsible for leading these suicide prevention efforts. The Division has administered several Garrett Lee Smith Youth Suicide Prevention grants in the past. Currently, IDPH has a zero suicide discretionary grant. This grant focuses on implementing the zero suicide framework in healthcare and behavioral healthcare settings. Iowa is implementing this grant through the Iowa Provider Network (block grant funded providers). All IPN provided participated in a day-long introduction to Zero Suicide in September 2020. Approximately half of the IPN providers attended a formal virtual Zero Suicide Academy September 2-3, 2020; the other half will participate in an Academy in late 2021 or early 2022.

IDPH formed the Iowa Suicide Prevention Planning Group (ISPPG) in 2014 of approximately 25 people representing state and local organizations. This group developed the Iowa Plan for Suicide Prevention with a goal of reducing the annual number of deaths by suicide in Iowa by 10% by the year 2018. The plan builds on previous plans and incorporates the 2012 national Strategy for Suicide Prevention to provide a framework for suicide prevention. The report identified several key areas that cross all goals and objectives, including stigma, zero suicide within a cultural context. Currently, the ISPPG is beginning the process to revise Iowa's Suicide Prevention Plan.

IDPH has increased the competency of the IPN providers to implement Zero Suicide strategies. Besides the aforementioned Zero Suicide Academies, IDPH is also offering other suicide prevention trainings to IPN providers through the Zero Suicide project. These evidence-based trainings include Assessing and Managing Suicide risk for Substance Use Disorder Professionals (AMSR SUD), Applied Suicide Intervention Skills Training (ASIST), and Counseling on Access to Lethal Means (CALM). More training will be offered during the remaining three years of the project.

The Zero Suicide Institute provides an evidence based approach to suicide prevention and involves Zero Suicide intervention skills training, suicide awareness, education about suicide, safety planning, care transitions (warm handoffs) and is an evidenced based practice/model in prevention of suicide.

A media campaign "Save a Life" for suicide prevention ran during May and June 2020 and the materials are available on the YourLifeIowa.org media center.

As a result of legislation in May 2019, yourlifeiowa.org was expanded to include resources for mental health including children's mental health. Within this legislation, the "Department of Human Services (DHS) and Iowa Department of Public Health (IDPH) shall provide a single, statewide twenty-four hour crisis hotline that incorporates information for families of children with a serious emotional disturbance which may be provided through the expansion of the yourlifeiowa platform".

The Patient Health Questionnaire (PHQ) is a required screening tool for screening of depression/suicide. IDPH has provided training on use of the PHQ and all Integrated Provider Network (IPN) providers are required to utilize this tool on all clients.

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):

IDPH has been the lead agency within Iowa to implement suicide prevention programming and services across the state. The division of Behavioral Health has been responsible for leading these suicide prevention efforts. Currently, IDPH has a SAMHSA zero suicide discretionary grant. This grant focuses on implementing the zero suicide framework in healthcare and behavioral healthcare settings. Iowa is implementing this grant through the Iowa Provider Network (block grant funded providers).

9 IPN providers completed the Zero Suicide Academy and are now participating in monthly Zero Suicide Community of Practice meetings. A second academy will be held for the remaining 11 IPN agencies in August 2021. Those 11 agencies will then complete the Community of Practice meetings following completion of the academy.

403 IPN staff completed the LivingWorks Start gatekeeper training which focused on training non-clinical staff learning how to recognize when someone might be thinking about suicide, how to engage the person they are concerned about and how to connect them to resources.

IDPH sponsored 8 Assessing and Managing Suicide Risk for Substance Abuse Professionals (AMSR-SUD) trainings with 2 additional trainings scheduled this fall. These evidence-based trainings include Assessing and Managing Suicide risk for Substance Use Disorder Professionals (AMSR SUD), Applied Suicide Intervention Skills Training (ASIST), and Counseling on Access to Lethal Means (CALM).

Priority #: 3
Priority Area: Expansion of MAT services including Access to MAT physicians
Priority Type: SAT
Population(s): PWID

Goal of the priority area:

Increase access to Medication Assisted Treatment Services and Increase Medication Assisted Treatment Prescribers

Objective:

Build capacity of the IPN network to build capacity to address the needs of Iowans with opioid use disorders and individuals with polysubstance abuse; including persons who inject drugs who are at higher risk for infectious disease.

Strategies to attain the goal:

Collaboration with IDPH’s Bureau of HIV, STD and Hepatitis to expand education, screening, care coordination, risk reduction intervention and counseling for Iowa MAT clients. IDPH has hired a substance abuse/HIV coordinator to link needed services. The Bureau of HIV, STD, and Hepatitis contracts with 10 local public health agencies and community-based organizations (located in the most populous counties of Iowa) to provide opportunities for high-risk and disproportionately impacted populations to test for HIV, STD (chlamydia, gonorrhea, and syphilis), and hepatitis B and C. Sites also offer immunizations for hepatitis A and B to high-risk adults who have never been vaccinated. Staff at these counseling, testing, and referral (CTR) sites provide counseling to help initiate behavior change to avoid infection or if the client is infected, to prevent transmission to others. They also refer clients to additional prevention programs, medical care, and services, like substance abuse treatment.

IDPH is participating in the State Prescription Abuse Work group and works with the Board of Pharmacy’s Prescription Drug Monitoring Program. IDPH has put in place a statewide standing order for administration of Naloxone. Pharmacies, state-wide, have stocked naloxone per the standing orders. IDPH has worked with other state agencies and stakeholders to prevent opioid overdose by providing access to naloxone, the medication that temporarily reverses an opioid overdose, allowing the person to receive life-saving medical care. IDPH is offering MAT as a funded Recovery Support Services through various discretionary grants such as STR, and SOR grants. IDPH competitively procured the Integrated Provider Network for Methadone providers as part of the integrated RFP which was effective January 2019. United Community Services, the selected Methadone OTP, has expanded the number of OTPs – including satellite “Medication Unit” locations to three OTPs, with a combined total of 12 locations with 3 more planned by late 2019. The expansion will increase access to MAT services across the state.

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Iowan's will have Increased access to MAT providers: number of physicians prescribing Buprenorphine
Baseline Measurement: Expansion of Medication Units to provide Methadone and Buprenorphine
First-year target/outcome measurement: 3 additional Medication units by end of 2019
Second-year target/outcome measurement: Increase in number of prescribers from 160 to 194 by end of year two

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

Data Source:

SAMHSA registry and State data for number of Medication Units prescribing MAT

New Data Source(if needed):

Description of Data:

SAMHSA Prescriber Registry and tracking of State MAT clinics

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

increased costs, workforce, accurate documentation in SAMHSA prescriber registry, dedication of additional resources

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):

Initiated discussions with UCS Healthcare regarding the ability to offer services through a Medication Unit. Since that time, UCS has opened 11 Medication Units across the state. Through developed materials (MAT Provider Maps), community presentations, and publicized need (Opioid Update Newsletter), the IDPH staff continuously addressed the benefits of Buprenorphine as a treatment for OUD, along with the state's lack of providers. Since that time, Iowa has increased the number of Buprenorphine Waivered to 195 (9/1/2020) (from 160 identified). As part of the State Opioid Response Grant, (SOR), IDPH is offering subsidized MAT services for all three FDA approved medications for the treatment of OUD.

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):

Through a range of coordinated efforts (SAMHSA technical assistance, collaboration with Iowa's State Medical Director, recruitment through the Medicine and Nursing state boards, and direct outreach to prescribers and other medical professionals), the number of Buprenorphine Waivered prescribers in Iowa increased from 31 in 2015 to 196 in 2021 ((listed on the SAMHSA locator) and an additional 200 waivered prescribers not listed on the locator. IDPH has collaborated with United Community Services, the selected IPN funded Methadone OTP in Iowa, to expand the number of OTP's-including satellite "Medication Units" In 2015, Iowa had five OTPs, with a combined total of eight locations in five counties. IDPH initiated conversations with one of the OTPs in Iowa to discuss the use of "Medication Units". Since that time, Iowa has increased availability of this service through the use of Medication Unit locations – to five OTPs, with a combined total of 19 locations in 15 counties in 2020. Iowa's use of Medication Units involves establishment of dosing facilities within established SUD treatment facilities in order to reinforce community-based support.

Priority #: 4

Priority Area: Expand Competency of New IPN Workforce and Develop Strategies for Increased Admissions related to Primary or Secondary Methamphetamine Admissions

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Expand capacity of IPN Women and Children workforce to effectively identify and treat women and women with dependent children who have a primary or secondary diagnosis of Methamphetamine

Objective:

IDPH will collaborate with SEW workgroup to analyze data and make recommendations for focus

Strategies to attain the goal:

IDPH will review data and monitor on an ongoing basis to monitor data trends-quarterly. IDPH is inviting the Women and Children contractors to participate in a series of Stimulant/Methamphetamine specific Project Echo trainings to occur later in 2019 sponsored by the Addiction Technology Transfer Center. IDPH is providing shared training opportunities to Women and Children contractors through the PRISM Policy Academy participants; and including maternal health providers.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase workforce competency in treating women with stimulant disorders

Baseline Measurement: IDPH has held educational meetings with contractors to review current data/trends/treatment options

First-year target/outcome measurement: 100% of Women and Children Contractors will participate in series of Project Echo trainings on Stimulant disorders by end of 2020

Second-year target/outcome measurement: 100% of Women and Children Contractors will attend a Polysubstance Summit to be held by end of 2019.

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

Data Source:

Project Echo Trainings logs and attendance records at summit

New Data Source(if needed):

Description of Data:

attendance log records

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

environmental factors such as weather conditions to attend face to face trainings, workforce development issues which could impact attendance

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):

Women and Children providers were invited to participate in the Addictions Technology Transfer Center (ATTC) Project Extension for Community Healthcare Outcomes, (ECHO) Webinar series beginning in October 2019. This series utilized a Project ECHO format to provide case based learning and consultation for substance use and other health care providers working with women who use stimulants. Using the ZOOM video conferencing platform, providers were able to connect directly with leading experts in the field to build their capacity to provide evidence-based care. Each of the 6 sessions includes a brief didactic presentation and an interactive discussion on de-identified client cases. Approximately half of the Women and Children providers attended. As the series was recorded, and slides were available, the participants were able to download the content if unable to attend in person at: <https://attcnetwork.org/centers/mountain-plains-attc/women-and-stimulant-use-echo-series>

Provide shared training opportunities to Women and Children contractors through the Promoting Innovation in State Maternal Child Health Policymaking (PRISM) Policy Academy (cross system collaboration between maternal health and Substance Use Disorder (SUD) The Iowa Department of Public Health, in collaboration with the maternal health Title V and Title IV programs, are involved in a policy academy through the Association of State and Territorial Health Officials (ASTHO). The state plan developed strategies and action items to cross train maternal health providers and women and children providers in Overdose Recognition and Response. A training was held on January 16, 2020. Included in this presentation was education on Opioids, Overdose and Response and how to administer Naloxone. This training was offered to nurses who work in the community to be provided training on the tools and resources; including how to properly administer Naloxone. Through the Department of Public Health's standing order, nurses who completed the training, were able to obtain naloxone through the Department's standing order process. This training also facilitated increased collaboration between shared clients, offered opportunities for cross system collaboration and utilized a best practice regarding medication assisted treatment.

Invite Women and Children providers to the "A Closer Look- Methamphetamine, Opioids and Polysubstance Abuse Conference.

The Iowa Department of Public Health is leading a strategic focus on Methamphetamine and stimulant work. The IDPH has an internal workgroup which has focused on the increase of Methamphetamine in our state. In addition, subcommittee members meet on a regular basis and have developed a strategic plan, have provided educational opportunities across the state and country and have led multiple

initiatives with the IPN network. Some of these initiatives include: media campaigns and Radio public service announcements, development of resource and educational materials, fact sheets, data briefs and campaigns focused on priority populations including women who are pregnant. Several of these resources focus on youth. IDPH makes resources available at:

<https://yourlifeiowa.org/drugs/methamphetamine>

Other strategies IDPH has prioritized is bringing together the IPN network, including women and children providers, to provide educational content from leading experts. IDPH hosted "A Closer Look- Methamphetamine, Opioids and Polysubstance Conference" In December of 2019. Attendance by IPN providers were well represented.

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

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

How second year target was achieved (optional):

The Iowa Department of Public Health is leading a strategic focus on Methamphetamine and stimulant work. The IDPH has an internal workgroup which has focused on the increase of Methamphetamine in our state. In addition, subcommittee members meet on a regular basis and have developed a strategic plan, have provided educational opportunities across the state and country and have led multiple initiatives with the IPN network. Some of these initiatives include: media campaigns and radio public service announcements, development of resource and educational materials, fact sheets, data briefs and campaigns focused on priority populations including women who are pregnant. Several of these resources focus on youth. IDPH makes resources available at: <https://yourlifeiowa.org/drugs/methamphetamine>

IDPH has prioritized bringing together the IPN network, including women and children providers, to provide educational content from leading experts. IDPH hosted "A Closer Look- Methamphetamine, Opioids and Polysubstance Conference" In December of 2019. Attendance by all IPN providers, including women and children, were represented.

IDPH is focusing federal and state opioid funding (through the State Opioid Response Grant) to increase efforts for overdose prevention and to increase expansion of prevention, treatment and recovery support services for people affected not only by opioids but also methamphetamine.

IDPH collaborated with the Iowa State University's Public Science Collaborative to create the "Methamphetamine Use in Iowa" report. This report was funded through the Overdose Data to Action grant and is built on focus group results, review of data on methamphetamine in Iowa (including people who are women, and people who are pregnant and parenting) and recommendations to address the issue. A data-to-action workshop will be held in November 2021 and IPN women and children funded providers and maternal health partners are invited to attend.

Priority #: 5
Priority Area: Expand workforce capacity of the IPN network to effectively serve individuals in need of screening, treatment or referral for individuals with Tuberculosis (TB)
Priority Type: SAT
Population(s): TB

Goal of the priority area:

Increase capacity of IPN to effectively serve persons in need of screening, treatment or referral for persons with TB

Objective:

Increase workforce strategies related to screening, collaboration with partners, and providing treatment services

Strategies to attain the goal:

IDPH is requiring all IPN contracts to annual attest to following SABG TB requirements, annual training on TB requirements, In-depth planned trainings on requirements at the Iowa Behavioral Health Provider Association Meetings to contractor directors
SSA and provider director meetings to review requirements
Transition from a narrative reporting function to monitoring through the retrospective review process. beginning in October 2019.
IDPH will also focus education efforts to IPN contractors regarding SABG requirements and provide specific follow up for data collection, monitoring and follow-up. Monitor additional requirements through licensure process

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: IPN capacity will be increased to provide SABG requirements related to persons with TB or have screening process and referral processes in place

Baseline Measurement: Number of IPN providers with screening processes and referral processes in place

First-year target/outcome measurement: IDPH will provide training to all IPN contractors by end of year one

Second-year target/outcome measurement: IDPH will complete retrospective reviews on 100% of IPN contractors to monitor compliance

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

Data Source:

Training attendance logs and retrospective reviews

New Data Source(if needed):

Description of Data:

attendance at required trainings for conveyance and monitoring clinical records and policy at retrospective reviews

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

lack of understanding of regulations, lack of workforce to collaborate, workforce development issues

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):

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):

IDPH, on an annual basis, requires all IPN contractors to submit attestation documents to all SABG regulations. In year two, all IPN contractors were required to submit policies and procedures on all SABG regulations, including TB, in October 2021. IDPH is currently reviewing contractor policies and procedures.

Through the IDPH licensure process, Baseline TB screening procedures are mandated for residents of residential, inpatient, and halfway house facilities. All residents shall be assessed for current symptoms of active TB disease upon admission. Within 72 hours of a resident's admission, baseline TB testing for infection shall be initiated unless baseline TB testing occurred within three months prior to the resident's admission. Residents with a new positive test result for M. tuberculosis infection (i.e., TST or IGRA) shall receive one chest radiograph result to exclude TB disease. Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician. Residents with documentation of past positive test results (i.e., TST or IGRA) and documentation of the results of a chest radiograph indicating no active disease, dated after the date of the positive TST or IGRA test result, do not need another chest radiograph at the time of admission. IDPH is monitoring TB regulations through the IPN progress reports. To date, IPN providers have reported the following:

Number of Individuals counseled = 9,591 patients
 Tested to determine if individuals have been infected with mycobacteria TB = 5,487 patients
 Provided appropriate medical evaluation and treatment for individuals infected by mycobacteria TB = 1,462 patients.

Priority #: 6

Priority Area: Expand the capacity of the IPN Primary Prevention Workforce to target alcohol-related deaths with adults

Priority Type: SAP

Population(s): PP

Goal of the priority area:

IDPH will increase the capacity of the IPN Primary Prevention Workforce to address alcohol-related deaths through identified evidence-based strategies.

Objective:

IPN Primary Prevention contractors will increase competency in effective evidence-based programs, policies and practices to address alcohol-related deaths.

Strategies to attain the goal:

IDPH has created a workgroup to discuss alcohol-related deaths and create a plan to address this issue including dissemination of data briefs, collaboration within IDPH divisions and other state agencies, researching and recommending evidence-based programs, practices and policies that most effectively address this priority issue. This information will be shared with IPN Primary Prevention contractors through a variety of means including resource sharing, trainings, guidance documents, etc.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase capacity of IPN Primary Prevention contractors address alcohol-related deaths

Baseline Measurement: By year two, IPN Primary Prevention contractors will know of three evidence-based strategies to address this priority, received at least two trainings and implemented one strategy to address this priority issue.

First-year target/outcome measurement: By the end of year one, IDPH staff will identify and approve at least three evidence-based strategies to address alcohol-related deaths in collaboration with the Alcohol-Related Deaths Workgroup and the Evidence-Based Practices Workgroup

Second-year target/outcome measurement: by the end of year two, 100% of IPN Primary Prevention contractors will be implementing one identified strategy to address alcohol-related deaths

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

Data Source:

I-SMART Prevention System, Alcohol-Related Deaths Workgroup Meeting minutes

New Data Source(if needed):

Description of Data:

Evidence-based strategy implemented by contractors, documentation of workgroup decisions and approved resources

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Data not entered not entered into I-SMART fully, meeting notes being misplaced

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):

IPN Primary Prevention contractors will increase competency in effective evidence-based programs, policies and practices to address alcohol-related deaths:
IDPH is continuing to support the Alcohol-Related Deaths Workgroup to discuss ways to reduce alcohol-involved deaths in the state. This workgroup meets monthly to discuss research and recommendations regarding evidence-based programs, practices and policies that most effectively address this priority issue.

This workgroup has disseminated a data brief on alcohol-involved deaths and older adults in Iowa and created and disseminated a media campaign on alcohol and adults titled "Think Before You Drink."

In collaboration within IDPH divisions and other state agencies, the workgroup is in the process of creating a plan to address alcohol-involved deaths and older adults that will include data to frame the issues, effective prevention strategies and other resources. This information will be shared with IPN Primary Prevention contractors.

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):

IDPH established a workgroup which includes IDPH staff, community and state stakeholders to discuss collaborative efforts, policy efforts and next steps to reduce alcohol-related deaths.. This workgroup meets on a regular basis to discuss research and recommendations regarding evidence-based programs, practices and policies that most effectively address this priority issue. This workgroup has disseminated a data brief on alcohol-involved deaths and older adults in Iowa and created and disseminated a media campaign on alcohol and adult men titled "Think Before You Drink." In addition, this workgroup also assisted with the creation of a media campaign focused on women and alcohol use titled "Savor the Moment." IDPH is finalizing a "Alcohol-Involved Deaths Prevention Plan" that will be distributed broadly. IDPH collects and monitors a variety of behavioral health indicator data including alcohol-related death morbidity and mortality data to inform strategic focus and decision making. Included as part of the strategic focus is direction provided from the State Epidemiological Workgroup and Prevention Partnerships Advisory Council (SEWPPAC). Through the Iowa Provider Network (IPN), primary prevention efforts focus on the lifespan but include priorities of addressing substance use with adults and older adults. This direction began through data gathered on alcohol-involved deaths. Data reviewed showed a ten year trend in which deaths related to alcohol use double with those 45 years old and older. IDPH has researched and promoted a variety of evidence-based programs, practices and policies to engage adults and older adults. The IPN prevention contractors are in the process of creating a strategic plan through the Planning step of the Strategic Prevention Framework. Alcohol use with adults in a priority issue and IDPH is providing training on the available strategies during fall and winter 2021-2022. IDPH is in the planning stages of collaborating with the Iowa Alcohol Beverages Division to create an alcohol retailer education campaign project. This project will provide education to retailers about the new alcohol laws, some which just recently started as of July 1, 2021. This campaign will then be disseminated through IPN contractors as well as shared with Iowa's prevention field.

Priority #: 7

Priority Area: Expand Competency of workforce to develop strategies related to the increase in E-Cigarette/Vaping in Iowans

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Increase competency of the IPN Primary Prevention contractors to align prevention efforts related to tobacco efforts and associated increase in vaping/e-cigarette use by Iowans

Objective:

Monitor E-Cigarette and Vaping use in Iowans

Strategies to attain the goal:

Collaborate and develop shared strategies with Division of Tobacco Use Prevention and Control, collaborate with IDPH Medical Director in providing education through multiple channels and communication with partners, monitor Iowa data related to vaping illness, promote use of mylifemyquit.com for connecting teens to dedicated teen website,

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Monitor Iowans use of vapor products and obtain baseline. Refer to SEW Workgroup for data analysis and recommendations
Baseline Measurement:	In Iowa, there have been 23 reported cases and no deaths. Of the 23 Iowa cases, ages range from 17 to 60, 18 have reported the use of THC

First-year target/outcome measurement: 23 Iowa cases

Second-year target/outcome measurement: IDPH will monitor data trends, collaborate with CDC and FDA, inform health providers and public on vaping and e-cigarette product information

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

Data Source:

Reported respiratory illness in Iowa to IDPH/CDC

New Data Source(if needed):

Description of Data:

Iowa Department of Public Health data at <https://idph.iowa.gov/ehi/lung-disease-vaping>

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

cause of outbreak not yet clear and long-term health impacts of these products are unknown. Reliance on health care providers to ask patients with respiratory illness about use of vaping and e-cigarette products and reliance on health care providers to report respiratory illness in patients with a history of vaping or e-cigarette use to the IDPH.

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):

Monitor E-Cigarette and Vaping use in Iowans

IDPH, bureau of substance abuse and in collaboration with the Division of Tobacco Use Prevention and Control, closely monitored data trends, collaborated with the CDC, the FDA and the State Epidemiologist to inform health providers and the public on vaping and e-cigarette use. The state epidemiologist provided Iowan's many updates regarding vaping and the role in the outbreak of lung injury associated with vaping. The Division provided resources for parents, youth, health professionals and schools which addressed the dangers of vaping, tools to protect patients and communities and tools for addressing youth vaping in schools. Beginning in November of 2019, the IDPH provided weekly case counts of Iowa cases of severe lung illness associated with vaping; which aligned with the CDCs reporting. The Governor of Iowa launches a public awareness and prevention campaign to combat youth vaping. The multi-pronged campaign included a fully digital marketing campaign with elements targeting teens and parents on various social media platforms. This campaign can be found at: <https://idph.iowa.gov/News/ArtMID/646/ArticleID/158283/Gov-Reynolds-Launches-Public-Awareness-Campaign-to-Combat-Youth-Vaping>

The IDPH Bureau of Substance Abuse, through the State Epidemiological Workgroup and Prevention Partnerships Advisory Council (SEWPPAC) also prioritized vaping and e-cigarette concerns. As a result, on June 11, 2020, the SEWPPAC invited the Iowa Alcoholic Beverages Division (ABD) to present to the workgroup efforts related to tobacco compliance checks, tobacco retailer training and associated data. Trends over the last few years and data by county was presented for review and discussion. In addition, ABD provided an overview of the Synar Compliance Checks and Tobacco 21 law. ABD discussed current Iowa Code Sections and detailed the criminal and civil penalties for violations of purchase/attempted purchase and possession of tobacco and vapor products.

A member of the Division of Tobacco Use Prevention and Control (IDPH division) also is a member of the SEWPPAC and provides data, updates and guidance to the workgroup as needed or requested.

The IDPH Bureau of Substance Abuse staff have partnered with the Division of Tobacco Use Prevention and Control regarding the following:

Training to explain SAMHSA and CDC funding and shared priorities regarding tobacco prevention efforts.

Collaboration on the Strategic Prevention Framework through tobacco priority by sharing trainings, resources and information.

Required contractors between the bureau and division to partner through county coalitions to better streamline services and information.

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):

IDPH, bureau of substance abuse and in collaboration with the Division of Tobacco Use Prevention and Control, closely monitored data trends, collaborated with the CDC, the FDA and the State Epidemiologist to inform health providers and the public on vaping and e-

cigarette use. The state epidemiologist provided Iowa's many updates regarding vaping and the role in the outbreak of lung injury associated with vaping. The Division provided resources for parents, youth, health professionals and schools which addressed the dangers of vaping, tools to protect patients and communities and tools for addressing youth vaping in schools. Beginning in November of 2019, the IDPH provided weekly case counts of Iowa cases of severe lung illness associated with vaping; which aligned with the CDCs reporting. The Governor of Iowa launched a public awareness and prevention campaign to combat youth vaping. The multi-pronged campaign included a fully digital marketing campaign with elements targeting teens and parents on various social media platforms. This campaign can be found at: <https://idph.iowa.gov/News/ArtMID/646/ArticleID/158283/Gov-Reynolds-Launches-Public-Awareness-Campaign-to-Combat-Youth-Vaping>

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A member of the Division of Tobacco Use Prevention and Control (IDPH division) also is a member of the SEWPPAC and provides data, updates and guidance to the workgroup as needed or requested.

The IDPH Bureau of Tobacco Use Prevention and Control have developed information for parents, youth, health professionals and schools. More information can be found at: [Division of Tobacco Use Prevention & Control - Vaping - Electronic Smoking Device Information](#)

The IDPH Bureau of Substance Abuse staff have partnered with the Division of Tobacco Use Prevention and Control regarding the following:

Training to explain SAMHSA and CDC funding and shared priorities regarding tobacco prevention efforts.

Collaboration on the Strategic Prevention Framework through tobacco priority by sharing training, resources and information.

Required contractors between the bureau and division to partner through county coalitions to better streamline services and information.

The Iowa Department of Public Health's Bureau of Substance Abuse and the Division of Tobacco Use Prevention and Control (TUPAC) provides funding to a variety of local agencies to implement primary prevention services throughout Iowa. Threaded throughout this work is the expectation to strengthen local collaborations to help guide and support effective prevention services. Over the past three years, the Bureau of Substance Abuse and the TUPAC have met on a consistent basis to foster positive relationships and strive for strategic prevention practices throughout the State. This work has led to innovative efforts to support local agencies providing prevention services. Most notably, the Iowa Department of Public Health has established Community Partnership/Integrated Provider Network (CP/IPN) Regional Meetings which bring together prevention contractors as an opportunity to learn from one another. In 2021, a total of nine virtual meetings were held throughout January and August.

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Footnotes:

**SABG COVID Testing and Mitigation Program Report for 9/1/21 - 9/30/21:
Iowa Department of Public Health**

Item/Activity	Amount of Expenditure
1. Not Applicable/No funding expended.	\$0.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Total	\$0.00

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 ¹
1. Substance Abuse Prevention ² and Treatment	\$9,322,376.00		\$0.00	\$5,451,191.00	\$14,826,677.00	\$0.00	\$0.00	\$0.00
a. Pregnant Women and Women with Dependent Children ²	\$1,286,500.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b. All Other	\$8,035,876.00		\$0.00	\$5,451,191.00	\$14,826,677.00	\$0.00	\$0.00	\$0.00
2. Substance Abuse Primary Prevention	\$2,953,952.00		\$0.00	\$2,591,037.00	\$2,460,812.00	\$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) ³	\$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)	\$347,093.00		\$0.00	\$2,523,991.00	\$2,605,774.00	\$0.00	\$0.00	\$0.00
11. Total	\$12,623,421.00	\$0.00	\$0.00	\$10,566,219.00	\$19,893,263.00	\$0.00	\$0.00	\$0.00

¹The 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.

²Prevention other than primary prevention

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

Please indicate the expenditures are actual or estimated.

Actual Estimated

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Footnotes:

Technical Assistance Monies - \$364,510 expended during the same grant period; not reported in the above cells.

No COVID-19 monies expended during this timeframe.

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
Healthcare Home/Physical Health	
Specialized Outpatient Medical Services	
Acute Primary Care	
COVID-19 Screening (e.g., temperature checks, symptom questionnaires)	
COVID-19 Testing	
COVID-19 Vaccination	
Comprehensive Care Management	
Care Coordination and Health Promotion	
Comprehensive Transitional Care	
Individual and Family Support	
Referral to Community Services Dissemination	
Prevention (Including Promotion)	
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)	

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

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

Total

\$0

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

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Footnotes:

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:

Iowa does not have a syringe services program

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 <i>(Please enter total number of individuals served)</i>	Treatment for Substance Use Conditions <i>(Please enter total number of individuals served)</i>	Treatment for Physical Health <i>(Please enter total number of individuals served)</i>	STD Testing <i>(Please enter total number of individuals served)</i>	Hep C <i>(Please enter total number of individuals served)</i>
	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 <i>(Please enter total number of individuals served)</i>	Treatment for Substance Use Conditions <i>(Please enter total number of individuals served)</i>	Treatment for Physical Health <i>(Please enter total number of individuals served)</i>	STD Testing <i>(Please enter total number of individuals served)</i>	Hep C <i>(Please enter total number of individuals served)</i>
	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:
Iowa does not have a syringe services program

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

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

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

Expenditure Category	FY 2019 SA Block Grant Award
1. Substance Abuse Prevention ¹ and Treatment	\$9,316,039.00
2. Primary Prevention	\$3,124,551.00
3. Tuberculosis Services	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ²	\$0.00
5. Administration (excluding program/provider level)	\$654,768.00
Total	\$13,095,358.00

¹Prevention other than Primary Prevention

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

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Footnotes:

Technical Assistance Monies - \$328,827 expended during the same grant period; not reported in the above cells.

Treatment expenses are reported as:

Table 4, Row 1: \$9,316,039
Table 7 (Inventory), Column B: \$8,215,385

The difference of \$1,100,654 is for program expenses of direct benefit to subrecipients for provided treatment services, eg personnel, data services/updates, media campaigns, program evaluations, and line item support (travel, printing, office supplies, etc.) that were historically determined to be direct service and not state-level administration expenditures.

Primary prevention expenses are reported as:

Table 4, Row 2: \$3,124,551
Table 7 (Inventory), Column D: \$2,911,840
Table 5B: (IOM): \$2,911,840

The difference in the tables of \$212,711 matches the dollar amount reported in Table 6 Resource Development Expenditure's, which consists of a variety of expenses (percentages of some personnel, reviewers, IT for internal/external users, and training for external [direct] providers).

Previous Project Officers have acknowledged and allowed these types of expenses as direct service rather than administrative level expenses. These efforts directly benefit subrecipients (see Table 7 for list of providers/subrecipients) and the citizens of Iowa.

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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Selective	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Universal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 Tobacco	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 Tobacco	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
Other	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Grand Total					

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

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

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Footnotes:

Iowa reports activities utilizing IOM categories.

No Block Grant funds were used for Section 1926-Tobacco. No substance abuse funds were used for activities targeting individuals or subgroups.

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	\$2,426,145.00	\$286,733.00	\$1,587,920.00		
Universal Indirect	\$66,099.00	\$7,812.00	\$43,262.00		
Selective	\$278,081.00	\$32,865.00	\$182,005.00		
Indicated	\$141,515.00	\$16,725.00	\$92,622.00		
Column Total	\$2,911,840.00	\$344,135.00	\$1,905,809.00	\$0.00	\$0.00

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

Footnotes:

Technical Assistance Monies - \$328,827 expended during the same grant period; not reported in the above cells.

Primary prevention expenses are reported as:

Table 4, Row 2: \$3,124,551

Table 7 (Inventory), Column D: \$2,911,840

Table 5B: (IOM): \$2,911,840

The difference in the tables of \$212,711 is for program expenses of direct benefit to subrecipients in Table 6 Resource development expenditure's.

III: Expenditure Reports

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

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

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

SABG Award	
Targeted Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>
Inhalants	<input 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 type="checkbox"/>
LGBTQ	<input type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>
African American	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>

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

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

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

Activity	A. SABG Treatment	B. SABG Prevention	C. SABG Combined ¹
1. Information Systems	\$36,695.00	\$39,707.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$444,599.00	\$33,151.00	\$0.00
4. Planning Council Activities (MHBG required, SABG optional)	\$112,169.00	\$43,290.00	\$0.00
5. Quality Assurance and Improvement	\$353,747.00	\$74,527.00	\$0.00
6. Research and Evaluation	\$150,444.00	\$22,035.00	\$0.00
7. Training and Education	\$3,000.00	\$0.00	\$0.00
8. Total	\$1,100,654.00	\$212,710.00	\$0.00

¹SABG 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:

Technical Assistance Monies - \$328,827 expended during the same grant period; not reported in the above cells.

Treatment expenses are reported as:

Table 4, Row 1: \$9,316,039

Table 7 (Inventory), Column B: \$8,215,385

The difference of \$1,100,654 is for program expenses of direct benefit to subrecipients for provided treatment services, eg personnel, data services/updates, media campaigns, program evaluations, and line item support (travel, printing, office supplies, etc.) that were historically determined to be direct service and not state-level administration expenditures.

Primary prevention expenses are reported as:

Table 4, Row 2: \$3,124,551

Table 7 (Inventory), Column D: \$2,911,840

Table 5B: (IOM): \$2,911,840

The difference in the tables of \$212,711 is for program expenses of direct benefit to subrecipients in Table 6 Resource development expenditure's.

Amount of SABG Primary Prevention funds (from Table 4, Row 2) used for SABG Prevention Resource Development activities for SABG Prevention, Table , Column C = \$212,711.

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	
4	IA900786		Southeast	Alcohol and Drug Dependency Services	1340 Mount Pleasant Street	Burlington	IA	52601	\$465,488.00	\$359,118.00	\$0.00	\$106,370.00	\$0.00	\$0.00	
5	IA301316		Northeast	Area Substance Abuse Council	3601 16th Avenue SW	Cedar Rapids	IA	52404	\$1,359,626.00	\$1,092,830.00	\$323,498.00	\$266,796.00	\$0.00	\$0.00	
59	IA901792		Central	Broadlawn Medical Center	1801 Hickman Road	Des Moines	IA	50314	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
15	IA301027		Southeast	Center for Alcohol and Drug Services, Inc.	1523 South Fairmount Street	Davenport	IA	52802-3644	\$237,853.00	\$172,789.00	\$0.00	\$65,064.00	\$0.00	\$0.00	
21	IA750454		Northwest	Community and Family Resources	211 Avenue M West	Fort Dodge	IA	50501	\$922,129.00	\$671,156.00	\$0.00	\$250,973.00	\$0.00	\$0.00	
24	IA750363		Northwest	Community Opportunities dba New Opportunities	23751 Highway 30	Carroll	IA	51401	\$222,320.00	\$117,485.00	\$0.00	\$104,835.00	\$0.00	\$0.00	
14	IA100269		Southwest	Crossroads Behavioral Health Svcs Action Now Chemical Center	1003 Cottonwood Road	Creston	IA	50801	\$131,072.00	\$30,052.00	\$0.00	\$101,020.00	\$0.00	\$0.00	
MD100623	MD100623		Statewide	FEI Com Inc	7175 Columbia Gateway Drive Suite A Suite A	Columbia	MD	21046	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
IA102321	IA102321		Statewide	Foundation 2, Inc.	1714 Johnson Ave NW	Cedar Rapids	IA	52405	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
40	IA902170		Southwest	Heartland Family Services dba Act Program	515 East Broadway	Council Bluffs	IA	51503	\$515,010.00	\$411,775.00	\$148,319.00	\$103,235.00	\$0.00	\$0.00	
64	IA901776		Central	House of Mercy	1409 Clark Street	Des Moines	IA	50314	\$786,823.00	\$786,823.00	\$459,308.00	\$0.00	\$0.00	\$0.00	
207	IA100775		Statewide	Iowa Consortium for Substance Abuse	105 Jessup Hall	Iowa City	IA	52242-1316	\$241,360.00	\$159,638.00	\$0.00	\$81,722.00	\$0.00	\$0.00	
IA102325	IA102325		Statewide	Iowa Primary Care Association	500 SW 7th St, Ste 300	Des Moines	IA	50309	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
IA902568	IA902568		Statewide	Iowa State University, Office of Sponsored Programs	Student Services Building 3rd Floor	Ames	IA	50011-2223	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
31	IA301498		Northwest	Jackson Recovery Center	800 5th Street Suite 200	Sioux City	IA	51101	\$1,613,878.00	\$1,319,881.00	\$459,814.00	\$293,997.00	\$0.00	\$0.00	
16	IA900232		Northeast	Northeast Iowa Behavioral Health, Inc.	905 Montgomery Street P.O. Box 349	Decorah	IA	52101	\$263,095.00	\$169,753.00	\$0.00	\$93,342.00	\$0.00	\$0.00	
36	IA301209		Northeast	Pathways Behavioral Services	3362 University Avenue	Waterloo	IA	50701-2006	\$904,540.00	\$692,798.00	\$0.00	\$211,742.00	\$0.00	\$0.00	

26	IA301357	✘	North Central	Prairie Ridge Integrated Behavioral Healthcare dba Prairie Ridge	320 North Eisenhower Ave	Mason City	IA	50401-1521	\$757,813.00	\$593,380.00	\$0.00	\$164,433.00	\$0.00	\$0.00
23	IA301571	✔	Southeast	Prelude Behavioral Services	430 Southgate Avenue	Iowa City	IA	52240	\$501,297.00	\$322,671.00	\$0.00	\$178,626.00	\$0.00	\$0.00
IL104047	IL104047	✘	Southeast	Robert Young Center CHMC HQ	4600 3rd Street	Moline	IL	61265	\$95,657.00	\$26,588.00	\$0.00	\$69,069.00	\$0.00	\$0.00
30	IA750256	✘	Southeast	Southern Iowa Economic Development Assn	P.O. Box 658	Ottumwa	IA	52501-0658	\$475,178.00	\$270,601.00	\$0.00	\$204,577.00	\$0.00	\$0.00
20	IA901958	✘	Northeast	Substance Abuse Service Center	799 Main Street Suite 110	Dubuque	IA	52001	\$378,063.00	\$298,753.00	\$0.00	\$79,310.00	\$0.00	\$0.00
46	IA901974	✘	Northwest	Substance Abuse Services for Clayton County, Inc.	431 High Street P.O. Box 970	Elkader	IA	52043-0970	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	IA901321	✘	North Central	Substance Abuse Treatment Unit of Central Iowa	220 Oak Street	Iowa Falls	IA	50126	\$301,363.00	\$222,527.00	\$0.00	\$78,836.00	\$0.00	\$0.00
130	IA100759	✘	Central	United Community Services, Inc. dba UCS Healthcare	1300 Woodland Avenue	West Des Moines	IA	50265	\$389,139.00	\$56,915.00	\$0.00	\$332,224.00	\$0.00	\$0.00
2	IA901826	✘	North Central	Youth and Shelter Services, Inc.	1002 Douglas Street	Ames	IA	50010	\$1,000.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00
IA102300	IA102300	✘	Southwest	Zion Recovery Services, Inc.	P.O. Box 34	Atlantic	IA	50022	\$564,521.00	\$438,852.00	\$0.00	\$125,669.00	\$0.00	\$0.00
Total									\$11,127,225.00	\$8,215,385.00	\$1,390,939.00	\$2,911,840.00	\$0.00	\$0.00

* Indicates the imported record has an error.

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

Footnotes:

Treatment expenses are reported as:

Table 4, Row 1: \$9,316,039

Table 7 (Inventory), Column B: \$8,215,385

The difference of \$1,100,654 is for program expenses of direct benefit to subrecipients for provided treatment services, eg personnel, data services/updates, media campaigns, program evaluations, and line item support (travel, printing, office supplies, etc.) that were historically determined to be direct service and not state-level administration expenditures.

Primary prevention expenses are reported as:

Table 4, Row 2: \$3,124,551

Table 7 (Inventory), Column D: \$2,911,840

Table 5B: (IOM): \$2,911,840

The difference in the tables of \$212,711 is for program expenses of direct benefit to subrecipients in Table 6 Resource development expenditure's.

4/8/2022 "Sub-recipients" are entities/SUD treatment providers that are funded and contracted by IDPH to provide SUD treatment and prevention activities/services. Table 7 is a list of these entities/sub-recipients, and their corresponding SABG expenditures.

4/8/2022 Substance abuse "treatment services provided" are SUD levels of care which include: inpatient, outpatient, and residential SUD treatment services.

4/8/2022 Previous Project Officers have acknowledged and allowed these types of expenses as direct service rather than administrative level expenses. These efforts directly benefit subrecipients/providers as listed in this Table as well as the citizens of Iowa.

III: Expenditure Reports

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

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

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2019) + B2(2020)</u> 2 (C)
SFY 2019 (1)	\$19,815,850.00	
SFY 2020 (2)	\$19,807,647.00	\$19,811,748.50
SFY 2021 (3)	\$19,893,263.00	

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

SFY 2019 Yes X No _____
 SFY 2020 Yes X No _____
 SFY 2021 Yes X No _____

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

Yes _____ No X

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

If yes, SFY: _____

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

Yes _____ No _____

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

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

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

1) Funds are expended by the principal agency on a consistent basis.

State funds are appropriated for substance abuse prevention and treatment by the Iowa Legislature on an annual basis. The Iowa Department of Public Health ("Dept") dispenses these monies via subcontracts with agency providers, with the expectation they will submit a claim each month or as directed. Claims are paid from state and SAPT Block Grant funds. The Dept pulls down dollars from the federal system as needed in order to ensure prompt

payment to providers.

2) MOE funds computations are historically consistent.

Provider contracts are funded with a combination of state and SAPT BG monies, based on service levels as well as current and historic funding.

The Dept Legislative Liaison meets with legislators daily during session to provide ongoing discussion of priorities, one of which is the MOE requirement tied to the SAPT BG funds.

3) MOE funds are expended for authorized activities.

The Dept monitors and provides oversight to all providers, via online reports and in-person site visits (or virtual during the ongoing pandemic), to ensure activities are compliant with SAPT BG requirements and as authorized and approved by the Dept.

4) Organizational structure changes and/or the placement of the principal agency within state government does not result in changes in funding.

The Bureau of Substance Abuse became a part of the Dept on July 1, 1986, as a result of state government reorganization. The Dept is in the process of being merged with the state Department of Human Services.

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

Footnotes:

III: Expenditure Reports

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

This Maintenance of Effort table provides a description of 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: 10/25/2019 Expenditure Period End Date: 08/27/2021

Base

Period	Total Women's Base (A)
SFY 1994	\$ 1,302,477.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2019		\$ 1,390,939.00	
SFY 2020		\$ 1,469,078.00	
SFY 2021		\$ 1,390,939.00	<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)): \$ 1390939.00

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). No state funds are utilized for PWWDC services or activities.

During the budgeting process for each new SAPT BG, the Dept ensures a similar dollar amount is allocated based on previous years expenditures.

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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	
	4. Brochures	8
	6. Speaking engagements	18
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	11
	2. Education	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	16
	3. Alternatives	
	2. Youth/adult leadership activities	7
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	17
	6. Environmental	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	6
	5. Promoting the establishment or review of alcohol, tobacco, and drug use policies in communities	7
Children of Persons with Substance Use Disorders	1. Information Dissemination	
	6. Speaking engagements	3
	2. Education	
	2. Ongoing classroom and/or small group sessions	1
5. Community-Based Process		

	3. Multi-agency coordination and collaboration/coalition	2
Pregnant women/teens	1. Information Dissemination	
	6. Speaking engagements	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	2
Violent and delinquent behavior	1. Information Dissemination	
	6. Speaking engagements	5
	4. Problem Identification and Referral	
	3. Driving while under the influence/driving while intoxicated education programs	1
Mental health problems	1. Information Dissemination	
	6. Speaking engagements	4
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	2
Economically disadvantaged	1. Information Dissemination	
	6. Speaking engagements	4
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	3
Physically disabled	1. Information Dissemination	
	6. Speaking engagements	2
Abuse victims	1. Information Dissemination	
	6. Speaking engagements	1
Already using substances	1. Information Dissemination	
	6. Speaking engagements	3
	2. Education	
	1. Parenting and family management	1
	2. Ongoing classroom and/or small group sessions	4
	4. Problem Identification and Referral	
	3. Driving while under the influence/driving while intoxicated education programs	2
Homeless and/or runaway youth	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	1

Older Adults

1. Information Dissemination	
6. Speaking engagements	10
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
2. Education	
2. Ongoing classroom and/or small group sessions	4
4. Problem Identification and Referral	
1. Employee Assistance Programs	1
2. Student Assistance Programs	1
5. Community-Based Process	
3. Multi-agency coordination and collaboration/coalition	10
6. Environmental	
5. Promoting the establishment or review of alcohol, tobacco, and drug use policies in communities	1

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

Footnotes:

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)
DETOXIFICATION (24-HOUR CARE)										
1. Hospital Inpatient	120	111	0	0						
2. Free-Standing Residential	435	376	0	0						
REHABILITATION/RESIDENTIAL										
3. Hospital Inpatient	499	445	0	0						
4. Short-term (up to 30 days)	4,883	4,232	0	0						
5. Long-term (over 30 days)	1,069	1,013	0	0						
AMBULATORY (OUTPATIENT)										
6. Outpatient	18,992	17,073	0	0						
7. Intensive Outpatient	2,371	2,187	0	0						
8. Detoxification	0	0	0	0						
OUD MEDICATION ASSISTED TREATMENT										
9. OUD Medication-Assisted Detoxification ¹	0	0	0	0						
10. OUD Medication-Assisted Treatment Outpatient ²	1,955	1,814	0	0						

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)

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

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

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

Footnotes:

Notes:

- All data as reported by licensed substance use disorder treatment providers to the Iowa Department of Public Health.
- This reports all services submitted as public funded. Does not include Primary Payment Source of any private insurance or self pay.
- This report includes those patients that had a previous "Initial" admission in the previous report period, but were served during the report period and the level of care for which there is a service reported.

This differs from the Table 10 instructions to show all initial admissions, and then the subsequent changes in levels of care (Admission Transfers) in the same treatment episode.

- INTERNAL NOTE ONLY: Admitted services with Environment Type of "Pre-Admission" and "No Treatment Recommended" are not included in the reported data.

The IDPH did not expend any funding during this time period for COVID funding.

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	1,139	404	192	88	22	0	0	12	2	8	10	0	0	291	110	484	220	82	46
2. 18 - 24	3,338	905	625	140	72	4	1	6	5	19	35	0	0	1,316	210	1,057	755	173	88
3. 25 - 44	10,644	4,274	3,131	499	204	18	6	25	9	88	105	0	0	1,481	804	5,276	3,648	389	215
4. 45 - 64	3,422	1,549	757	187	47	1	0	5	0	28	16	0	0	554	278	1,913	861	84	33
5. 65 and Over	277	157	54	12	1	0	0	0	0	1	0	0	0	35	17	179	60	3	1
6. Total	18,820	7,289	4,759	926	346	23	7	48	16	144	166	0	0	3,677	1,419	8,909	5,544	731	383
7. Pregnant Women	302		228		20		0		1		15		0		38		281		19
Number of persons served who were admitted in a period prior to the 12 month reporting period		5,292																	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 18 - 24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 25 - 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 45 - 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 65 and Over	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Pregnant Women	0		0		0		0		0		0		0		0				0

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											
6. Total	0	0	0	0	0	0	0	0	0	0	0

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Footnotes:

Table 11 B- The IDPH did not expend any funds during this timeframe for Covid funding.

Table 11 C- Is not a required chart

Note: 11 A - Chart reports the number of person admitted and served during the report period who received public funding.

IV: Population and Services Reports

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

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

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

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Footnotes:

Iowa is not an HIV designated state

IV: Population and Services Reports

Table 13 - Charitable Choice

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

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

Notice to Program Beneficiaries - Check all that apply:

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

Referrals to Alternative Services - Check all that apply:

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

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

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

All Iowa Provider Network funded contractors receive annual training on this requirement and have to complete an annual attestation form that they are aware of these regulations.

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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]	377	345
Total number of clients with non-missing values on employment/student status [denominator]	1,859	1,859
Percent of clients employed or student (full-time and part-time)	20.3 %	18.6 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		3,961
Number of CY 2020 discharges submitted:		2,981
Number of CY 2020 discharges linked to an admission:		2,084
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,996
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		1,859

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]	30	66
Total number of clients with non-missing values on employment/student status [denominator]	321	321
Percent of clients employed or student (full-time and part-time)	9.3 %	20.6 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		794
Number of CY 2020 discharges submitted:		597
Number of CY 2020 discharges linked to an admission:		364
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		339

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	321
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Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
 [Records received through 2/1/2022]

Outpatient (OP)

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]	3,511	3,695
Total number of clients with non-missing values on employment/student status [denominator]	6,684	6,684
Percent of clients employed or student (full-time and part-time)	52.5 %	55.3 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		15,338
Number of CY 2020 discharges submitted:		16,621
Number of CY 2020 discharges linked to an admission:		7,962
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,480
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		6,684

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]	250	259
Total number of clients with non-missing values on employment/student status [denominator]	805	805
Percent of clients employed or student (full-time and part-time)	31.1 %	32.2 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		2,714
Number of CY 2020 discharges submitted:		2,616
Number of CY 2020 discharges linked to an admission:		984
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		901

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

805

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]	1,059	1,071
Total number of clients with non-missing values on living arrangements [denominator]	1,863	1,863
Percent of clients in stable living situation	56.8 %	57.5 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		3,961
Number of CY 2020 discharges submitted:		2,981
Number of CY 2020 discharges linked to an admission:		2,084
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,996
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		1,863

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]	175	191
Total number of clients with non-missing values on living arrangements [denominator]	321	321
Percent of clients in stable living situation	54.5 %	59.5 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		794
Number of CY 2020 discharges submitted:		597
Number of CY 2020 discharges linked to an admission:		364
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		339
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		321

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

Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	5,232	5,250
Total number of clients with non-missing values on living arrangements [denominator]	6,775	6,775
Percent of clients in stable living situation	77.2 %	77.5 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		15,338
Number of CY 2020 discharges submitted:		16,621
Number of CY 2020 discharges linked to an admission:		7,962
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,480
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		6,775

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

Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	546	544
Total number of clients with non-missing values on living arrangements [denominator]	809	809
Percent of clients in stable living situation	67.5 %	67.2 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		2,714
Number of CY 2020 discharges submitted:		2,616
Number of CY 2020 discharges linked to an admission:		984
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		901
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		809

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

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]	1,686	1,808
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,872	1,872
Percent of clients without arrests	90.1 %	96.6 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		3,961
Number of CY 2020 discharges submitted:		2,981
Number of CY 2020 discharges linked to an admission:		2,084
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,004
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		1,872

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]	292	311
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	324	324
Percent of clients without arrests	90.1 %	96.0 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		794
Number of CY 2020 discharges submitted:		597
Number of CY 2020 discharges linked to an admission:		364
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		342

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	324
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Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
 [Records received through 2/1/2022]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	6,272	6,603
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	6,998	6,998
Percent of clients without arrests	89.6 %	94.4 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		15,338
Number of CY 2020 discharges submitted:		16,621
Number of CY 2020 discharges linked to an admission:		7,962
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,728
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		6,998

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]	757	790
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	836	836
Percent of clients without arrests	90.6 %	94.5 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		2,714
Number of CY 2020 discharges submitted:		2,616
Number of CY 2020 discharges linked to an admission:		984
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		930

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

836

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

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Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	986	1,128
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,864	1,864
Percent of clients abstinent from alcohol	52.9 %	60.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		192
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	878	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		21.9 %

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]		936
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	986	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.9 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	3,961
Number of CY 2020 discharges submitted:	2,981
Number of CY 2020 discharges linked to an admission:	2,084
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,004
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,864

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]	201	240
All clients with non-missing values on at least one substance/frequency of use [denominator]	325	325
Percent of clients abstinent from alcohol	61.8 %	73.8 %

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]		54
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	124	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		43.5 %

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]		186
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	201	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.5 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	794
Number of CY 2020 discharges submitted:	597
Number of CY 2020 discharges linked to an admission:	364
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	342
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	325

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]	4,912	4,831
All clients with non-missing values on at least one substance/frequency of use [denominator]	6,962	6,962
Percent of clients abstinent from alcohol	70.6 %	69.4 %

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]		548
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,050	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		26.7 %

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]		4,283
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,912	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		87.2 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	15,338
Number of CY 2020 discharges submitted:	16,621
Number of CY 2020 discharges linked to an admission:	7,962
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	7,728
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	6,962

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]	517	537
All clients with non-missing values on at least one substance/frequency of use [denominator]	858	858
Percent of clients abstinent from alcohol	60.3 %	62.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		68
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	341	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		19.9 %

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]		469
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	517	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		90.7 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	2,714
Number of CY 2020 discharges submitted:	2,616
Number of CY 2020 discharges linked to an admission:	984
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	930
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	858

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

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Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	531	635
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,864	1,864
Percent of clients abstinent from drugs	28.5 %	34.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		199
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,333	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		14.9 %

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]		436
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	531	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		82.1 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	3,961
Number of CY 2020 discharges submitted:	2,981
Number of CY 2020 discharges linked to an admission:	2,084
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,004
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,864

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]	153	163
All clients with non-missing values on at least one substance/frequency of use [denominator]	325	325
Percent of clients abstinent from drugs	47.1 %	50.2 %

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]		42
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	172	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		24.4 %

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]		121
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	153	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		79.1 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	794
Number of CY 2020 discharges submitted:	597
Number of CY 2020 discharges linked to an admission:	364
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	342
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	325

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]	4,538	3,978
All clients with non-missing values on at least one substance/frequency of use [denominator]	6,962	6,962
Percent of clients abstinent from drugs	65.2 %	57.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		474
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,424	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		19.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		3,504
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,538	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		77.2 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	15,338
Number of CY 2020 discharges submitted:	16,621
Number of CY 2020 discharges linked to an admission:	7,962
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	7,728
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	6,962

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]	359	348
All clients with non-missing values on at least one substance/frequency of use [denominator]	858	858
Percent of clients abstinent from drugs	41.8 %	40.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		69
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	499	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		13.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		279
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	359	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		77.7 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	2,714
Number of CY 2020 discharges submitted:	2,616
Number of CY 2020 discharges linked to an admission:	984
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	930
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	858

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
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Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	223	223
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,004	2,004
Percent of clients participating in self-help groups	11.1 %	11.1 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		3,961
Number of CY 2020 discharges submitted:		2,981
Number of CY 2020 discharges linked to an admission:		2,084
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,004
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		2,004

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]	85	85
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	342	342
Percent of clients participating in self-help groups	24.9 %	24.9 %
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]	0.0 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		794
Number of CY 2020 discharges submitted:		597

Number of CY 2020 discharges linked to an admission:	364
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	342
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	342

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]	845	843
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	7,728	7,728
Percent of clients participating in self-help groups	10.9 %	10.9 %
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]	0.0 %	

Notes (for this level of care):

Number of CY 2020 admissions submitted:	15,338
Number of CY 2020 discharges submitted:	16,621
Number of CY 2020 discharges linked to an admission:	7,962
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	7,728
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	7,728

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]	141	141
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	930	930
Percent of clients participating in self-help groups	15.2 %	15.2 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	

Notes (for this level of care):

Number of CY 2020 admissions submitted:	2,714
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Number of CY 2020 discharges submitted:	2,616
Number of CY 2020 discharges linked to an admission:	984
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	930
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	930

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
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Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	11	1	3	10
2. Free-Standing Residential	12	2	3	5
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	9	2	5	11
4. Short-term (up to 30 days)	29	10	24	30
5. Long-term (over 30 days)	66	31	57	85
AMBULATORY (OUTPATIENT)				
6. Outpatient	66	22	52	93
7. Intensive Outpatient	49	14	33	71
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification ¹	25	3	4	14
10. OUD Medication-Assisted Treatment Outpatient ²	69	21	59	103

Level of Care	2020 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	36	23
2. Free-Standing Residential	511	428
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	903	625
4. Short-term (up to 30 days)	2981	2084

5. Long-term (over 30 days)	597	364
AMBULATORY (OUTPATIENT)		
6. Outpatient	16621	7743
7. Intensive Outpatient	2616	984
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification ¹	0	20
10. OUD Medication-Assisted Treatment Outpatient ²	0	219

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
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¹ OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

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

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TABLE 21 - 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	<p>Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]</p> <p>Outcome Reported: Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2019 - 2020	24.8	
	Age 21+ - CY 2019 - 2020	65.3	
2. 30-day Cigarette Use	<p>Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]</p> <p>Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2019 - 2020	3.9	
	Age 18+ - CY 2019 - 2020	19.4	
3. 30-day Use of Other Tobacco Products	<p>Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]^[1]?[Response option: Write in a number between 0 and 30.]</p> <p>Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2019 - 2020	2.2	
	Age 18+ - CY 2019 - 2020	8.1	
4. 30-day Use of Marijuana	<p>Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]</p> <p>Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2019 - 2020	7.8	
	Age 18+ - CY 2019 - 2020	8.7	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p>Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]^[2]</p> <p>Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).</p>		
	Age 12 - 17 - CY 2019 - 2020	2.1	

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.

[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

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Table 22 - 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	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2019 - 2020	67.9	
	Age 21+ - CY 2019 - 2020	73.2	
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2019 - 2020	92.9	
	Age 18+ - CY 2019 - 2020	89.0	
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2019 - 2020	70.5	
	Age 18+ - CY 2019 - 2020	45.6	

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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	<p>Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of alcohol.</p>		
	Age 12 - 20 - CY 2019 - 2020		
	Age 21+ - CY 2019 - 2020		
2. Age at First Use of Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2019 - 2020	13.2	
	Age 18+ - CY 2019 - 2020	16.1	
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product]^[1]?[Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2019 - 2020	13.2	
	Age 18+ - CY 2019 - 2020	19.5	
4. Age at First Use of Marijuana or Hashish	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2019 - 2020	13.9	
	Age 18+ - CY 2019 - 2020	17.8	
5. Age at First Use Heroin	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of heroin.</p>		
	Age 12 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever]^[2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.</p>		

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

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

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

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Table 24 - 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	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2019 - 2020	93.1	
2. Perception of Peer Disapproval of Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2019 - 2020	91.1	
3. Disapproval of Using Marijuana Experimentally	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2019 - 2020	75.8	
4. Disapproval of Using Marijuana Regularly	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2019 - 2020	76.3	
5. Disapproval of Alcohol	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2019 - 2020		

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	<p>Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]"</p> <p>Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 15 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020	29.7	

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	<p>Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp.</p> <p>Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2018	93.1	

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2019	37.0	

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug- Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2019	3.5	

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	<p>Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No]"</p> <p>Outcome Reported: Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2019 - 2020	55.6	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p>Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?^[1][Response options: 0 times, 1 to 2 times, a few times, many times]"</p> <p>Outcome Reported: Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2019 - 2020		

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

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Table 30 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - RETENTION MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ? Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2019 - 2020	91.1	

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context
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Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35

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

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

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

General Questions Regarding Prevention NOMS Reporting

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

The NOMS data were collected in the web-based Iowa Service Management and Reporting Tool (I-SMART) data reporting system.

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

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

Participant race categories were reported as White, Black/African American, Native Hawaiian/Other Pacific Islander, Asian, American Indian/Alaskan Native, More than one race, and Race Unknown/Other. Participants reporting more than one race were entered in the More than one race category.

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

Category	Total
A. Age	43,598
0-4	65
5-11	6,557
12-14	12,367
15-17	4,085
18-20	510
21-24	1,087
25-44	10,277
45-64	7,312
65 and over	1,338
Age Not Known	0
B. Gender	43,598
Male	17,422
Female	26,176
Gender Unknown	0
C. Race	43,598
White	36,183
Black or African American	4,799
Native Hawaiian/Other Pacific Islander	56
Asian	361
American Indian/Alaska Native	269
More Than One Race (not OMB required)	1,893

Race Not Known or Other (not OMB required)	37
D. Ethnicity	43,598
Hispanic or Latino	3,126
Not Hispanic or Latino	40,472
Ethnicity Unknown	0

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

Category	Total
A. Age	33147
0-4	115
5-11	4272
12-14	10015
15-17	9387
18-20	633
21-24	1066
25-44	4159
45-64	2774
65 and over	726
Age Not Known	0
B. Gender	33147
Male	15926
Female	17221
Gender Unknown	0
C. Race	33147
White	27840
Black or African American	2818
Native Hawaiian/Other Pacific Islander	70
Asian	639
American Indian/Alaska Native	199
More Than One Race (not OMB required)	1581

Race Not Known or Other (not OMB required)	0
D. Ethnicity	33147
Hispanic or Latino	3305
Not Hispanic or Latino	29842
Ethnicity Unknown	0

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

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	37,704	N/A
2. Universal Indirect	N/A	\$33,147.00
3. Selective	4,713	N/A
4. Indicated	1,181	N/A
5. Total	43,598	\$33,147.00
Number of Persons Served¹	43,598	33,147

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

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

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

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

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

Iowa has supported an Evidence-Based Practice Workgroup that has reviewed the above definition from CSAP and serves to provide guidance to all prevention grants administered through the Iowa Department of Public Health (IDPH). The workgroup was originally developed through a Five-Year Substance Abuse Prevention Strategic Plan for the State of Iowa. Due to COVID-19, the Workgroup has been on hold and will resume meeting in the future. This Strategic Plan encompasses the timeframe of 2018-2022 and includes a Work Plan to guide workgroup efforts. This Strategic Plan includes the following strategies to enhance evidence-based practices in Iowa: 1. Develop a resource guide of substance abuse prevention best practices, programs, and policies that are evidence-based or evidence-informed as defined by the Department. 2. Develop a template of questions around substance use/misuse to be used in community needs assessments across Iowa. 3. Develop and launch a toolkit by FY2020 Q3 for communities to use when advocating for public policy change in the prevention of substance abuse. The Department has approved a list of evidence-based programs, policies, and procedures that were derived from the Integrated Provider Network (IPN) Request for Proposal. The current approved list meets SAMHSA's definition of evidence-based programs and strategies. IPN contractors selected services from this list to include in their prevention work plans. All IPN approved evidence-based programs must be implemented with fidelity to ensure the desired outcomes are achieved. Fidelity is defined as the degree to which a program is implemented according to its design. Any agency that anticipates a program modification or adaptation to an approved evidence-based program needs to submit an Adaptation Request Form. Any agency that requests to implement a program not on the Department approved list of evidence-based programs, policies and procedures needs to submit an Evidence-Based Practice Waiver Request Form. These forms must be submitted and the request approved by the Evidence-Based Practice Review Team before implementation may begin. The Adaptation Request and/or Waiver process is utilized even in the event the program developer provides approval to an agency who directly requests any changes. The Evidence-Based Practice Review Team is a subcommittee of the Department-led Evidence-Based Practice Workgroup. It is responsible for reviewing Adaptation and/or Waiver Request Forms and providing a response in a timely manner. The Department is currently developing an Evidence-Based Program, Practices and Policies Selection & Implementation Guide which will serve as a primary resource for all Department funded primary prevention agencies. This Guide will outline individual-level and population-level prevention services that are rooted in strong prevention theory, science, and research. The Evidence-Based Practice Workgroup will have the ability to review and provide comment prior to dissemination.

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

Iowa used the Iowa Service Management and Reporting Tool (I-SMART) system's prevention data to compile the numbers of evidence-based and non-evidence based programs and strategies.

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

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	319	38	357	50	32	439

2. Total number of Programs and Strategies Funded	336	38	374	57	38	469
3. Percent of Evidence-Based Programs and Strategies	94.94 %	100.00 %	95.45 %	87.72 %	84.21 %	93.60 %

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

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 247	\$493,551.82
Universal Indirect	Total # 10	\$65,961.20
Selective	Total # 36	\$93,589.69
Indicated	Total # 40	\$89,539.44
	Total EBPs: 333	Total Dollars Spent: \$742,642.15
Primary Prevention Total¹	\$3,124,551.00	

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

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Prevention Attachments

Submission Uploads

FFY 2022 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category D:		
File	Version	Date Added

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