Substance Abuse
Prevention and Treatment
Block Grant
(SABG)

# FFY 2020 SABG Report Preparation Instructions

## Introduction

This document provides instructions for completing the screens in the web-based Block Grant Application System (BGAS) that states must complete in order to submit the federal fiscal year (FFY) 2020 Substance Abuse Prevention and Treatment Block Grant (SABG) Report. The report can be completed entirely on the BGAS website. The term "state" refers to states, jurisdictions, and the one Native American tribe that receive SABG funding.

Where to find the PDF of the 2020 SABG Report

An Adobe Acrobat version of the OMB-approved application may be downloaded from **http://www.samhsa.gov/grants/block-grants**. Go to the section titled Fiscal Year 2020-2021 Block Grants Application and Plan, and select "FY 2020-2021 SABG Reports."

Where to find all legislation and regulations pertaining to the SABG

The links to legislation and all regulations governing the SABG program can be found in BGAS. Enter the 2020 SABG Report for the state, and on the screen with the "View Application" button scan down until you see a heading for "Statutes and Regulations." In this section, click on "View All." They are also available at **http://www.samhsa.gov/grants/block-grants/laws-regulations**.

Reporting Periods for Fiscal Tables

Tables 2 and 3 have a standard reporting period for all states. It is July 1, 2018 through June 30, 2019. If a state is not able to report expenditures for this period, please refer to the instructions on page 3, The SABG expenditure tables (4, 5a, 5b, 5c, 6, 7, and 9) for both Treatment and Prevention are for the expenditure period of the FFY 2017 SABG award, October 1, 2016 through September 30, 2017.

The state reporting period (Tables 8a, 8b, 8c, 8d, 10, 11, 12, and 13) is state fiscal year (SFY) 2019. For most states, this is July 1, 2018 through June 30, 2019. Pennsylvania should report for this same period even though the state refers to this period as SFY 2018.

Reporting Periods for Fiscal Tables

| | |
|---|---|
| Table 2 | 07/01/2018-06/30/2019 (all states) |
| Table 3 | 07/01/2018-06/30/2019 (all states) |
| Tables 3a & 3b | 07/01/2018-06/30/2019 |
| Table 4 | 10/01/2016-09/30/2018 |
| Tables 5a, 5b & 5c | 10/01/2016-09/30/2018 |
| Table 6 | 10/01/2016-09/30/2018 |
| Table 7 | 10/01/2016-09/30/2018 |
| Tables 8a & 8d | SFY 2019 |
| Table 9 | 10/01/2016-09/30/2018 |
| Table 10 | SFY 2019 |
| Table 11 | SFY 2019 |
| Table 12 | SFY 2019 |
| Table 13 | SFY 2019 |

If a state is not able to report expenditures for SFY 2019, it should contact its assigned State Project Officer.

## Submitting the Report

The FFY 2020 Report is due Monday, December 2, 2019.

Once all forms and tables are marked "Complete," the following FOUR steps are required to submit the Report to SAMHSA:

1. Click the *tab* "State Supervisor Review" on the left side of the screen. (The heading at the top of the screen will read State Supervisor Review after the state name and the year.)
2. Now click the "State Supervisor Review" button that appears. This step allows the completed document to be reviewed internally by the state before submission to SAMHSA.
3. Once the internal Single State Agency (SSA) review is complete, click the *tab* "Submit to SAMHSA" on the left side of the screen. (Submit to SAMHSA will now appear in the heading at the top of the page after the state name and the year.)
4. Finally, click the "Submit to SAMHSA" *button* that appears. At this point, the 2019 SABG Report has been submitted to SAMHSA and will be reviewed by the Project Officers. The state will receive an email confirming that the 2020 SABG Report has been submitted. If the State Supervisor/Block Grant Coordinator does not receive an email, it has not officially been submitted.

## Accessing BGAS Help Desk Assistance

If assistance is needed from the BGAS Help Desk, call 1-888-301-2427, or click on the "Support" *tab* at the top of the screen and click on the "Create Support Ticket" *tab* on the left side of the screen. Fill out the fields in the window that appears, and click "Submit."

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**Appendix A. FFY 2017 SABG Final Allotment Table and Designated States**

## Report Creation Process

Log onto BGAS using the assigned Username and Password.

On the Welcome screen, click the *tab* labeled "Create a New Block Grant Application" to create the SABG Report.

Next, select the state, then click the FFY 2020 SABG Report link in the list of BGAS modules available for creation.

Respond to the question by clicking "Yes." The FFY 2020 SABG Report has now been created.

## Accessing the Report Forms and Tables

In order to view the state's current and prior applications and reports, select the *button* that is labeled "View Application." (Other items of importance are listed below on this screen and can be accessed by selecting the appropriate link.)

Access the report by clicking on the FFY 2020 SABG Behavioral Health Report link.

The Overview screen will appear. Forms and tables that have yet to be completed will be listed as "In Progress."

Please select and complete all "In Progress" forms and tables.

The steps required to submit the FFY 2020 SABG Report are on page 3.

## Section I: State Information

### State Information

Most of the information in this table will be prepopulated. Please check any prepopulated information to ensure that it is accurate and make changes, if needed.

**State Profile**-- Some of the information in this table is automatically pulled from the State Profile in BGAS. In order to make changes to the State DUNS Number, State Agency to be the Grantee for the Block Grant, and/or Contact Person for the Grantee of the Block Grant, go to the State Profile *tab* at the top of the screen in BGAS. Click on the Edit *buttons* to make changes.

Item I. State Agency for the Block Grant

In the State Profile, enter both the name of the responsible agency designated by the Governor as the official grantee and the name of the organizational unit within that agency that administers the block grant.

Item II. Contact Person for the Block Grant

In the State Profile, enter the name and contact information for the person with overall responsibility for the Block Grant.

Item III. The State Expenditure Period

**Enter the dates of SFY 2019.**

The Block Grant Expenditure Period will be prepopulated as 10/01/2016 to 09/30/2018.

Item IV. Date Submitted

These items will automatically be filled in by BGAS when the state submits the FFY 2020 SABG Report to SAMHSA for review and when the state submits revisions.

Item V. Contact Person Responsible for Report Submission

Enter the name of the individual to whom SAMHSA should address comments and/or questions concerning the content of the FFY 2020 SABG Report.

Item VI. Contact Person Responsible for Substance Use Disorder Data

Enter the name of the individual to whom SAMHSA should address comments and/or questions concerning the content of the data in the SABG report. If there is more than one data contact (for instance one for Treatment and one for Prevention), please put the same information for the second person in the footnote section of this page.

## Section II. Annual Update

**Table 1 -** Priority Areas and Annual Performance Indicators – Progress Report

Each state's priorities and strategies will be prepopulated from the 2020-2021 Block Grant Application and Plan.

This *button* is also used to access the Report of Progress toward goal attainment for each Performance Indicator (down the screen from where changes can be made). The state is required to report whether or not it achieved the first year performance targets identified in the FFY 2020-2021 Application and Plan (Plan Table 1).

If a goal has been fully achieved, mark the box next to "Achieved."

If a performance target was not fully achieved, mark the box next to "Not Achieved." **If a target was not achieved, the state is required to provide a detailed explanation, as well as the remedial steps proposed to meet the target.** A text box is provided for this explanation.

The state may also discuss any information related to "Achieved" performance targets, but this is optional. Another text box is provided for this information.

## Section III. Expenditure Reports

### Table 2 State Agency Expenditure Report

This table is not related to the other expenditure tables in the SABG Report. (The interrelated tables are Tables 4, 5a, 5b, 6, and 7.)

The reporting period for Table 2 for all states is July 1, 2018 through June 30, 2019. The purpose of the table is to capture all expenditures between July 1, 2018 and June 30, 2019 of SABG and state funds flowing through the principal agency of the state for administration of the SABG for authorized activities.

Authorized activities are activities to prevent and treat substance use disorder pursuant to section 1921 of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U. S. C. § 300x-21), tuberculosis services and early intervention services regarding the human immunodeficiency virus (EIS/HIV), if applicable, pursuant to section 1924 of Title XIX, Part B, Subpart II of the PHS Act (42 U. S. C. § 300x-24) and administration pursuant to section 1931 of Title XIX, Part B, Subpart II of the PHS Act (42 U. S. C. § 300x-31(a)(1)(F)).

Any state or jurisdiction with a state fiscal year that does not align with these dates should calculate the information using July 1, 2018 through June 30, 2019, if possible. If not possible, in the footnote the state is to indicate the 12-month time period corresponding to the expenditures being provided.

This table requires the state to enter actual expenditure amounts by source of funds for each kind of activity. The state will enter only expenditures of funds *flowing through the principal agency that administered the SABG*. Expenditures must be entered in whole dollar amounts.

Instructions for each column and row are on the following pages.

**Column A: SA Block Grant -** When preparing the information for column A, instead of looking at one SABG award, the reporting period is a certain twelve-month period, during which the dollars of one or more SABG awards may have been expended. The amounts reported in this table should reflect the total drawdown of funds from any and/or all of the block grant awards available during the 12-month period.

Each SABG award has a two-year obligation and expenditure period. Different states may utilize the dollars at different times during that two-year period. See table below:

## Reporting Expenditures for July 2018-June 2019
## (SFY 2019 for Most States)

<table>
<tr><td>July 2018</td><td>Aug 2018</td><td>Sep 2018</td><td>Oct 2018</td><td>Nov 2018</td><td>Dec 2018</td><td>Jan 2019</td><td>Feb 2019</td><td>March 2019</td><td>April 2019</td><td>May 2019</td><td>June 2019</td></tr>
<tr><td colspan="12">7/1/18 - 6/30/19</td></tr>
<tr><td colspan="3">2017 SABG Award<br>10/1/16 - 9/30/18</td><td colspan="9"></td></tr>
<tr><td colspan="12">2018 SABG Award<br>10/1/17 – 9/30/19</td></tr>
<tr><td colspan="3"></td><td colspan="9">2019 SABG Award<br>10/1/18 – 9/30/20</td></tr>
</table>

The award expenditure period of the FFY 2017 SABG is 10/01/2016 to 09/30/2018.
The award expenditure period of the FFY 2018 SABG is 10/01/2017 to 09/30/2019.
The award expenditure period of the FFY 2019 SABG is 10/01/2018 to 09/30/2020.

Therefore, SABG expenditures between July 1, 2018 and June 30, 2019 may be from any or all of these three awards. Do not distinguish between the 2017, 2018 and 2019 awards in this table. In column A, enter all SABG funds that were spent during the reporting period, dividing it among the activities listed. Use this column to record the state's use of all SABG awards expended by the state between July 1, 2018 and June 30, 2019.

**Column B: MH Block Grant** is not required for the SABG Report.

**Column C: Medicaid (Federal, State, and Local)** - Enter the total of SFY 2019 expenditures of federal, state, and local Medicaid (Title XIX of the Social Security Act) match funds.

**Column D: Other Federal Funds -** Enter all state expenditures of other federal funds for substance use disorders that flow through the principal agency. Examples are HHS or other federal categorical grant funds, Medicare, other public welfare funds, other public third party funds such as TRICARE, the Social Services Block Grant (Title XX), and the Maternal and Child Health Block Grant (Title V). Exclude federal funds that go through other state offices/agencies or directly to providers. This includes federal forfeiture funds that are paid by the US Treasury to the principal agency for substance use disorders.

**Column E: State Funds** - Enter all expenditures of state funds, including all expenditures of state general funds or special appropriations administered by the principal agency, such as fines, fees, and earmarked taxes.

**Column F: Local Funds -** Enter all local funds, including appropriations from local government entities such as cities, other municipalities, special tax districts, and counties. Remember that local Medicaid match funds were reported in column C. **Do not report those again here**. If the agency expends no local funds, enter zero in column F.

**Column G: Other Funds -** Enter expenditures from all other funds and sources; for example, patient fees and nonprofit private entities including the United Way, private foundations, and private third party payers such as Blue Cross/Blue Shield, health maintenance organizations, and other commercial insurers. If the agency expends no other funds, enter zero in column G.

Rows 1 through 4 – Activities

**Row 1: Substance Abuse Prevention (other than primary prevention) and Treatment**

In Row 1a, record the expenditures on programs that meet the block grant requirements for specialized services for pregnant women and women with dependent children.

In Row 1b, report the remainder of expenditures for treatment services.

BGAS will add the amounts in rows 1a and 1b, and the total will automatically be reflected in Row 1.

**What to Include In Table 2, Row 1**

Enter the amount of funds expended for substance use disorder prevention (other than primary prevention) and treatment services. These include:

a. funds used for alcohol and drug abuse prevention (other than primary prevention) and all formal treatment activities, such as medication-assisted treatment, outpatient treatment, and residential treatment including therapeutic community stays;
b. funds used to provide treatment-related direct services to patients/clients/service recipients, such as the SABG requirements for specialized treatment for pregnant women and women with dependent children (provision or referral to prenatal care, child care during treatment, transportation to treatment, etc.); SABG-required interim services for pregnant women and/or injecting drug users not immediately admitted to treatment; SABG-required outreach to Persons Who Inject Drugs ((PWID) formerly referred to as Intravenous Drug Users (IVDUs)); medical or social model detoxification; case management, central intake, follow-up, and non-state (e.g., intermediary, provider, county) treatment program administration; and
c. funds used to provide early intervention activities (other than primary prevention), such as Screening, Brief Intervention and Referral to Treatment (SBIRT), and rehabilitation activities should also be included as part of Row 1.

***Exclude the costs for the state's administration of the SABG in Row 1.***

**Row 2: Substance Abuse Primary Prevention -** Enter expenditure information on primary prevention activities. Enter the amount expended from all funding sources for this purpose. Primary prevention consists of activities directed at individuals who do not require treatment for substance use disorder. Such activities may include education, mentoring, and other activities designed to reduce the risk of substance abuse by individuals. Note that under the SABG statute, early intervention activities should not be included as part of primary prevention.

**Row 3: Tuberculosis Services -** Enter the amount of funds expended on tuberculosis services provided to individuals receiving treatment for substance use disorder. Tuberculosis services include counseling, testing, and treatment for the disease. Funds made available to provide such services, either directly or through arrangements with other public or nonprofit private entities, should be recorded in Row 3.

**Row 4: Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) -** Row 4 is applicable to any state identified as a designated state in FFY 2017, 2018, or 2019 whose rates of cases of acquired immune deficiency syndrome is equal to or greater than the case rate specified in the statute (See 42 U.S.C. § 300x- 24(b) and 45 CFR § 96. 128). The case rate data is indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control and Prevention (CDC) and Prevention for the most recent calendar year that such data are available. The data are published by the CDC National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of HIV Prevention for the applicable federal fiscal year. Row 4 may also be applicable to a state that was previously considered a "designated state" during any of the three prior federal fiscal years for which a state was applying for a grant (i.e., FY 17, FY 18, FY 19) and whose AIDS case rates drop below the AIDS case rate threshold and opted, at their discretion, to continue to set aside 5 percent of their Block Grant award for EIS/HIV. This option solely depends on the state's prior high AIDS case rate history. Please refer to *Change in EIS/HIV Program Policy* section on page 12 of these instructions and Appendix A.

**FFY 2019**

Centers for Disease Control and Prevention. *HIV Surveillance Report, 2016*; vol. 28. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published November 2017. Accessed July 2018. Refer to Table 25. Stage 3 (AIDS), by area of Residence, 2015, 2016 and cumulative-United States and 6 dependent areas, pp. 111-112.

**FFY 2018**

Centers for Disease Control and Prevention. *HIV Surveillance Report, 2015;* vol. 27. http://www. cdc.gov/hiv/library/reports/surveillance/. Published November 2015. Accessed October 2017. Refer to Table 23 Stage 3 (AIDS) by area of Residence, 2014, 2015 and cumulative- United States and 6 dependent areas, pp. 100-101.

**FFY 2017**

Centers for Disease Control and Prevention. *HIV Surveillance Report, 2013*; vol. 25. http://www. cdc.gov/hiv/library/reports/surveillance/. Published February 2015. Accessed October 2016. Refer to Table 19 Stage 3 (AIDS) by area of Residence, 2013 and cumulative-United States and 6 dependent areas, pp. 67-68.

**Change in EIS/HIV Program Policy**

The change in program policy is applicable to any state that was identified as a designated state as defined in section 1924(b)(2) and 45 CFR § 96. 128(b) or a state that was previously considered a "designated state" during any of the three prior federal fiscal years for which a state was applying for a grant (i.e., FY 17, FY 18, FY 19) and whose AIDS case rates drop below the AIDS case rate threshold and opted, at their discretion, to continue to set aside 5 percent of their Block Grant award for early intervention services for human immunodeficiency virus (EIS/HIV). Such states are authorized to obligate and expend 5 percent of SABG funds for EIS/HIV in accordance with section 1924(b)(4) and 45 CFR § 96. 128(a)(2).

45 CFR § 96.128(b) "(b) For purposes of this section, a "designated state" is any state whose rate of cases of acquired immune deficiency syndrome is 10 or more such cases per 100,000 individuals as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the most recent calendar year for which the data are available."

Enter the amount of funds expended on one or more projects established to make EIS/HIV available at the sites at which individuals are receiving substance use disorder treatment services. Enter the amount expended from all available SABG awards and through other funding sources for this purpose.

Rows 5 through 9 are not required for the SABG Report.

**Row 10: Administration -** Enter the amount of funds expended on state-level administration that includes grants and contracts management, policy and auditing, personnel management, legislative liaison, and other overhead costs. Program/provider-level administration expenditures should be accounted for in rows 1 - 4 above, as appropriate.

**Row 11**: **Total** is calculated by BGAS.

Please indicate whether all figures are Actual or Estimated. If estimated, in the footnote indicate when the state will submit actual expenditures.

## Section III. Expenditure Reports

### Table 3 Expenditures by Service

Report how SABG funds were used between 07/01/2018 and 06/30/2019 to provide services. All states are asked to report for this particular period. If the state purchased services or activities that are not included in the listed categories, report those in the last row of the table in the "Other" category. Click on the icon to the right of the title of each section to enter data for the categories in that section. Note: The information in Table 3 is requested, not required.

## Section III. Expenditure Reports

### Table 3A Expenditures for Syringe Services Program (SSPs) Program Information –Table A

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction[1,2] on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the Consolidated Appropriations Act, , 2016 (P.L. 114-113) signed by President Obama on December 18, 2015.

Section 520. *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

The federal government released guidance documents regarding SSPs: These documents can be found on the Hiv.gov website: https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs.

The Consolidated Appropriation Act, 2018 (P.L. 115-141), Division H, authorizes the use of federal funds for elements of a syringe services program with the exception that such funds may not be used to purchase needles or syringes. In order for a state or jurisdiction to repurpose SABG funds for elements of a syringe services program, a state or jurisdiction must have a determination of need confirmed by the CDC and a SAMHSA approved plan to include protocols, an implementation timeline, and budget.

THIS TABLE SHOULD ONLY BE COMPLETED IF THE STATE REPURPOSED SABG FUNDS FOR SYRINGE SERVICES PROGRAMS (SSPs).
*Note: The information in Table 3a is requested, not required.*

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[1] Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-23(b)) and 45 CFR 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate.

[2] Section 1931(a(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C.? 300x-31(a)(1)(F)) and 45 CFR 96.135(a)(6) explicitly prohibits the use of SABG funds to provide persons who inject drugs (PWID) with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the Federal Register (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

This table requests states that repurposed SABG funds for elements of an SSP with the exception of purchasing needles or syringes to provide information.

Complete Columns 1 through 6 for each SSP

**Column A: Syringe Services Program (SSP) Agency Name** – For all entities enter the provider's name.

**Column B: Main Address of SSP** – For all entities enter the mailing address including city, state, and zip code in appropriate column.

**Column C: Dollar Amount of SABG Funds Used for SSP –** This column reflects the actual total dollar amount of SABG funds used for SSPs between July 1, 2018 and June 30, 2019. Therefore, SABG expenditures may be from FY 17, FY 18, and FY 19. Do not distinguish between the 2017, 2018 and 2019 awards in this table. In column 3, enter all actual SABG funds spent on SSPs during the reporting period.

**Column D: SUD Treatment Provider** – Indicate whether the SSP provides Substance Use Disorder (SUD) treatment services.

**Column E: Number of Locations (included mobile, if any)** – Enter the number of locations the SSP has to include mobile units.

**Column F: Narcan® Provided –** Indicate if the SSP provides NARCAN® (naloxone).

## Section III. Expenditure Reports

**Table 3B Expenditures for Syringe Services Program (SSPs) Program Information –Table B**

THIS TABLE SHOULD ONLY BE COMPLETED IF THE STATE REPURPOSED SABG FUNDS FOR SYRINGE SERVICES PROGRAMS (SSPs).
*Note: The information in Table 3a is requested, not required.*

This table is intended to capture the unduplicated count of persons that received onsite services from an SSP or were referred to services by an SSP including HIV, Hepatitis C, and sexually transmitted disease testing, treatment for substance use conditions, and treatment for physical health.

Instructions for each column and row follow.

Complete Columns 1 through 7 for each SSP - Activities.

**Column A: Syringe Services Program (SSP) Agency Name** – For all entities enter the provider's name.

**Column B: Number of Unique Individuals Served** - Report the total unduplicated number of persons served between July 1, 2018 and June 30, 2019.

**Column C: HIV Testing** - Enter the total number of individuals tested for HIV. This number may include multiple tests administered per individual client during the reporting period.

**Column D: Treatment for Substance Use Conditions –** Enter the total number of individuals treated for substance use conditions.

**Column E: Treatment for Physical Health** - Enter the total number of individuals treated for a physical health condition.

**Column F: STD Testing** - Enter the total number of individuals tested for an STD. This number may include multiple tests administered per individual client during the reporting period.

**Column G: Hep C Testing** - Enter the total number of individuals tested for Hepatitis C. This number may include multiple tests administered per individual client during the reporting period.

Rows 1 and 2

**Row 1: Onsite Testing**

In Row 1C, record the total unduplicated number of individuals tested onsite for HIV.

In Row 1D, record the total unduplicated number of individuals that received onsite treatment for substance use conditions.

In Row 1E, record the total unduplicated number of individuals that received onsite treatment for physical health.

In Row 1F, record the total unduplicated number of individuals tested onsite for an STD(s).

In Row 1G, record the total unduplicated number of individuals tested onsite for Hepatitis C.

**Row 2: Referral to Testing**

In Row 1C, record the total unduplicated number of individuals referred for HIV testing.

In Row 1D, record the total unduplicated number of individuals referred for treatment for substance use conditions.

In Row 1E, record the total unduplicated number of individuals referred for treatment for physical health.

In Row 1F, record the total unduplicated number of individuals referred for STD testing.

In Row 1G, record the total unduplicated number of individuals referred for Hepatitis C testing.

## Section III. Expenditure Reports

**Table 4 State Agency Expenditure Compliance Report**

Subpart C – Financial Management
§96.30 Fiscal and administrative requirements.

(a) *Fiscal control and accounting procedures*. Except where otherwise required by Federal law or regulation, a State shall obligate and expend block grant funds in accordance with the laws and procedures applicable to the obligation and expenditure of its own funds. Fiscal control and accounting procedures must be sufficient to (a) permit preparation of reports required by the statute authorizing the block grant and (b) permit the tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of the statute authorizing the block grant.

(b) *Financial summary of obligation and expenditure of block grant funds*—(1) Block grants containing time limits on both the obligation and the expenditure of funds. After the close of each statutory period for the obligation of block grant funds and after the close of each statutory period for the expenditure of block grant funds, each grantee shall report to the Department:

(i) Total funds obligated and total funds expended by the grantee during the applicable statutory periods; and

(ii) The date of the last obligation and the date of the last expenditure.

(2) Block grants containing time limits only on obligation of funds. After the close of each statutory period for the obligation of block grant funds, each grantee shall report to the Department:

(i) Total funds obligated by the grantee during the applicable statutory period; and

(ii) The date of the last obligation.

(3) Block grants containing time limits only on expenditure of funds. After the close of each statutory period for the expenditure of block grant funds, each grantee shall report to the Department:

(i) Total funds expended by the grantee during the statutory period; and

(ii) The date of the last expenditure.

(4) Submission of information. Grantees shall submit the information required by paragraph (b)(1), (2), and (3) of this section on OMB Standard Form 269A, Financial Status Report (short form). Grantees are to provide the requested information within 90 days of the close of the applicable statutory grant periods.

[Standard Form 425 replaced its predecessor Standard Form 269A as of October 1, 2009.]

Table 4 requires the state to report expenditures for authorized activities funded under the FFY 2017 SABG award. The expenditure period of the FFY 2017 SABG award is 10/01/2016 through 09/30/2018. Appendix A contains the allotment table for the FFY 2017 SABG.

Authorized activities are activities to prevent and treat substance use disorder pursuant to section 1921 of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. § 300x-21), tuberculosis services and early intervention services, if applicable, pursuant to section 1924 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24) and administration pursuant to section 1931 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-31(a)(1)(F)).

This table requires the state to enter actual expenditure amounts (not estimates). If for any reason the state is not able to provide actual expenditures, this must be noted in a footnote. The footnote must include the date when the state will provide actual expenditures to SAMHSA. Amounts must be entered in whole dollar amounts.

Please Note: Tables 4, 5a, 5b, 6, and 7 are inter-related. Table 4 accounts for expenditure of the FFY 2017 SABG award. The total should reflect the amount of the FFY 2017 SABG award expended through September 30, 2018. Tables 5a and 5b break down the primary prevention expenditures reported in Table 4. Tables 6 and 7 look at a breakdown of the expenditures reflected in Table 4. Table 6 requires the reporting of expenditures that provide support to the actual treatment and primary prevention activities. Table 7 itemizes by provider the expenditures for each of the treatment and primary prevention activities themselves. It is a list of treatment providers and primary prevention providers.

Note: Set-aside requirements and the 5 percent set administrative cap are to be calculated based on the amount of the FFY 2017 SABG award, not on the amount of FFY 2017 SABG expended.

Rows 1 through 5 – Describe typical activities funded by the agency administering the SABG.

**Row 1: Substance Abuse Prevention and Treatment**

**What to Include In Table 4, Row 1**
Enter the amount of funds from the FFY 2017 award expended for substance use disorder prevention (other than primary prevention) and treatment services. This includes:

a. funds used for alcohol and drug abuse prevention (other than primary prevention) <u>and all formal treatment activities</u>, such as medication-assisted treatment, outpatient treatment, and residential treatment including therapeutic community stays, and hospital-based care;
b. funds used to provide <u>treatment-related direct services</u> to patients/clients/service recipients, such as the SABG requirements for specialized treatment for pregnant women and women with dependent children (provision or referral to prenatal care, child care during treatment, transportation to treatment, etc. ), SABG-required interim services for pregnant women and/or injecting drug users not immediately admitted to treatment, SABG-required outreach to PWID, medical or social model detoxification,

vocational counseling, case management, central intake, follow-up and non-state (e.g., intermediary, provider, county) treatment program administration; and

c. Funds used to provide early intervention activities (other than primary prevention), such as Screening, Brief Intervention and Referral to Treatment (SBIRT), and rehabilitation activities should also be included as part of Row 1.

***Do not include the costs for the state's administration of the SABG in Row 1.***

*Interrelation to Tables 6 and 7*

Tables 6 and 7 look at a breakdown of the expenditures reflected in Table 4. Table 6 requires the reporting of expenditures *that provide support to* the actual treatment and primary prevention activities (*non-direct services/resource development*). Table 7 itemizes by provider the expenditures for each of the treatment and primary prevention activities themselves (*direct services*).

Table 6 resource development expenditures including non-state (e.g., intermediary, provider, county) treatment program administration may be part of the SABG funds shown in Table 4 under Rows 1 through 4: (1) Substance Abuse Prevention (other than primary prevention) and Treatment, (2) Primary Prevention, (3) Tuberculosis Services, and (4) Early Intervention Services regarding Human Immunodeficiency Virus (EIS/HIV). **Only state-level administrative** resource development expenditures may be a part of the SABG funds shown in Table 4 under Row 5, Administration.

Table 7 records information about the entities/providers funded to provide treatment direct service activities and/or primary prevention activities and/or Early Intervention Services for HIV. ***All other expenditures of the FFY 2017 award are reflected in either Table 6 Resource Development Expenditures and/or in Table 4, Row 5, Administration.***

**Row 2: Primary Prevention**

Enter FFY 2017 SABG award expenditures information for primary prevention activities. Primary prevention consists of activities directed at individuals who do not require treatment for substance use disorder. Such activities may include education, mentoring, and other activities designed to reduce the risk of substance abuse by individuals. Note that under the SABG statute, *early intervention activities should not be included as part of primary prevention*. This row may include primary prevention related resource development expenditures (Table 6).

**Row 3: Tuberculosis Services**

Enter the FFY 2017 SABG expenditures for tuberculosis services made available to individuals receiving treatment for a substance use disorder. Tuberculosis services include counseling, testing, and treatment for the disease. Include activities funded either directly or through arrangements with other public or nonprofit private entities. This row may include Tuberculosis- related resource development expenditures (Table 6).

**Row 4: HIV Early Intervention Services**

Row 4 is applicable to states that were designated states for the fiscal year involved, (e.g., FFY 2017) (See Appendix A) or any state that was so designated in a prior fiscal year or years, (e.g., 2014, 2015, and 2016) and that chose to obligate and expend 5 percent of SABG funds for EIS/HIV. Designation is determined by a rate of cases of acquired immune deficiency syndrome being equal to or greater than the case rate specified in the statute (See 42 U.S.C. § 300x-24(b) and 45 CFR § 96. 128). The case rate data, as indicated by the number of such cases reported to and confirmed by the Director of the CDC for the most recent calendar year for which such data are available, refers to such data that was available on or before October 1, 2016.

The applicable data published by CDC is *HIV Surveillance Report, 2014*; vol. 25. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2014-vol-26.pdf. Published November 2015. Accessed July 2018. Refer to Table 23. Stage 3 (AIDS), by area of Residence, 2014 and cumulative-United States and 6 dependent areas, pp. 108-109.

Enter information on one or more projects established to make available EIS for HIV disease at the sites in which individuals are receiving treatment for substance use disorders. Enter only the amount expended from the FFY 2017 SABG award. This row may include HIV Early Intervention-related resource development expenditures (Table 6).

**Row 5: Administration (excluding program/provider level)**

Enter FFY 2017 SABG award expenditure information that includes grants and contracts management, policy and auditing, personnel management, legislative liaison, and other overhead costs. A maximum of five percent of the SABG award may have been spent on administration at the state level. This row may include resource development expenditures not reflected in the lines above. (*Exclude administration costs at the program (or service provider-level) on this row. Program/provider-level administration expenditures should be accounted for in Rows 1 - 4 above, as appropriate.*)

**Row 6: Total**

BGAS automatically calculates the total of Rows 1 through 5. The total should be equal to the amount of the FFY 2017 SABG award *expended* through September 30, 2018.

## Section III. Expenditure Reports

### Table 5a and 5b Primary Prevention Expenditures Checklists

States must spend no less than 20 percent of their SABG award expenditures on substance use disorder primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment. To report on their FFY 2016 SABG award primary prevention expenditures, states must complete either Table 5a or Table 5b or may choose to complete both. If Table 5b is completed, the state must also complete Section 1926 –Tobacco on Table 5a.

**Table 5a Primary Prevention Expenditures Checklist**

The state's primary prevention program must include, but is not limited to, the six primary prevention strategies defined below. Expenditures within each of the six strategies should be directly associated with the cost of completing the activity or task; for example, information dissemination should include the cost of developing pamphlets, the time of participating staff or the cost of public service announcements, etc. If a state employs strategies not covered by these six categories, please report them under "Other" in Table 5a.

**Information Dissemination** – This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two.

**Education** – This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information strategy.

**Alternatives** – This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities and to discourage the use of alcohol and drugs through these activities.

**Problem Identification and Referral** – This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

**Community-based Process** – This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.

**Environmental** – This strategy establishes or changes written and unwritten community standards, codes, and attitudes; thereby, influencing alcohol and other drug use by the general population.

**Other** – The six primary prevention strategies have been designed to encompass nearly all of the prevention activities. However, in the unusual case an activity does not fit one of the six strategies, it may be classified in the "Other" category.

**Section 1926 – Tobacco**: Costs Associated with the Synar Program. Per January 19, 1996, 45 CFR Part 96, Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants; Final Rule (45 CFR § 96.130), States may not use the Block Grant to fund the enforcement of their statute, except that they **may expend funds** from their primary prevention set aside of their

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.

In addition, prevention strategies may be classified using the IOM Model of Universal, Selective and Indicated, which classifies preventive interventions by the population targeted. Definitions for these categories appear below:

***Universal***: Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.
***Selective:*** Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.
***Indicated:*** Activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. (Adapted from The Institute of Medicine)

States that are able to report on both the strategy type and the population served (universal, selective, or indicated) should do so. If expenditure information is only available by strategy type, the state should report expenditures in the row titled Unspecified (for example, Information Dissemination Unspecified).

Instructions for Columns

States should report principal agency expenditures from the FFY 2016 SABG award and other sources for substance use disorder primary prevention services as follows:

**B. SA Block Grant**: Enter the amount of FFY 2016 SABG award funds that the state expended on each activity.

**C. Other Federal funds:** Enter the amount of other Federal funds that the state expended on each activity during the 24-month expenditure period of the FFY 2016 SABG.

**D. State funds:** Enter the amount of state funds that the state expended on each activity during the 24-month expenditure period of the FFY 2016 SABG.

**E. Local funds:** Enter the amount of local funds that the state expended on each activity during the 24-month expenditure period of the FFY 2016 SABG.

**F. Other:** Enter the amount of other funds that the state expended on each activity during the 24-month expenditure period of the FFY 2016 SABG.

**Table 5b Primary Prevention Expenditures Checklist**

**Institute of Medicine Classification: Universal, Selective, and Indicated:**

If the state chooses to report activities utilizing the IOM Model of Universal, Selective, and Indicated; complete Table 5b. Expenditures within each of the IOM categories should be directly associated with the cost of completing the activity or task. If Table 5b is completed, the state must also complete Section 1926 – Tobacco on Table 5a.

***Universal***: Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.

> ***Universal Direct. Row 1***—Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after-school program, parenting class, etc.). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions)
> ***Universal Indirect Row 2***—Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices, etc.). This also could include interventions involving programs and policies implemented by coalitions.
>  ***Selective:*** Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.
>  ***Indicated:*** Activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. (Adapted from The Institute of Medicine)

Instructions for Columns

States should report principal agency expenditures from the FFY 2016 SABG award and other sources for substance use disorder primary prevention services as follows:

B. SA Block Grant: Enter the amount of FFY 2016 SABG award funds that the state expended on each activity.

C. Other Federal funds: Enter the amount of other Federal funds that the state expended on each activity during the 24-month expenditure period of the FFY 2016 SABG.

D. State funds: Enter the amount of state funds that the state expended on each activity during the 24-month expenditure period of the FFY 2016 SABG.

E. Local funds: Enter the amount of local funds that the state expended on each activity during the 24-month expenditure period of the FFY 2016 SABG.

F. Other: Enter the amount of other funds that the state expended on each activity during the 24-month expenditure period of the FFY 2016 SABG.

### Table 5c Primary Prevention Targeted Priorities

States are to use Table 5c to identify by checking (√) the category(ies) of substances the state

targeted with primary prevention set aside dollars from the FFY 2016 SABG. Also, states are to use Table 5c to identify by checking (√) the special population category(ies) the state targeted with substance use disorder primary prevention set aside dollars from the FY 2016 SABG.

The information in Table 5c is requested, not required.

## Section III. Expenditure Reports,

**Table 6 Resource Development Expenditure Checklist**

Please Note: Tables 4, 5a, 5b, 6 and 7 are interrelated. Table 4 accounts for expenditure of the FFY 2017 SABG award. The total should reflect the amount of the FFY 2017 SABG expended through September 30, 2018. Tables 5a and 5b break down the primary prevention expenditures reported in Table 4. Tables 6 and 7 look at a breakdown of the expenditures reflected in Table 4. Table 6 requires the reporting of expenditures that provide support to the actual treatment and primary prevention activities. Table 7 itemizes by provider the expenditures for each of the treatment and primary prevention activities. It is a list of treatment providers and primary prevention providers.

Only complete this table if the state funded resource development activities with FFY 2017 SABG funds. This table requires the state to enter actual expenditure amounts (not estimates). *If for any reason the state is not able to provide actual/final expenditures for resource development, this must be noted in a footnote. The footnote must include the date when the state will provide actual/final expenditures to SAMHSA.*

Expenditures for resource development activities may be direct expenditures (involving the time of state or sub-state personnel, or other state or sub-state resources), or be through funding mechanisms with independent organizations. These include state, regional, and local personnel salaries prorated for time spent and operating costs such as travel, printing, advertising, and conducting meetings related to the categories below.

Resource development activities ***exclude*** expenditures through funding mechanisms for providing treatment "direct service" activities and primary prevention activities. Those activities are to be reflected in Table 7. Resource development expenditures provide support to those activities.

Rows 1 through 8 – Activity

The following are descriptions of the categories for resource development:

**Row 1: Planning, Coordination, and Needs Assessment** - Any funding mechanisms with

community-based organizations or local governments for planning and coordination fall into this category, as do needs assessment projects to identify the scope and magnitude of the problem, resources available, gaps in services, and strategies to close those gaps. Include expenditures for activities such as planning meetings, data collection, analysis, and writing.

**Row 2: Quality Assurance** - This includes activities at any level (state, region, and provider) to assure conformity to acceptable professional standards and to identify problems that need to be remedied. Sub-state administrative agency funding mechanisms to monitor service providers fall in this category, as do expenditures for independent peer review activities.

**Row 3: Training (post-employment)** - This includes expenditures for staff development and continuing education for personnel employed in local programs as well as support and coordination agencies, as long as the training relates to substance use disorder prevention and /or treatment services delivery. Typical costs include course fees, tuition and expense reimbursements to employees, trainer(s) and support staff salaries, and certification expenditures.

**Row 4: Program Development** - This includes consultation, technical assistance, and material support to local providers and planning groups. Generally, these activities are carried out by state and sub-state level agencies.

**Row 5: Research and Evaluation** - This includes program performance measurement, evaluation, and research, such as clinical trials and demonstration projects to test feasibility and effectiveness of a new approach. These activities may have been carried out by the principal agency of the state or an independent organization.

**Row 6: Information Systems** - This includes collecting and analyzing treatment and prevention data to monitor performance and outcomes. These activities might be carried out by the principal agency of the state or an independent organization.

**Row 7: Education (pre-employment)** - This includes support for students and fellows in vocational, undergraduate, graduate, or postgraduate programs who have not yet begun working in substance use disorder programs. Costs might include scholarship and fellowship stipends, instructor(s) and support staff salaries, and operating expenses.

**Row 8: Total** - BGAS will automatically calculate the total of each row and column.

Resource development expenditures may be part of the SABG funds shown in Table 4 under Rows 1 through 4: (1) Substance use disorder Prevention (other than primary prevention) and Treatment, (2) Primary Prevention, (3) Tuberculosis Services, and (4) HIV Early Intervention Services. **Only state-level administrative** resource development expenditures may be a part of the SABG funds shown in Table 4 under Row 5, Administration.

For the 24-month expenditure period of the FFY 2017 SABG award, list the FFY 2017 SABG award expenditures in columns B, D, and E, respectively:

B. Prevention, showing amounts spent for primary prevention resource development,

D. Treatment, showing amounts spent for treatment resource development, and

E. Combined, showing amounts for resource development in situations where the amounts devoted specifically to treatment or prevention cannot be sorted out. For the combined column, exclude any amounts listed in the prevention and treatment columns.

## Section III. Expenditure Reports

### Table 7 SABG Statewide Entity Inventory

Please Note: Tables 4, 5a, 5b, 6 and 7 are interrelated. Table 4 accounts for expenditure of the FFY 2017 SABG award. The total should reflect the amount of the FFY 2017 SABG expended through September 30, 2018. Tables 5a and 5b break down the primary prevention expenditures reported in Table 4. Tables 6 and 7 look at a breakdown of the expenditures reflected in Table 4. Table 6 requires the reporting of expenditures that provide support to the actual treatment and primary prevention activities. Table 7 itemizes by provider the expenditures for each of the treatment and primary prevention "direct service" activities. It is a list of treatment providers and primary prevention providers.

This table requires states to provide a list of its SABG-funded entities and corresponding expenditures for authorized activities funded under the SABG awarded three years prior to the year the state is applying for funds. For the FFY 2020 SABG Report, this is the FFY 2017 award.

This table requires the state to enter actual expenditure amounts (not estimates). If for any reason the state is not able to provide actual/final expenditures, this must be noted in a footnote. The footnote must include the date when the state will provide actual/final expenditures to SAMHSA.

This table records information about the entities/providers *funded to provide treatment "direct service" activities and/or primary prevention activities and/or HIV Early Intervention Services.* ***All other expenditures of the FFY 2017 award are reflected in either Table 6 Resource Development Expenditures and/or in Table 4, Row 5, Administration.***

Addresses now have to be entered for all providers. Use the mailing address of the physical location of the site. Each FFY 2017 entity/provider location's mailing address must be listed once for each Sub-state Planning Area (SPA) it serves.

The columns of Table 7 address use of the FFY 2017 SABG award to provide substance use disorder treatment and related required services and primary prevention activities. Remember that the state has to enter something in all of these columns for **every** line (entity/provider) completed in stage one. If a column is not applicable to a given entity, enter zero in that column.

**Entering Data in Table 7**

Expenditure data can be entered directly into Table 7 in BGAS. All providers listed in the 2019 SABG Report are prepopulated in Table 7. Since for most entities only the expenditures need to

be entered into Table 7, this is likely to be the most efficient option for the state to employ in completing this table.

An alternative to entering expenditure data directly into Table 7 is to use the Microsoft Excel spreadsheet template, which can be downloaded from the Table 7 screen. **However, please note that even if a state submitted a template last year, the providers are automatically prepopulated in Table 7 in BGAS, allowing the state to only have to enter expenditure data.** Instructions for the spreadsheet are included with the template. Once the state has completed it, the state is to email it to the BGAS Help Desk, which will upload the information into the application, so that the information will display in Table 7. Depending on how many states submit templates, it may take a few to several days for all templates to be uploaded. If the state employs the spreadsheet, there are certain instances when the state will receive an error report when the BGAS Help Desk uploads the spreadsheet to the application. All of the information is uploaded to Table 7 in BGAS, including the rows identified in the error report. The state can then refer to Table 7 in BGAS, and the entries with errors will now be at the top of the list of providers awaiting resolution by the state. **Changes to resolve the error(s) can only be made in Table 7 itself, not in the template.**

**Manual Data Entry**

All Rows

To add funding information for a provider:
For each provider, click on the edit icon at the far right side of the row. The Provider Profile screen will open, with windows provided for each type of expenditure. **Column A will be auto-calculated.**

To edit information about a provider:
Click on the edit icon on the far right end of the row with that provider's information. (Providers are sorted in alphabetical order.)

To delete a provider:
If an entity was funded previously and not funded in the current reporting year, please delete the entity from Table 7 by clicking on the "X" icon at the far right end of that row.

To enter a new provider:
Click on the "Add Provider" button above Table 7, on the far right side. You will be offered three options: Manually Enter Provider Data, Import from SAMHSA Provider Directory Based on an IBHS Number Search (this is the SAMHSA Treatment Locator Directory), or Import from SAMHSA Provider Directory Based on a Name Search. Select one option, and click on "Go."

1. If the state selects the manual option, the Provider Profile screen will open, allowing you to enter all information for this provider. Be sure to click "Save," when finished.
2. It is possible to save the provider information without expenditure information being completed.
3. If the state selects the IBHS search option, a window will appear to allow the state to enter an IBHS number, such as AL123456. Click on "Go." Search results will display at

the bottom with *buttons* for selection. Choosing the "Select" option will allow access to the Provider Profile screen. Enter the area served and expenditure information, then click "Save."

4. If the state selects the name search option, a window will appear to allow the state to enter a name, for example, Walker. Clicking on "Go" will present the list of available providers for selection. Choosing the "Select" option will allow access to the Provider Profile screen. Enter area served and expenditure information, then click "Save."

Whichever option is selected, the new provider appears at the top of the provider list in Table 7 until the state accesses the next page of providers. Then the new provider will appear in the correct alphabetical order.

For search Options 2 and 3, it is not case-sensitive, and a trailing wildcard (*) may be used, for example AL123* or Walker*.

**Part One: Explanation of Columns 1-9**

Complete Columns 1 through 9 for each new entity. Data entered cannot be saved if any entity row contains no information for Columns 1, 2, and 4.

**Column 1: Entity Number** – This is the State Provider ID number the state has assigned to this provider location. This is a required field.

**Column 2: I-BHS ID** – If the entity is receiving funding for treatment, enter its IBHS ID number here. For non-treatment providers, place an "X" in the box, indicating the entity has no IBHS ID.

**Column 3: Accuracy of I-BHS Number for Provider Name and Address** – If the I-BHS number matches the SAMHSA I-BHS database provider name and mailing address, a checkmark will be displayed (√). If it does not match, an "X" will appear. Use the phone number or email address in the box above to resolve any I-BHS number discrepancy.

**Column 4: Area Served (Statewide or Substate Planning Area)** – This column shows the geographical area served by the entity location and involves coded entries. Enter the code assigned for the Statewide or Substate Planning Area (SPA) that the entity serves. Each state may elect how to define its SPAs. If the state has added a new SPA, please contact the BGAS Help Desk so it can be added.

Note from SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ):

See the I-BHS (Inventory of Behavioral Health Services) On-line State User Manual 5.0. The User's Manual explains "I-BHS On-line," which is an Internet-based application that is used by states to update the I-BHS numbers. Authorized users can add new facilities and view and update the information for existing I-BHS facilities in their state through the I-BHS On-line website. Using simple on-line forms, new facilities can be added to the I-BHS, and facilities currently on the I-BHS can be closed or updated. New facilities added through the BHS On-line are automatically assigned a pending I-BHS ID number. The I-BHS staff will contact the state within 24 – 48 hours to verify that the newly assigned I-BHS ID number has been approved. Users have access to all facilities on the I-BHS in their own state, including both state approved and non-approved facilities. Users need a user ID and password to access the website that can be obtained from Eagle Technologies.

If an entity receiving treatment funding (Column B) does not have an I-BHS ID, to obtain one or to determine what an entity's I-BHS number is, contact the CBHSQ contractor Eagle Technologies, Inc. (Eagle) by sending an e-mail to locator@eagletechva.com, by calling the I-BHS Project Office at 1-877-250-4665 (Mon-Fri 9-5 ET), or by electronic form submission using the Locator online application at **https://www.findtreatment.samhsa.gov/**.

The Inventory of Behavioral Health Services (I-BHS) Online State User Manual is available at: **https://wwwdasis.samhsa.gov/dasis2/manuals/IBHS_5.0_State_User_Manual_final.pdf**

***In the footnote to Table 7, place the definitions of the state's SPAs by geographic entity.*** As an example, if SPA A comprises four counties, list the county names; if SPA A is a major metropolitan area and SPA B comprises the surrounding counties, provide that information. States are encouraged to keep the number of areas to a minimum; however, states must identify at least two SPAs.

- An entity may serve the whole state (statewide) or an entity may serve several areas. For example, entity 1 is a program that serves the entire state. When completing Column 3 for this entity, enter a code of '99.'

- In BGAS, a code of '99' must be entered for any 'Statewide' program. No other code will be accepted

When an entity serves more than one SPA, use multiple lines. For example, entity 2 serves two of the SPAs the state designates. Complete columns 1-9 in one row for the first SPA the entity serves. Then complete columns 1-9 of a second row for the second SPA the entity serves.

**Columns 5 through 9: Provider/Program Name and Mailing Address** – For all entities enter the provider's name and mailing address including city, state, and zip code in the appropriate columns. If the state is funding more than one of the organization's locations in one SPA, list each location's mailing address.

**Part Two: Explanation of Columns A through E**

Columns A through E refer ***only*** to the portion of the SABG award that went to providers of treatment, primary prevention activities, and/or HIV Early Intervention Services.

***Exclude funds spent on state staff or administration (Table 4, Row 5, Administration) or funds spent for resource development (Table 6)***.

The relationship between the columns is this:

in each row Column A = Columns B +D (+E if the state is a designated state) (+F if the state expended SABG funds to support SSPs)

The women's services expenditures in Column C are a subset of Column B, which represents total SABG expenditures for direct treatment services (i.e., prevention (other than primary prevention) and treatment services. The expenditures for women's services are a subset of the total SABG expenditures. That is why Column C is excluded from the equation above. The state must report to SAMHSA by provider both the dollars spent on women's specialized treatment services (Column C), and that amount added to all other treatment services (Column B).

**Column A: Block Grant Funds -** Column A will be auto-calculated. This column reflects the total FFY 2017 SABG funds awarded to each entity/provider. For each entity/provider, the amount in Column A will be the sum of the amounts in Columns B (all Treatment) + D (all Primary Prevention) + E (all EIS/HIV, if the state is a designated state) + F (if the state expended SABG funds to support SSPs).

In some cases the amounts in Columns A, B and C may be the same number. For instance, if the state has an entity/provider that only receives funds for specialized women's services (no other Treatment, no Primary Prevention, no EIS/HIV), whatever dollar amount is listed in Column C should be repeated in Column B and reflected in Column A.

**Column B: Prevention (other than primary prevention) and Treatment Services –** The total expenditures in Column B in this table, when added to the resource development expenditures in Column B and possibly Column D in Table 6 should be equal or approximately equal to the amount in Row 1, Table 4 State Agency SABG Expenditure Compliance Report.

**Note**: ***Table 4, Row 1 Total ≅ (Table 7, Column B) + (Table 6, Column B + Column D)***

**Column C: Pregnant Women and Women with Dependent Children** - Record the amount of funds the state expended for programs that meet the block grant requirements for specialized services for pregnant women and women with dependent children.

**What to Include In Table 7**

**Column B: Prevention (other than primary prevention) and Treatment Services**

Enter the amount of funds expended for substance use disorder prevention (other than primary prevention) and treatment services. This includes:

a. funds used for alcohol and drug abuse prevention (other than primary prevention) and all formal treatment activities, such as medication-assisted treatment, outpatient treatment, and residential treatment including therapeutic community stays;
b. funds used to provide treatment-related direct services to patients/clients/service recipients, such as the SABG requirements for specialized treatment for pregnant women and women with dependent children (provision or referral to prenatal care, child care during treatment, transportation to treatment, etc.), SABG-required interim services for pregnant women and/or injecting drug users not immediately admitted to treatment, SABG-required outreach to PWID, medical or social model detoxification, case management, central intake, follow-up and non-state (e.g., intermediary, provider, county) treatment program administration.
c. funds used to provide early intervention activities (other than primary prevention), such as Screening, Brief Intervention and Referral to Treatment (SBIRT), and rehabilitation activities should also be included as part of Row 1.

**Column C: Pregnant Women and Women with Dependent Children**

Enter the amount of funds for specialized treatment programs for pregnant women and women with dependent children, including the related services required by the SABG. This amount will be equal to or less than the amount entered in Column B.

Column C is a subset of the expenditures reported in Column B. For example, a provider may provide a specialized treatment program for women. The SABG funding for this provider would be entered twice, first in Column B and again in Column C. If the provider did not receive SABG funds for primary prevention (Column D) or HIV early intervention (Column E) services, the number will also be the same as the amount auto-calculated in Column A.

***Exclude funds for tuberculosis services or state administration or resource development costs in this column.***

**Column D: Primary Prevention**

Enter the amount of FFY 2017 SABG award funds for primary prevention activities provided to each entity.

***Exclude funds for state administration or resource development costs in this column.***

**Column E: Early Intervention Services for Human Immunodeficiency Virus** (Applicable to FFY 2017 "Designated States" and states which were HIV designated within the past 3 years for which a state was applying for a grant (i.e., FFY 16, FFY 15, FFY 14) and whose AIDS case rates drop below the AIDS case rate threshold would have the option, at their discretion, of continuing to set aside 5 percent of their Block Grant for EIS/HIV. This option solely depended on the state's prior high AIDS case rate history.
(See Appendix A).

If the state was not a designated state for FFY 2017, enter zero for each entity. If the state was a designated state for FFY 2017, enter the amount of funds for pretest counseling, testing, posttest counseling, and the provision of therapeutic measures to diagnose the extent of deficiency in the immune system to prevent and treat the deterioration of the immune system, and to prevent and treat conditions arising from HIV/AIDS. Include the cost of making referrals to other treatment providers in this item.

***Exclude funds for state administration or resource development costs in this column.***

## Section III. Expenditure Reports

**Description of Calculations for MOE Tables 8a and 8d**

Please provide a description of the amounts and methods used to calculate the following:

(a) total Single State Agency (SSA) expenditures for substance use disorder prevention and treatment (42 U.S.C. § 300x-30);

(b) the base and, for 1994 and subsequent fiscal years, 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).

***This description of the amounts and methods used should be provided whether or not there has been a change in methodology from the previous year.***

If the state wishes to change any of these methodologies, the proposed change must be submitted to and approved by the assigned State Project Officer.

## Section III. Expenditure Reports

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

Table 8a is the Maintenance of Effort (MOE) table for reporting expenditures for authorized activities to prevent and treat substance use disorders flowing through the SSA during SFY 2019. (See 42 U.S.C. § 300x-30 and 45 CFR § 96. 134 (below).

1. Enter expenditures for SFY 2019 in Column B, Row 3.
2. Indicate in Column D, Row 3 whether the reported expenditures are actual or estimated.
3. If the expenditures are estimated, enter the earliest date when the state will submit the actual expenditures to SAMHSA.
4. The MOE for SFY 2019 is met if the amount in Column B, Row 3 is greater than or equal to the amount in Column C, Row 2.
5. **If the MOE is not met, communicate this fact as early as possible to the CSAT State Project Officer so that the waiver request process can be initiated.**
6. Choose "Yes" or "No" to indicate whether the state is requesting to exclude from the MOE calculation nonrecurring expenditures awarded to the SSA for a specific purpose. If yes, answer the questions that follow.

The SFY 2019 expenditures reported in this table should ≅ the SFY 2019 MOE Expenditures reported in Table 2, Column E, row 9. If not, please provide a reason for the amounts not being the same (e.g., the Table 8a amount includes dollars from the Medicaid column) in the footnote section.

45 CFR § 96.134 Maintenance of effort regarding State expenditures.

(a) With respect to the principal agency of a State for carrying out authorized activities, the agency shall for each fiscal year maintain aggregate State expenditures by the principal agency for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the two year period preceding the fiscal year for which the State is applying for the grant. The Block Grant shall not be used to supplant State funding of alcohol and other drug prevention and treatment programs.
(d) The Secretary may make a Block Grant for a fiscal year only if the State involved submits to the Secretary information sufficient for the Secretary to make the determination required in paragraph (a) of this section, which includes the dollar amount reflecting the aggregate State expenditures by the principal agency for authorized activities for the two State fiscal years preceding the fiscal year for which the State is applying for the grant. The base shall be calculated using Generally Accepted Accounting Principles and the composition of the base shall be applied consistently from year to year.

## Section III. Expenditure Reports

**Table 8b Base and Maintenance of Effort for State Expenditures for TB[3]**

**Table 8c Base and Maintenance of Effort for Expenditures for HIV Early Intervention Services[3]**

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

Table 8d reports the total (SABG and state, including the state match of Medicaid funds) expenditures for specialized treatment and related services to substance-using pregnant women and women with dependent children if the services meet the SABG requirements for these populations. (See 42 U.S.C. 300x-22(b)(1) and 45 CFR § 96.124 (c) (3) (below))

1. Enter the amount of expenditures for services to pregnant women and women with dependent children for SFY 2019 in Column B, Row 4.
2. In the footnote to this table, indicate whether the dollar amount entered is actual or estimated.
3. If the expenditures are estimated, in the footnote to this table enter the date by when the state will submit actual expenditures to SAMHSA.
4. The MOE is met if the amount the state entered in Column B, Row 4 is equal to or greater than the amount in Column A, Row 1.
5. **If this MOE is not met, communicate this fact as early as possible to the CSAT State Project Officer so that the waiver request process can be initiated.**
6. Enter the amount the state plans to expend in **SFY 2020** in the associated box at the bottom of the table.

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).

> 45 CFR § 96.124 (c) (3) For grants beyond fiscal year 1994, the States shall expend no less than an amount equal to the amount expended by the State for fiscal year 1994.

[3] Section 8002(c)(3) of the 21st Century Cures Act (P.L. 114-255 repealed section 1924(d) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. 300x-24(d)). State and jurisdictions are no longer required to demonstrate compliance with the maintenance of effort requirement regarding tuberculosis and human immunodeficiency virus.

## Section IV: Populations and Services Reports

### Table 9 Prevention Strategy Report

Completion of Table 9 is optional except for Column B, which is required. States are requested to complete the form as completely as possible (e.g., Column B and as much more as possible). States may provide any comments that will enhance the meaningfulness of the information and aid in improving the completeness, validity, and reliability of the data.

The Prevention Strategy Report requires additional information (in accordance with Section 1929 of the PHS Act) about the FFY 2016 SABG award-funded primary prevention activities conducted by the state prevention entities. It seeks further information on the specific strategies and activities being funded by the principal agency of the state that addresses the subpopulations at risk for alcohol, tobacco, and other drug (ATOD) use/abuse.

Table 9 has three columns. The first column (A) seeks information about the subpopulations at risk that are being addressed by the state's primary prevention program; the second column (B) seeks information about the specific primary prevention strategies and activities being employed to address each of these risk categories; and the third column (C) seeks information about the total number of providers carrying out each of the activities reported in Column B. States are required only to complete Column B each year and are strongly encouraged to complete the other 2 columns, where possible. If the state completes optional Column A, it need only report on those risk categories that were considered appropriate for its primary prevention program and that were addressed during the reporting year, which is the 24-month expenditure period of the FFY 2016 SABG). In completing Column B, the state need only report on those strategies and activities that were considered appropriate and that were conducted during the reporting year.

**Column A: Risk categories**

States are asked to list each of the subpopulations at risk toward which their primary prevention program is directed. One risk category should be listed on each line. The risk categories and codes are listed below. (SAMHSA recognizes that resource limitations may result in a state's addressing only those risk categories of greatest concern). For any risk category not listed below, code the category using codes beginning with "11" and enter a description on the same line. For example, if the state uses three risk categories that do not fit into any of the categories below, e n t e r the code "11" and description of the category. The second category would be coded as " 12," and its description beside it. The third category would be coded as "13," etc.

1. Children of substance abusers
2. Pregnant women/teens
3. Drop-outs
4. Violent and delinquent behavior
5. Mental health problems
6. Economically disadvantaged
7. Physically disabled
8. Abuse victims
9. Already using substances
10. Homeless and/or runaway youth
11. Other, specify

**Column B: Strategy/activity**
Column B describes the primary prevention strategy/activity or strategies and activities used by the principal agency of the state to address each of the risk categories identified in Column A and involve the coded entries listed below. The definitions for these strategies are provided in the block grant regulations. If a state employs strategies not covered by these six strategies, please report these under "Other Strategies." Note that states are required to spend SABG funds on all six strategies. Therefore, activity codes for all six strategies must be included in Column B.

A state may employ several strategies and activities for each risk category. For example, it may provide both parenting classes and a clearinghouse. Each strategy used to address a risk category should be listed on a separate line.

If you code "Other, specify," enter the description of the type of strategy/activity on the same line.

The codes for use in Column B are:

**Information Dissemination**

1. Clearinghouse/information resources centers
2. Resource directories
3. Media campaigns
4. Brochures
5. Radio and TV public service announcements
6. Speaking engagements
7. Health fairs and other health promotion; for example, conferences, meetings, seminars
8. Information lines/Hot lines
9. Other, specify

**Education**

11. Parenting and family management
12. Ongoing classroom and/or small group sessions
13. Peer leader/helper programs
14. Education programs for youth groups
15. Mentors
16. Preschool ATOD prevention programs
17. Other, specify

**Alternatives**

21. Drug-free dances and parties
22. Youth/adult leadership activities
23. Community drop-in centers
24. Community-service activities
25. Outward Bound
26. Recreation activities
27. Other, specify

**Problem Identification and Referral**

31. Employee Assistance Programs
32. Student Assistance Programs
33. Driving while under the influence/driving while intoxicated education programs
34. Other, specify

**Community-Based Process**

41. Community and volunteer training; for example, neighborhood action training, impactor training, staff/officials training
42. Systematic planning
43. Multiagency coordination and collaboration/coalition
44. Community-team building
45. Accessing services and funding
46. Other, specify

**Environmental**

51. Promoting the establishment or review of alcohol, tobacco, and drug-use policies in schools
52. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs
53. Modifying alcohol and tobacco advertising practices
54. Product pricing strategies
55. Other, specify

**Other prevention activities**

For any prevention activity not included in the list above, code the activity using a code beginning with "71" and enter a description on the same line. For example, if the state uses three unique primary prevention activities that do not fit into any of the categories above, enter the code "71" in Column B and description of the activity. The second activity would be coded as "72," and its description would be entered on a separate line. The third strategy would be coded as "73," etc.

**Column C: Providers**

This column records the number of providers performing each of the activities identified in Column B. Providers are those entities reported on Table 7 (Statewide Entity Inventory) of the application as having expended primary prevention set-aside funds.

Enter the total number of providers that employ a specific strategy/activity to address the prevention needs of a risk category before proceeding to the next line.

## Section IV: Population and Services Reports

### Table 10 Treatment Utilization Matrix

This table is intended to capture the unduplicated count of persons with initial admissions and any subsequent admission(s) to an episode of care (as defined in the Behavioral Health Services Information System (BHSIS) Treatment Episode Data Set (TEDS)). Table 10 documents the levels and amounts of care purchased statewide during SFY 2019 by the principal agency of the state administering the SABG. ***Include all care purchased with public dollars, regardless of the source of funds.***

The state may not have funded all levels of care. If any row is not applicable, enter zeroes in the appropriate row.

These are the TEDS definitions of levels of care for Table 10:

**Detoxification (24-hour Care)**
**Row 1:** Hospital Inpatient – Twenty-four hour/day medical acute care services in a hospital setting for detoxification for persons with severe medical complications associated with withdrawal.

**Row 2:** Free-standing Residential – Twenty-four hour/day services in a non-hospital setting that provide for safe withdrawal and transition to ongoing treatment.

**Rehabilitation/Residential**
**Row 3:** Hospital Inpatient - Twenty-four hour/day medical care (other than detoxification) in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency.

**Row 4:** Short-term (up to 30 days) –Thirty days or fewer of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency.

**Row 5:** Long-term (over 30 days) - More than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency (may include transitional living arrangements such as halfway houses).

**Ambulatory (Outpatient)**
**Row 6:** Outpatient –Ambulatory treatment services including individual, family, and/or group services; may include pharmacological therapies.

**Row 7:** Intensive Outpatient – Treatment lasting two or more hours per day for three or more days per week.

**Row 8:** Detoxification – Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or nonpharmacological).

**Opioid Replacement Therapy (ORT)**
**Row 9:** ORT Detoxification

**Row 10:** ORT – Treatment that includes a combination of ambulatory (outpatient) and medication-assisted opioid therapy.

Instructions for the columns of Table 10:

States are required to report treatment utilization data in Columns A and B.

**Column A: Number of Admissions -** Report the total number of admissions to an episode of care for each of the ten levels of care during the 12-month State Expenditure Period designated on Form 1. Each re-admission of a client that occurs during the applicable 12-month time frame should be counted.

**Column B: Number of Persons Served -** Report the unduplicated number of persons served within the set of persons who were admitted during the 12-month period specified on Form 1. Note that Column B is a subset of Column A. Clients served during the State Expenditure Period are counted only once in each applicable level of care, even if they terminate and are readmitted during the 12-month time period.

**Columns C, D, and E are optional.**

**Column C: Mean Cost of Services - R e p o r t** the mean cost per person served for each of the ten levels of care. The mean cost is the total cost, including operating and capital costs, divided by the number of persons served. If the program offers services to family members and others besides the client, then count only those persons who actually have a treatment record and have received counseling or treatment services. For example, children would not be counted if they receive only daycare within a women's program that is providing treatment to their mother.

**Column D: Median Cost of Services -** Report the median cost per person for each of the ten levels of care. The median cost is the middle value, with half of the costs per person in the level of care being greater and half of the costs per person being less.

**Column E: Standard Deviation of Cost** Report the standard deviation of cost per person for each of the ten levels of care. The standard deviation is a number used to tell how measurements for a group are spread out from the average.

## Section IV: Population and Services Reports

### Table 11 Unduplicated Count of Persons

This table provides an aggregate profile of the unduplicated number of persons admitted during SFY 2019. States are to provide this information on all programs by age, gender, race, and ethnicity. ***Include all care purchased with public dollars, regardless of the source of funds.***

In Table 11, each client initiating care at any level of service described in Table 10 during SFY 2019 is to be reported according to age, sex, racial, and ethnic categories. In addition, Table 11 documents the number of clients who were pregnant.

**Column A: Total** The amounts in this column are calculated by BGAS.

**Columns B through H: Race** Report the number of persons served (unduplicated count) for Rows 1 through 5 across sex, race, and ethnicity in Columns B through H. In Row 6, BGAS will calculate the total of each column in Row 6. *The total of Columns B through H should equal the total calculated in A6.*

**Columns I and J: Ethnicity** Report the number of persons by sex and age who are either (I) not Hispanic or Latino or (J) Hispanic or Latino. *The total of Columns I and J should also equal the total calculated in Column A, Row 6.*

In Row 7, enter the number of pregnant women served for Columns B through H. Then enter the number of pregnant women served by either counting them in Column I or J. *The total number of pregnant women in Columns I and J, as well as the total number in Columns B through H, should equal the total in Column A, Row 7.*

In the second section of Table 11, report the numbers of persons served during this period that were admitted prior to SFY 2019 but were not counted in the first section of Table 11, and the number of persons served during SFY 2019 outside of the levels of care listed on Table 10, excluding those served by primary prevention services.

## Section IV: Population and Services Reports

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

COMPLETE THIS TABLE ONLY IF THE STATE WAS A DESIGNATED STATE IN FFY 2019 OR THE STATE WAS PREVIOUSLY CONSIDERED A "DESIGNATED STATE" IN ANY OF THE THREE PRIOR FEDERAL FISCAL YEARS FOR WHICH A STATE WAS APPLYING FOR A GRANT AND WHOSE AIDS CASE RATE FELL BELOW THE THRESHOLD DEFINED IN 1924(B)(2) FOR THE APPLICABLE FEDERAL FISCAL YEAR AND OPTED TO OBLIGATE AND EXPEND SABG FUNDS FOR EIS/HIV.

This table requires designated states, as defined in section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)), to provide information on Early Intervention Services for HIV including pre-test counseling, testing, post-test counseling, and the provision of therapeutic measures to diagnose the extent of deficiency in the immune system, to prevent and treat the deterioration of immune system, and to prevent and treat conditions arising from HIV/AIDS funded with SABG funds during SFY 2019.

**Row 1: Number of SABG EIS/HIV Programs funded in the State** - Enter the number of SABG EIS/HIV programs funded in the state. If more than one program is funded, one of the programs must be located in a rural area. Enter the number of programs in rural areas in Column B.

**Row 2: Total number of individuals tested through SABG EIS/HIV funded programs** - Enter the total number of individuals tested through SABG EIS HIV funded programs.

**Row 3: Total number of HIV tests conducted with SABG EIS/HIV funds** - Enter the total number of HIV tests conducted with SABG HIV funds. This number may include multiple tests administered per individual client during the reporting period.

**Row 4: Total number of tests that were positive for HIV** - Enter the total number of tests conducted that were positive for HIV.

**Row 5: Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection** - Enter the total number of individuals who tested positive for HIV, but who were unaware of their HIV infection status prior to SFY 2019.

**Row 6: Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period** - Enter the total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the SFY 2019.

In the text box under Row 6, provide information regarding barriers identified during SFY 2019 that prevented the state from carrying out HIV testing services. Among other things, this may include state laws, regulations, lack of staff resources, or limited access to appropriate facilities. Report steps taken to address identified barriers to ensure adequate access to HIV testing services.

## Section IV: Population and Services Reports (continued)

### Table 13 Charitable Choice

This table requires states to provide information regarding compliance with section 1955 of Title XIX, Part B, Subpart III of the PHS Act (42 U.S.C. § 300x-65) and the Charitable Choice Provisions and Regulations; Final Rule (42 CFR Part 54).

Check the appropriate box(es) that describe the state's procedures and activities undertaken to comply with these provisions and regulations in SFY 2019.

Then, enter the number of referrals necessitated by religious objection to other substance use disorder treatment providers ("alternative providers") made in SFY 2019. If no alternative referrals were made, enter zero.

Finally, enter a brief description (one paragraph) of any training provided for local governments and/or faith-based and/or community organizations on these requirements. Please indicate if no training was provided.

## Section V: Performance Indicators and Accomplishments

### Tables 14 - 20 Treatment Performance Measures

If state staff are unclear about how data are to be captured and reported, refer to the **Treatment Episode Data Specifications** in the **TEDS State Instruction Manual** at **https://wwwdasis.samhsa.gov/dasis2/manuals/combined_su_mh_teds_manual.pdf**. States are encouraged to provide data notes in the footnotes where there is a variance from the specified TEDS specifications. Footnotes may also be used to provide other information about the state's data.

The following set of instructions and tables are intended to collect states' National Outcome Measures (NOMs) or treatment performance measures. SAMHSA is interested in demonstrating program accountability and efficacy through the NOMs. The NOMs are intended to document the performance of programs and systems of care supported with federal funds

Reporting the data for Tables 14-20 is required. If the state is not currently reporting all of the TEDS data, it must communicate its current progress in a corrective action plan placed in the footnote to Table 14, or in a document uploaded using the "Attachments" *tab*. Provide a clear explanation of the state's problem in obtaining the data, what barriers exist, and what the state plans to do (with steps and corresponding dates) to come into compliance with the data reporting requirements.

## Section V: Performance Indicators and Accomplishments

### Tables 21 – 30 Prevention Performance Measures

**Introduction**

The National Outcome Measures (NOMs) are a set of domains and measures that the Substance Abuse and Mental Health Services Administration (SAMHSA) uses to accomplish its vision and to meet all of its federal reporting requirements, thus reducing burden and redundancy for grantees.

The NOMs Data Collection and Reporting tables are to be completed as part of the state's annual SABG application. For Tables 21-25 and 27-30, the compliance year is calendar year (CY) 2016 (Note that prepopulated NOMs from the National Survey on Drug Use and Health (NSDUH) reflect pooled data from CYs 2015-2016). For substance use disorder prevention NOMs Table 26, the compliance year is School Year 2015.

For purposes of this section, unless otherwise noted, the term "state" refers to states, territories, and the one Native American tribe that receive SABG funding.

**Tables 21 through 30 Information**

**A. Prepopulated Data**

CSAP and the states have agreed that the state-level reporting requirement for the NOMs listed in Tables 21-30 will be fulfilled through the use of extant data from sources including the National Survey on Drug Use and Health (NSDUH), the Fatality Analysis Reporting System (FARS) of the National Highway Traffic Safety Administration, the Uniform Crime Report

(UCR) of the Federal Bureau of Investigation, and the National Center for Education Statistics (NCES) of the U.S. Department of Education. These prepopulated state-level NOMs will meet most of the state-level NOMs reporting requirements for the prevention portion of the SABG funding. These data will be prepopulated into the data tables by CSAP.

NOMs Domain - Reduced Morbidity Abstinence from Drug Use/Alcohol Use

- Table 21: 30-Day Use
- Table 22: Perception of Risk/Harm of Use
- Table 23: Age of First Use
- Table 24: Perception of Disapproval/Attitudes

NOMs Domain - Employment/Education

- Table 25: Perception of Workplace Policy
- Table 26: Average Daily School Attendance Rate

NOMs Domain - Crime and Criminal Justice

- Table 27: Alcohol-Related Traffic Fatalities
- Table 28: Alcohol- and Drug-Related Arrests

NOMs Domain - Social Connectedness

- Table 29: Family Communications Around Drug and Alcohol Use

NOMs Domain - Retention

- Table 30: Youth Seeing, Reading, Watching, or Listening to a Prevention Message

In this block grant application, prepopulated data are automatically provided to fulfill the majority of the reporting requirements.

Territories and Native American tribes for which there are no NSDUH, FARS, UCR, and/or NCES data will not be required to report on those measures, but will be encouraged to provide substitute data in Column D.

**B. Supplemental Data**

States may also wish to provide additional data related to the NOMs. The data can be included in the block grant appendix. When describing the supplemental data, states should provide any relevant Web addresses (URLs) that provide links to specific state data sources.

**C. Instructions for Completing Forms**

**Column A: Measure** - The SAMHSA-defined measure for the domain listed.

**Column B: Question/Response**

- *Source Survey Item*: For Table 21-25, 29, and 30, the source is the NSDUH. For Tables 26-28 other "archival" sources are identified. The specific language used for each item is provided.
- *Response Option*: The range of responses that are provided for the survey item.
- *Outcome Reported*: The specific responses that are included in the calculation provided for the item
- *Age*: The age range for which the responses are provided.

**Column C: Prepopulated Data** - Prepopulated data are provided; See A**. Prepopulated Data** above.

Column D: Approved Substitute Data – Grantees for which there are no NSDUH, FARS, UCR and/or NCES data will be able to voluntarily enter data for the items in this column. Substitute data is not allowed for grantees for prepopulated data.

### Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31-35

The following chart is for collecting information on the reporting periods for the data entered in Tables 31-35. **Please note that the correct reporting period for Tables 31-34 is Calendar Year (CY) 2016, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SABG Reports. If your state is unable to report on CY 2016, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years. Note that the correct reporting period for Table 35 is the 24-month expenditure period of the FFY 2016 SABG award.**

**Rows 1 through 5** each correspond to a single form in the current year's application among the following five tables: 31, 32, 33, 34 and 35.
**Column A:** Enter the reporting period **start date**.
**Column B:** Enter the reporting period **end date**.
The date format to be entered in columns A and B should be month/day/year, as follows.

- Month: enter 2 digits (e.g., January = 01; December = 12)
- Day: enter 2 digits (e.g., 1st of the month = 01; 15th of the month = 15)
- Year: enter all 4 digits (e.g., 2009, 2010)

### Tables 31 – 32 Numbers of Persons Served by Age, Gender, Race, and Ethnicity

NOMs Domain: Access/Capacity
Measure: Number of Persons Served by Age, Gender, Race, and Ethnicity
The number of persons served by individual-based programs and strategies is reported in Table 31 and by population-based programs and strategies in Table 32.
See Table 33 for definitions of activities, practices, procedures, processes, programs, and strategies.

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

Individual-based programs and strategies include practices and strategies with identifiable goals designed to change behavioral outcomes among a definable population or within a definable geographic area. These programs and strategies are provided to individuals or group of individuals who do not require treatment for substance use disorders who receive the services over a period of time in a planned sequence of activities that are intended to inform, educate,

develop skills, alter risk behaviors, or deliver services (e.g., a parent education group that meets once a week for 6 weeks).

- A key factor in recording the individual-based programs and strategies is whether or not individual-level information is recorded for the participants (e.g., gender, race/ethnicity, age). In most cases, participants in individual-based programs will complete pre- and posttest questionnaires.
- The individual-based program and strategy data may be provided as a duplicate count; that is, an individual who participates in more than one individual-based program or strategy will be recorded multiple times. For example, a young person may receive a prevention curriculum in his/her health class and also, participate in an after-school tutoring program. This individual would be reported twice. Individual counts should be unduplicated within a program, but can be duplicated between programs.
- Data reported for individual-based programs should be based on actual counts--not on estimates of people served. MDS users: Individual-based programs that record participant numbers as exact counts would be reported in Table 31.
- Examples of individual-based strategies include:
    - School and community-based curricula
    - School and community-based groups and organizations (e.g., SADD, 4-H, Peer Helpers, etc.)
    - Alternative activities (e.g., after-school programs, etc.)
    - Community service activities
    - Parent education classes and workshops

**<u>Instructions for completing Tables 31 and 32</u>**

Enter the number of persons who were served by programs and strategies that were **funded wholly or in part by SABG funds** during the calendar year. Include the program and strategy even if the SABG funding constituted a minor part of the funding. For programs and strategies lasting longer than a year or that span calendar years, include the data for the reporting year only.

**Category A. Age**

- Enter total number of participants for each age group listed.
- If age is not known, enter the total in the Age Not Known subcategory.

**Category B. Gender**

- Enter total number of male and female participants in the applicable rows.
- If gender is not known, enter the total in the Gender Not Known subcategory.

**Category C. Race**

- Using the Office of Management and Budget (OMB) designations as a guide, the following racial categories are to be reported:
    - White
    - Black or African American
    - Native Hawaiian/Other Pacific Islander
    - Asian
    - American Indian/Alaskan Native
- Enter total number of participants for each race listed in the applicable rows.

- Participants who are more than one race should only be included in the total for the More Than One Race subcategory. The sum of participants across all racial categories should equal the number of participants served.
- If race is not known or is other than those listed, enter the total in the Race Not Known or Other subcategory.

**Category D. Ethnicity**

- Enter total number of Hispanic and Not Hispanic participants in the applicable rows.
- Enter total number of Ethnicity Unknown participants in the applicable row.

**In Tables 31 and 32, please ensure that the total number of persons in each demographic category (age, gender, race, and ethnicity) matches across categories within each table.**

**Question 1**: Describe the data collection system used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process, etc.).
**Question 2**: Describe how the state's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

**Table 33 - Prevention Performance Measures - Numbers of Persons Served by Type of Intervention**

NOMs Domain: Access/Capacity
Measure: Number of Persons Served by Type of Intervention
Interventions include activities, practices, procedures, processes, programs, services, and strategies (as defined below):

- **Activity**
  - A specified pursuit in which an organization or person partakes to remedy a specific problem or issue; includes level of intensity and frequency (e.g., parent training classes on underage drinking prevention strategies, etc.).
  - A process or procedure intended to stimulate learning through actual experience.
- **Practices**
  - Repeated performance of an activity or strategy to perfect a skill or an outcome (e.g., **Best practices** - Strategies, activities, approaches, or programs shown through research and evaluation to be effective at preventing and/or delaying substance use and abuse; **Exemplary Practices** - Those that long-term empirical research and evaluation have documented to be effective in reducing substance use and abuse; and **Promising Practices** - Strategies, activities, approaches, or programs for which the level of certainty from available evidence is too low to support generalized conclusions, but for which there is some empirical basis for predicting that further research could support such conclusions)
- **Procedures**
  - A series of steps taken to accomplish an end.
- **Processes**
  - A series of actions, changes, or functions bringing about a result; that is, strengthening or enhancing individual (community, family, etc.) knowledge and skills that are essential in healthy behaviors.
- **Programs**

    - A system or coordinated set of activities, approaches, strategies, services, opportunities, practices or projects, designed to influence changes in behaviors, knowledge, attitudes, organizational practices and policies that are designed to achieve specific objectives over time (e.g., creating healthy people and healthy environments, etc. ).
- **Services**
    - Performance of work or duties or provision of space and equipment helpful to achieve health or wellness.
- **Strategy**
    - A plan of action (activities; e.g., policy changes, practices, or approaches, etc.), that can be implemented to achieve specific objectives and for which a strong evidence base may or may not exist.

Intervention types are defined as:

- **Universal**
    - Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.
- **Universal Direct - Row 1**
    - Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after-school program, parenting class, etc.). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).
- **Universal Indirect - Row 2**
    - Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices, etc.). This also could include interventions involving programs and policies implemented by coalitions.
- **Selective - Row 3**
    - Activities targeted to individuals or a subgroup of a population whose risk of developing a disorder is significantly higher than average.
- **Indicated - Row 4**
    - Activities targeted to individuals, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels.
- **Totals - Row 5**
    - Insert the totals for each column.

**<u>Instructions for completing Table 33 (Optional)</u>**

For each of the intervention types defined above, enter the number of persons who were served by programs and strategies that were **funded wholly or in part by** SABG **funds** during the calendar year. Include the program and strategy even if the SABG funding constituted a minor part of the funding. For programs and strategies lasting longer than a year or that span calendar years, include the data for the reporting period only. When a program involves multiple strategies (e.g., Project Northland) report as one program in either the individual-based programs and strategies or in the population-based programs and strategies.

**Column A: Individual-Based Programs and Strategies** - Include practices and strategies with identifiable goals designed to change behavioral outcomes among a definable population or within a definable geographic area. Individual-based programs and strategies are provided to individuals or group of individuals who receive the services over a period of time in a planned sequence of activities that are intended to inform, educate, develop skills, alter risk behaviors, or provide direct services (e.g., a parent education group that meets once a week for 6 weeks).
A key factor in recording the individual-based programs and strategies is whether or not individual-level information is recorded for the participants (e.g., gender, race/ethnicity, age, etc.). In most cases, participants in individual-based programs will complete pre- and posttest questionnaires.

The individual-based program and strategy data may be provided as a duplicate count; that is, an individual who participates in more than one individual-based program or strategy will be recorded multiple times. For example, a young person may receive a prevention curriculum in his/her health class and also, participate in an after school tutoring program. This individual would be reported twice. Individual counts should be unduplicated within a program, but can be duplicated between programs.

- Data reported for individual-based programs should be based on actual counts--not on estimates of people served. MDS users: Participants recorded as exact counts could be recorded as individual-based programs and strategies.
- Examples of individual-based strategies include the following:
    - School and community-based curricula
    - School and community-based groups and organizations (e.g., SADD, 4-H, Peer Helpers, etc.)
    - Alternative activities (e.g., after-school programs)
    - Community service activities
    - Parent education classes and workshops
    - Participants in server training classes

Population-based programs and strategies include planned and deliberate goal-oriented practices, procedures, processes, or activities that have identifiable outcomes achieved with a sequence of steps subject to monitoring and modification. Included within this definition are environmental strategies (that establish or change written and unwritten community standards, codes, laws, and attitudes; thereby, influencing incidence and prevalence of substance use disorder in the general population), one-time or single events (such as a health fair, a school assembly, or the distribution of material), and other activities intended to impact a broad population. The goal is to record the numbers of people impacted by the program or strategy.

- Data reported for population-based programs and strategies should be based on actual numbers (if known) or estimates of people served. For programs and strategies that reach an identifiable population (e.g., an entire county, city, or State, or a targeted-age range), it is permissible to use U. S. Census Bureau data (if available) to estimate the number of persons served.
- The population-based program data may be provided as a duplicate count; that is, an individual who participates in more than one individual-based program will be recorded multiple times. For example, a young person may attend a high school presentation on substance use disorder one day and attend a health fair the next. This individual would be reported twice.

- *MDS users*: Participants recorded as estimated counts could be recorded as population-based programs and strategies.
- Examples of how to record population-based programs and strategies include:
    - Brochure dissemination - number of people receiving the brochure
    - Radio/TV talk show expert - number of people listening to or viewing the show
    - Health fair - number of people attending the fair
    - School assembly - number of people attending the assembly
    - Public service announcement (PSA) - number of people listening to or viewing the PSA
    - Coalition building - number of people in the coalition
    - Developing community policies (e.g., restrictions on advertising) - number of people in the community
    - Planning, managing, and coordinating efforts to effect positive community change - number of people involved in the planning effort
    - Media campaign - number of people living in the "community" impacted by the media campaign
    - Other environmental strategies, including media advocacy, keg registration, ID card enforcement, warning labels, server trainings - (number of people impacted by the strategy)

**Table 34 Evidence-Based Programs and Strategies by Type of Intervention**
NOMs Domain: Retention
NOMs Domain: Evidence-Based Programs and Strategies
Measure: Number of Evidence-Based Programs and Strategies

**Definition of Evidence-Based Programs and Strategies**: The guidance document for the Strategic Prevention Framework State Incentive Grant, Identifying and Selection 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; for example, 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.

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

**Instructions for completing Table 34**

Enter the number of evidence-based programs and strategies that were **funded wholly or in part by SABG funds** during the calendar year. Include the program and strategy even if the SABG funding constituted a minor part of the funding. For programs and strategies lasting longer than a year or that span the fiscal years, include the data for the reporting year only.

Intervention types are defined as:

- **Universal** - Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after-school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).
    - **Universal Direct - Column A** - Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk
    - **Universal Indirect - Column B** - Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices, etc.). This also could include interventions involving programs and policies implemented by coalitions.
    - **Column C** - Insert the total for each row of the number in Columns A and B. Note: If data collected do not differentiate by Universal Direct and Universal Indirect, enter the total number of Universal Programs in Column C.
- **Selective - Column D** - Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.
- **Indicated - Column E** - Activities targeted to individuals, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels.
- **Totals - Column F** - Totals for columns C, D, and E.

For each intervention type listed above, record the following information:

- **Row 1: Number of evidence-based programs and strategies** - Enter the number of evidence-based programs and strategies:
    - Report the number of **evidence-based programs and strategies funded** by SABG funds. For example, if a state funds 10 providers and each provider implements three evidence-based programs and strategies, and each program is implemented three times, the state would report "90" as the number of evidence-based programs and strategies.
    - Include all evidence-based programs and strategies that were **funded wholly or in part by SABG funds** during the calendar year. Include the program and strategy even if the SABG funding constituted a minor part of the funding.

For programs and strategies lasting longer than a year or that span the calendar year, include the data for the reporting year, only.

- **Row 2: Total number of programs and strategies** - Enter the total number of programs and strategies:
  - Report the number of **all programs and strategies funded** by SABG funds. For example, if a state funds 10 providers and each provider implement five programs and strategies, and each program is implemented three times, the state would report 150 as the number of programs and strategies.
  - Report the number of all programs and strategies **funded wholly or in part by SABG funds** during the calendar year. Include evidence-based programs and strategies in the total. Include the program and strategy even if the SABG funding constituted a minor part of the funding.
    For programs and strategies lasting longer than a year or that span the calendar years, include the data for the reporting period only.

- **Row 3: Percent of evidence-based programs and strategies** - Determine this by the following formula:
  Percent of evidence-based programs and strategies =

$$\frac{\text{Number of evidence-based programs and strategies}}{\text{Total number of programs and strategies}} \times 100$$

**Table 35 FFY 2015 Total Number of Evidence Based Programs and Total SABG Dollars Spent on Evidence-Based Programs and Strategies**

NOMs Domain: Total Number of Evidence-Based Programs and Strategies
Measure: Total FFY 2016 SABG Dollars Spent on Evidence-Based programs and Strategies

**Instructions for completing Table 35**

Total Number of Evidence-Based Programs and Strategies and the total FFY 2016 SABG Dollars Spent on Evidence-Based Programs/Strategies for the FFY 2016 SABG award expenditure period (10/01/2015-09/30/2017).

**See:** The instructions for Table 34 for the Definition, Criteria, and Guidance for identifying and selecting Evidence-Based Programs and Strategies Also, see definitions for types of interventions in Table 34 instructions (Universal Direct, Universal Indirect, Selective, and Indicated).
**Column 1** - IOM Categories are listed.
**Column 2** - Place the Total number of evidence-based programs/strategies for each IOM category (Universal Direct, Universal Indirect, Selective, and Indicated).
**Column 3** - Take the **total number** of evidenced-based programs/strategies for each IOM category and then put the Total FFY 2016 SABG award dollars spent on those evidence-based Programs/strategies for each IOM category in Column 3. Then, put the total FFY 2016 SABG award dollars spent on evidence-based programs/strategies on the bottom line of Column 3.

# Appendix A

**FFY 2017 Final SABG Allotment Table[a]**

[a] Source: Consolidated Appropriations Act, 2019 and Justification of Estimates for Appropriations Committees, FFY 2019 Substance Abuse Prevention and Treatment Block Grant Actual, pp. 225 - 226.

| State/Territory | FY 2017 Final |
|---|---|
| Alabama | $23,089,756 |
| Alaska | $5,889,143 |
| Arizona | $40,188,203 |
| Arkansas | $13,524,655 |
| California | $254,417,734 |
| Colorado | $28,777,682 |
| Connecticut | $18,212,438 |
| Delaware | $6,967,878 |
| District Of Columbia | $6,967,878 |
| Florida | $111,380,602 |
| Georgia | $57,152,886 |
| Hawaii | $8,515,901 |
| Idaho | $8,535,938 |
| Illinois | $67,646,569 |
| Indiana | $32,246,464 |
| Iowa | $13,093,501 |
| Kansas | $11,899,802 |
| Kentucky | $20,378,612 |
| Louisiana | $25,026,724 |
| Maine | $6,967,878 |
| Maryland | $34,080,384 |
| Massachusetts | $39,845,551 |
| Michigan | $56,053,510 |
| Minnesota | $24,102,321 |
| Mississippi | $13,803,724 |
| Missouri | $26,548,786 |
| Montana | $6,967,878 |
| Nebraska | $7,641,330 |
| Nevada | $16,890,245 |

| | |
|---|---|
| New Jersey | $48,064,756 |
| New Mexico | $9,565,226 |
| New York | $111,831,371 |
| North Carolina | $44,992,436 |
| North Dakota | $6,533,624 |
| Ohio | $64,536,492 |
| Oklahoma | $17,149,542 |
| Oregon | $20,578,587 |
| Pennsylvania | $59,100,893 |
| Rhode Island | $7,598,565 |
| South Carolina | $23,718,051 |
| South Dakota | $6,041,781 |
| Tennessee | $31,978,622 |
| Texas | $144,710,369 |
| Utah | $16,588,775 |
| Vermont | $6,459,950 |
| Virginia | $41,980,395 |
| Washington | $37,785,106 |
| West Virginia | $8,432,779 |
| Wisconsin | $27,198,302 |
| Wyoming | $4,197,608 |
| Red Lake Indians | $594,034 |
| American Samoa | $343,467 |
| Guam | $1,014,336 |
| Northern Marianas | $324,352 |
| Puerto Rico | $22,812,308 |
| Palau | $133,476 |
| Marshall Islands | $447,206 |
| Micronesia | $665,810 |
| Virgin Islands | $656,290 |

| State/Territory | FY 2017 Final |
|---|---|
| New Hampshire | $6,967,878 |

**FFY 2017 – 2020 HIV Designated States**

| State | 2017[a] | 2018[b] | 2019[c] | 2020[d] |
|---|---|---|---|---|
| Alabama | 13.3 | | | |
| Delaware | 13.8 | | | |
| District of Columbia | 59 | 31.9 | 31.6 | 24.7 |
| Florida | 19.3 | 12.7 | 13.3 | 12.1 |
| Georgia | 20.1 | 12.9 | 13.6 | 15 |
| Louisiana | 20.5 | 13.5 | 14.5 | 13 |
| Maryland | 25.9 | 13.1 | 11.6 | 11.4 |
| Mississippi | 17.8 | 11.1 | 11.1 | |
| Nevada | 11.7 | | | |
| New Jersey | 12.2 | | | |
| New York | 13.9 | | | |
| North Carolina | 11.7 | | | |
| South Carolina | 12.6 | | | 10.1 |
| Tennessee | 13 | | | |
| Texas | 12.7 | | | |
| | | | | |
| Puerto Rico | 14.2 | | | |
| Virgin Islands | 14.2 | | | |

[a] Refers to 2013 HIV Surveillance Report, *Diagnosis of HIV infection in the United States and Dependent Areas*, Volume 25, pp.67-68, Published February 2015.
[b] Refers to CDC 2015 HIV Surveillance Report, *Diagnoses of HIV Infection in the United States and Dependent Areas*, 2015 vol. 27. Table 23, pp.100-101, Published November 2016.
[c] Refers to CDC 2016 HIV Surveillance Report, *Diagnosis of HIV Infection in the United States and Dependent Areas*, 2016 vol. 28. Table 25 pp.111-112., published November 2017.
[d] Refers to CDC HIV Surveillance Report Diagnosis of HIV Infection in the United States and Dependent Areas, 2017 vol. 29 Table 27 pp. 115-116, published November 2018.