

# Planning Tables

**Table 1 Priority Areas and Annual Performance Indicators**

**Priority #:** 1  
**Priority Area:** Underage Alcohol Use  
**Priority Type:** SUP  
**Population(s):** PP

**Goal of the priority area:**

To decrease underage alcohol use in South Carolina.

**Strategies to attain the goal:**

County prevention providers in South Carolina will provide information to youth and adults in South Carolina about the dangers, laws, consequences and harmfulness of underage alcohol use through the dissemination of information.

County prevention providers in South Carolina will work in collaboration with local law enforcement through the South Carolina Alcohol Enforcement Teams (AET) program. The AETs will focus on environmental prevention activities to reduce youth access to alcohol through both social and retail sources. Specific environmental prevention activities could include alcohol compliance checks, merchant education, controlled part dispersals and party prevention and shoulder taps.

County prevention providers will work in collaboration with community coalitions will work to create and/or revise local policies that may positively impact underage drinking.

Training will be provided to all key stakeholders on evidence-based practices to reduce underage drinking.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Decrease past-month (30-day use) alcohol use among South Carolina high school students as measured by the YRBS.  
**Baseline Measurement:** 19.2% (2021 YRBS Data) SC and 22.7% (2021 YRBS Data) US  
**First-year target/outcome measurement:** 20% or below  
**Second-year target/outcome measurement:** 20% or below

**Data Source:**

Youth Risk Behavior Survey (YRBS)

**Description of Data:**

The YRBS is conducted every two years (odd years) in South Carolina. A representative sample of high school students is attempted.

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

None

**Indicator #:** 2  
**Indicator:** Decrease past month alcohol use (30 day use) among South Carolina high school students as measured by the SC Communities That Care (CTC) Survey  
**Baseline Measurement:** 9.8% (2022 CTC SC State Report)  
**First-year target/outcome measurement:** 10% or below  
**Second-year target/outcome measurement:** 10% or below

**Data Source:**

South Carolina Communities That Care Survey

**Description of Data:**

The CTC is offered every two years (even years) for local counties to coordinate administration of the survey through the local school districts.

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

Participation is not required. In 2022, 26 of the 46 counties in South Carolina participated in the survey administration. The statewide report prepared by DAODAS is based on weighted data. The purpose of weighting the data is to better represent the larger student population in each county from which the student survey samples were drawn. The data was weighted according to characteristics that are known to be associated with substance use. For example, substance use is known to vary by grade and race/ethnicity. For this reason, we weighted the survey data by grade level and race/ethnicity (white, non-white) so that the students who were surveyed would better reflect the county's student population and the survey results would be more accurate.

The combined results for the 26 counties should not be interpreted as estimates for the entire state population but rather as estimates for only the counties that participated in the survey that year.

**Indicator #:**

3

**Indicator:**

Decrease the retail access of alcohol to underage youth in South Carolina

**Baseline Measurement:**

10.4% (alcohol compliance check buy rate for FY22- SC Prevention Outcomes Annual Report)

**First-year target/outcome measurement:**

10% or below

**Second-year target/outcome measurement:**

10% or below

**Data Source:**

Local law enforcement data reported via the Environmental Prevention Reporting System (web-based)

**Description of Data:**

All alcohol compliance checks done by local law enforcement are reported to DAODAS via the Alcohol Enforcement Team/Environmental Prevention Reporting System network.

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

Local law enforcement chooses the frequency and targets of their compliance check efforts based on capacity. Therefore, there may be some inconsistency from year to year in what areas receive compliance checks and to what intensity. This may have some influence on the buy rate, particularly if an area not traditionally enforced begins to receive compliance checks. These areas often begin with higher buy rates.

**Priority #:**

2

**Priority Area:**

To reduce alcohol-related car crashes across South Carolina.

**Priority Type:**

SUP

**Population(s):**

PP

**Goal of the priority area:**

To reduce alcohol-related car crashes across South Carolina.

**Strategies to attain the goal:**

Local prevention providers in South Carolina will disseminate information to driving-age youth and adults about the dangers, law, and consequences of impaired driving through presentation, health fairs, media campaigns, distribution of printed materials, newspaper articles, and other media outreach.

Prevention providers in South Carolina will work in collaboration with local law enforcement through the South Carolina Alcohol Enforcement Team (AET) program. The AETs will focus on environmental prevention activities to reduce alcohol-related car crashes through public safety checkpoints, saturation patrols, and merchant education to prevent over-service and intoxicated driving.

Key stakeholders will be trained on evidence-based practices reducing alcohol-related car crashes.

In collaboration with community coalitions, prevention providers will work to create and/or revise local policies that may help reduce the number of alcohol-related crashes in communities

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** The percentage of motor vehicle fatalities attributable to alcohol in South Carolina  
**Baseline Measurement:** 30% (2020 FARS)  
**First-year target/outcome measurement:** 29% or below  
**Second-year target/outcome measurement:** 28% or below

**Data Source:**

Fatal Accident Reporting System (FARS)

**Description of Data:**

Using FARS data (Fatal Accident Reporting System. Financial Accounting and Reporting System), the indicator measures the percentage of deaths in motor vehicle crashes that involve a driver with a BAC of .08% or greater.

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

Time lag associated with determining cause of motor vehicle fatalities associated with excessive alcohol consumption

**Priority #:** 3  
**Priority Area:** Youth Tobacco Use  
**Priority Type:** SUP  
**Population(s):** PP

**Goal of the priority area:**

To reduce tobacco/nicotine use among youth in South Carolina.

**Strategies to attain the goal:**

County prevention providers will provide information to youth and adults in South Carolina about the dangers, laws, consequences and harmfulness of underage tobacco/nicotine use through the dissemination of information.

County prevention providers in South Carolina will work in collaboration with local law enforcement to implement environmental prevention activities to reduce youth access to tobacco/nicotine through retail sources. Specific environmental prevention activities could include tobacco compliance checks and merchant education.

County prevention providers will work in collaboration with community coalitions to create and/or revise local policies that may positively impact youth tobacco/nicotine use.

Training will be provided to all key stakeholders on evidence-based practices to reduce youth tobacco/nicotine use.

Local prevention providers will continue to assist the State in implementing the annual Youth Access to Tobacco Study to measure the retailer violation rate (RVR) in South Carolina.

Local prevention providers will deliver the South Carolina Tobacco Education Program (TEP) for youth identified as having violated South Carolina law prohibiting youth under 18 from attempting to possess or purchase tobacco/nicotine products. The referral of youth to this program can come from the courts, schools, parents/guardians, and/or from the youth themselves.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** To reduce the state Retailer Violation Rate (RVR) to 10% or less.

**Baseline Measurement:** 6.9% (SC Prevention Outcomes Report) for FFY22

**First-year target/outcome measurement:** 10% or below

**Second-year target/outcome measurement:** 10% or below

**Data Source:**

Synar Study

**Description of Data:**

The Federal Synar regulation requires that South Carolina conduct annual, unannounced inspections of a valid probability sample of tobacco outlets that are accessible to minors. The study is designed to determine the extent to which people younger than 21 can successfully buy cigarettes from retail outlets.

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

None

**Indicator #:** 2

**Indicator:** Decrease past-month (30-day use) of cigarettes, cigars, smokeless tobacco or electronic vapor product among South Carolina high school students as measured by the YRBS.

**Baseline Measurement:** 17.4% (SC YRBS) and 18.2% (US YRBS) 2021

**First-year target/outcome measurement:** 18% or below

**Second-year target/outcome measurement:** 18% or below

**Data Source:**

Youth Risk Behavior Survey (YRBS)

**Description of Data:**

Question on the YRBS includes all tobacco/nicotine products. The YRBS is conducted every two years (odd years) in South Carolina. A representative sample of high school students is attempted.

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

None

**Indicator #:** 3

**Indicator:** Decrease the retail access of tobacco/nicotine to underage youth in South Carolina.

**Baseline Measurement:** 10.6% (SC Prevention Outcomes Report) FY2022

**First-year target/outcome measurement:** 10% or below

**Second-year target/outcome measurement:** 10% or below

**Data Source:**

Local law enforcement data reported via the Environmental Prevention Reporting System (web-based)

**Description of Data:**

All tobacco compliance checks done by local law enforcement are reported to DAODAS via the Alcohol Enforcement Team/Environmental Prevention Reporting System network.

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

Local law enforcement chooses the frequency and targets of their compliance check efforts based on capacity. Therefore, there may be some inconsistency from year to year in what areas receive compliance checks and to what intensity. This may have some influence on the buy rate, particularly if an area not traditionally enforced begins to receive compliance checks. These areas often begin with higher buy rates.

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**Indicator #:** 4

**Indicator:** Decrease past month tobacco-cigarette use (30 day use) among South Carolina high school students as measured by the SC Communities that Care (CTC) Survey

**Baseline Measurement:** 1.3% (SC CTC 2022)

**First-year target/outcome measurement:** 5% or less

**Second-year target/outcome measurement:** 5% or less

**Data Source:**

South Carolina Communities that Care (CTC) survey

**Description of Data:**

The CTC is offered every two years (even years) for local counties to coordinate administration of the survey through the local school districts.

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

Participation is not required. In 2022, 26 of the 46 counties in South Carolina participated in the survey administration. The statewide report prepared by DAODAS is based on weighted data. The purpose of weighting the data is to better represent the larger student population in each county from which the student survey samples were drawn. The data was weighted according to characteristics that are known to be associated with substance use. For example, substance use is known to vary by grade and race/ethnicity. For this reason, we weighted the survey data by grade level and race/ethnicity (white, non-white) so that the students who were surveyed would better reflect the county's student population and the survey results would be more accurate.

The combined results for the 26 counties should not be interpreted as estimates for the entire state population but rather as estimates for only the counties that participated in the survey that year.

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**Indicator #:** 5

**Indicator:** Decrease past month tobacco use-smokeless (30 day use) among South Carolina high school students as measured by the SC Communities that Care (CTC) Survey

**Baseline Measurement:**

**First-year target/outcome measurement:**

**Second-year target/outcome measurement:**

**Data Source:**

South Carolina Communities that Care (CTC) survey

**Description of Data:**

The CTC is offered every two years (even years) for local counties to coordinate administration of the survey through the local school districts.

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

Participation is not required. In 2022, 26 of the 46 counties in South Carolina participated in the survey administration. The statewide report prepared by DAODAS is based on weighted data. The purpose of weighting the data is to better represent the larger student population in each county from which the student survey samples were drawn. The data was weighted according to characteristics that are known to be associated with substance use. For example, substance use is known to vary by grade and race/ethnicity. For this reason, we weighted the survey data by grade level and race/ethnicity (white, non-white) so that the students who were surveyed would better reflect the county's student population and the survey results would be more accurate.

The combined results for the 26 counties should not be interpreted as estimates for the entire state population but rather as estimates for only the counties that participated in the survey that year.

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**Indicator #:** 6

**Indicator:** Decrease past month tobacco use-vaping (30 day use) among South Carolina high school

students as measured by the SC Communities that Care (CTC) Survey

**Baseline Measurement:** 13.4% (2022 CTC)

**First-year target/outcome measurement:** 12% or less

**Second-year target/outcome measurement:** 12% or less

**Data Source:**

South Carolina Communities That Care (CTC) Survey

**Description of Data:**

The CTC is offered every two years (even years) for local counties to coordinate administration of the survey through the local school districts.

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

Participation is not required. In 2022, 26 of the 46 counties in South Carolina participated in the survey administration. The statewide report prepared by DAODAS is based on weighted data. The purpose of weighting the data is to better represent the larger student population in each county from which the student survey samples were drawn. The data was weighted according to characteristics that are known to be associated with substance use. For example, substance use is known to vary by grade and race/ethnicity. For this reason, we weighted the survey data by grade level and race/ethnicity (white, non-white) so that the students who were surveyed would better reflect the county's student population and the survey results would be more accurate.

The combined results for the 26 counties should not be interpreted as estimates for the entire state population but rather as estimates for only the counties that participated in the survey that year.

**Priority #:** 4

**Priority Area:** Primary Substance Abuse Prevention—Community Populations for Environmental Prevention Activities and Community Settings for Universal, Selective, and Indicated Prevention Interventions

**Priority Type:** SUP

**Population(s):** PP

**Goal of the priority area:**

To provide primary prevention programs and practices to prevent substance abuse and improve the well-being of youth and families in South Carolina

**Strategies to attain the goal:**

County prevention providers will provide information to youth and adults in South Carolina about the dangers, laws, consequences and harmfulness of substance use and substance abuse through the dissemination of information.

County prevention providers in South Carolina will deliver evidence-based universal, selected, and/or indicated educational primary prevention programs to youth, adults, and/or families throughout the state based on the needs of individual communities.

DAODAS prevention consultants and regional capacity coaches will provide technical assistance and training to local prevention professionals throughout the state to develop and implement strategic plans to address substance abuse in South Carolina.

DAODAS will train local prevention providers in South Carolina on evidence-based primary prevention programs and practices to reduce substance use and abuse and to promote healthier communities throughout the state.

In collaboration with community coalitions, local prevention providers will work to create and/or revise local policies that may positively impact communities and reduce substance use in South Carolina's counties.

In collaboration with community coalitions and partner agencies, local prevention providers will work to provide substance-free alternative events and services for youth in their communities.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Percentage of the participants served by primary prevention evidence-based universal, selected, and indicated educational programs

**Baseline Measurement:** 100% in FY2022 SC Prevention Outcomes Report

**First-year target/outcome measurement:** 95% or higher

**Second-year target/outcome measurement:** 95% or higher

**Data Source:**

DAODAS funded provider electronic data collection and management through Grants Management System (GMS)

**Description of Data:**

An annual prevention evaluation report has been provided for South Carolina by the Pacific Institute for Research and Evaluation (PIRE) since 2005. The report summarizes prevention outcomes generated by implementation of prevention activities throughout the year by South Carolina's system of county alcohol and drug abuse authorities. The report focuses on outcomes generated through pre- and post-testing of middle and high school youth as well as outcomes that can be assessed across sites for environmental strategies for alcohol and tobacco and the Youth Access to Tobacco Study (i.e., "Synar"). For additional information, please visit: <http://ncweb.pire.org/scdocuments/>

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

Due to the high percentage of participants already being served in evidence-based programming, there is an evident ceiling effect and little room for improvement.

**Indicator #:** 2

**Indicator:** To reduce the percentage of South Carolina high school youth who used marijuana in the past 30 days.

**Baseline Measurement:** 14.7% -SC YRBS 2021 and 15.5% US YRBS 2021

**First-year target/outcome measurement:** 15% or below

**Second-year target/outcome measurement:** 15% or below

**Data Source:**

Youth Risk Behavior Survey (YRBS)

**Description of Data:**

The YRBS is conducted every two years (odd years) in South Carolina. A representative sample of high school students is attempted.

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

None

**Indicator #:** 3

**Indicator:** To reduce the percentage of South Carolina high school students who reported they ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it.

**Baseline Measurement:** 6.0% US YRBS 2021

**First-year target/outcome measurement:** 10% or below

**Second-year target/outcome measurement:** 10% or below

**Data Source:**

Youth Risk Behavior Survey (YRBS)

**Description of Data:**

The YRBS is conducted every two years (odd years) in South Carolina. A representative sample of high school students is attempted.

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

None

**Indicator #:** 4  
**Indicator:** Decrease past month marijuana use (30 day use) among South Carolina high school students as measured by the SC Communities That Care (CTC) Survey  
**Baseline Measurement:** 8.9% 2022 SC CTC  
**First-year target/outcome measurement:** 10% or below  
**Second-year target/outcome measurement:** 10% or below

**Data Source:**

South Carolina Communities That Care (CTC) Survey

**Description of Data:**

The CTC is offered every two years (even years) for local counties to coordinate administration of the survey through the local school districts.

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

Participation is not required. In 2022, 26 of the 46 counties in South Carolina participated in the survey administration. The statewide report prepared by DAODAS is based on weighted data. The purpose of weighting the data is to better represent the larger student population in each county from which the student survey samples were drawn. The data was weighted according to characteristics that are known to be associated with substance use. For example, substance use is known to vary by grade and race/ethnicity. For this reason, we weighted the survey data by grade level and race/ethnicity (white, non-white) so that the students who were surveyed would better reflect the county's student population and the survey results would be more accurate.

The combined results for the 26 counties should not be interpreted as estimates for the entire state population but rather as estimates for only the counties that participated in the survey that year.

**Indicator #:** 5  
**Indicator:** Decrease past month prescription drug use (30 day use) without a prescription among South Carolina high school students as measured by the SC Communities That Care (CTC) Survey  
**Baseline Measurement:** 2.8% 2022 SC CTC Survey  
**First-year target/outcome measurement:** 5 % or less  
**Second-year target/outcome measurement:** 5% or less

**Data Source:**

South Carolina Communities That Care (CTC) Survey

**Description of Data:**

The CTC is offered every two years (even years) for local counties to coordinate administration of the survey through the local school districts.

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

Participation is not required. In 2022, 26 of the 46 counties in South Carolina participated in the survey administration. The statewide report prepared by DAODAS is based on weighted data. The purpose of weighting the data is to better represent the larger student population in each county from which the student survey samples were drawn. The data was weighted according to characteristics that are known to be associated with substance use. For example, substance use is known to vary by grade and race/ethnicity. For this reason, we weighted the survey data by grade level and race/ethnicity (white, non-white) so that the students who were surveyed would better reflect the county's student population and the survey results would be more accurate.

The combined results for the 26 counties should not be interpreted as estimates for the entire state population but rather as estimates for only the counties that participated in the survey that year.



**Priority Area:** Pregnant women and women with dependent children

**Priority Type:** SUT

**Population(s):** PWWDC

**Goal of the priority area:**

Ensure high quality substance use disorder treatment services for pregnant women and women with dependent children are available within each community.

**Strategies to attain the goal:**

1. Increase the use of Trauma specific and other evidence-based treatment services that increase positive outcomes for the population.
2. Increase collaboration with Methadone Clinics through co-location of staff and/or improved screening/referral service delivery coordination.
3. Continue collaboration with the State's Medicaid Agency to engage OBGYN service providers in screening, intervention, and referral to treatment service models.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Successful completion of treatment episodes for pregnant women.

**Baseline Measurement:** In 2022, 38% of pregnant women had a successful completion of a treatment episode

**First-year target/outcome measurement:** 40.5% (up 2.5% from baseline)

**Second-year target/outcome measurement:** 43% (Up 5% from baseline)

**Data Source:**

Provider clinical electronic health record

**Description of Data:**

All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

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

None at this time.

**Indicator #:** 2

**Indicator:** Number of pregnant women who are diagnosed with Opioid Use Disorder and begin using MAT services.

**Baseline Measurement:** In 2020, 183 pregnant women diagnosed with an Opioid Use Disorder began using MAT Services

**First-year target/outcome measurement:** 188 (a 2.5% increase from the baseline number)

**Second-year target/outcome measurement:** 193 (a 5% increase from the baseline number)

**Data Source:**

DAODAS provider electronic health record

**Description of Data:**

All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

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

None at this time.

**Indicator #:** 3

**Indicator:** Number of women with dependent children who are admitted into services.

**Baseline Measurement:** In FY2022, 6,212 women with dependent children were admitted into services

**First-year target/outcome measurement:** 6,367 (this is a 2.5% increase from the baseline)

**Second-year target/outcome measurement:** 6523 (this is a 5% increase from the baseline)

**Data Source:**

DAODAS provider electronic health record.

**Description of Data:**

All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

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

None at this time.

**Priority #:** 6

**Priority Area:** Service Delivery to Uninsured Populations

**Priority Type:** SUT

**Population(s):** Other

**Goal of the priority area:**

Reduce financial barriers associated with access to high quality substance use disorder treatment services by focusing federal and state block grant dollars on service delivery for uninsured populations.

**Strategies to attain the goal:**

1. Continue to expand fee for service block grant reimbursement strategies.
2. Work with provider network to expand service menus eligible for reimbursement

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Uninsured individuals receiving SABG funding for their treatment services.

**Baseline Measurement:** In FY2022, 5205 uninsured individuals received a funded treatment service.

**First-year target/outcome measurement:** 5335 (this is a 2.5% increase from the baseline)

**Second-year target/outcome measurement:** 5465 (this is a 5% increase from the baseline)

**Data Source:**

DAODAS funder electronic health record.

**Description of Data:**

All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

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

None at this time.

**Priority #:** 7  
**Priority Area:** Adolescents with a Substance Use Disorder  
**Priority Type:** SUT  
**Population(s):** Other

**Goal of the priority area:**

Ensure that high quality substance use disorder treatment services targeting adolescent populations are available within each community.

**Strategies to attain the goal:**

1. Service location expansion addressing adolescent treatment needs through school-based counseling service delivery.
2. Outreach to community partners for improved collaboration efforts targeting screening and referral to treatment services.
3. Continued workforce development efforts designed to enhance competencies for professionals working with the adolescent populations.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of adolescents admitted to treatment services.  
**Baseline Measurement:** In FY2022, 3172 adolescents were admitted to treatment services.  
**First-year target/outcome measurement:** 3251 (this is a 2.5% increase from the baseline)  
**Second-year target/outcome measurement:** 3331 (this is a 5% increase from the baseline)

**Data Source:**

DAODAS provider electronic health record.

**Description of Data:**

All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

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

None at this time.

**Priority #:** 8  
**Priority Area:** Individuals with substance use disorders involved in the criminal or juvenile justice systems  
**Priority Type:** SUT  
**Population(s):** Other

**Goal of the priority area:**

Ensure that high quality substance use disorder treatment services for individuals involved in the criminal or juvenile justice systems are available within each community.

**Strategies to attain the goal:**

1. Increase collaboration with the South Carolina Department of Corrections (SCDOC) to incorporate substance use disorder treatment services for offender re-entry programming.
2. Continue to coordinate treatment planning and service provision efforts for youth clients involved with the state's juvenile justice agency.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Criminal justice system referred treatment admission totals.  
**Baseline Measurement:** In FY2022, 12,878 criminal justice referrals were admitted to treatment.  
**First-year target/outcome measurement:** 13,200 (this is a 2.5% increase from the baseline)

**Second-year target/outcome measurement:** 13,522 (this is a 5% increase from the baseline)

**Data Source:**

DAODAS provider electronic health record.

**Description of Data:**

All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

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

None at this time.

**Priority #:** 9

**Priority Area:** Persons Who Inject Drugs

**Priority Type:** SUT

**Population(s):** PWID

**Goal of the priority area:**

Ensure that high quality substance use disorder (SUD) and Opioid Use Disorder (OUD) services for persons who inject drugs are available within each community.

**Strategies to attain the goal:**

Follow federal block grant priority population requirements for persons who inject drugs by giving this population priority access to substance use disorder treatment.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of persons who report injecting drugs who are admitted to treatment services.

**Baseline Measurement:** In FY2022, 2,169 persons who report injecting drugs were admitted to treatment services

**First-year target/outcome measurement:** 2,223 (this is a 2.5% increase from the baseline)

**Second-year target/outcome measurement:** 2277 (this is a 5% increase from the baseline)

**Data Source:**

DAODAS provider electronic health record.

**Description of Data:**

All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

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

None at this time.

**Priority #:** 10

**Priority Area:** Individuals with Tuberculosis and Other Communicable Diseases

**Priority Type:** SUT

**Population(s):** TB

**Goal of the priority area:**

Ensure the availability of routine TB services for individuals receiving substance use disorder treatment services.

**Strategies to attain the goal:**

1. DAODAS will monitor the protocol and support local training efforts for providing routine TB services.
2. DAODAS and its provider network will increase the number of treatment patients participating in TB screening services.
3. DAODAS will utilize the AOD provider electronic health record capability to track data associated with the provision of client focused routine TB screening.

**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	Patients at risk for TB screened at time of assessment.
<b>Baseline Measurement:</b>	100%
<b>First-year target/outcome measurement:</b>	100%
<b>Second-year target/outcome measurement:</b>	100%

**Data Source:**

DAODAS provider electronic health record.

**Description of Data:**

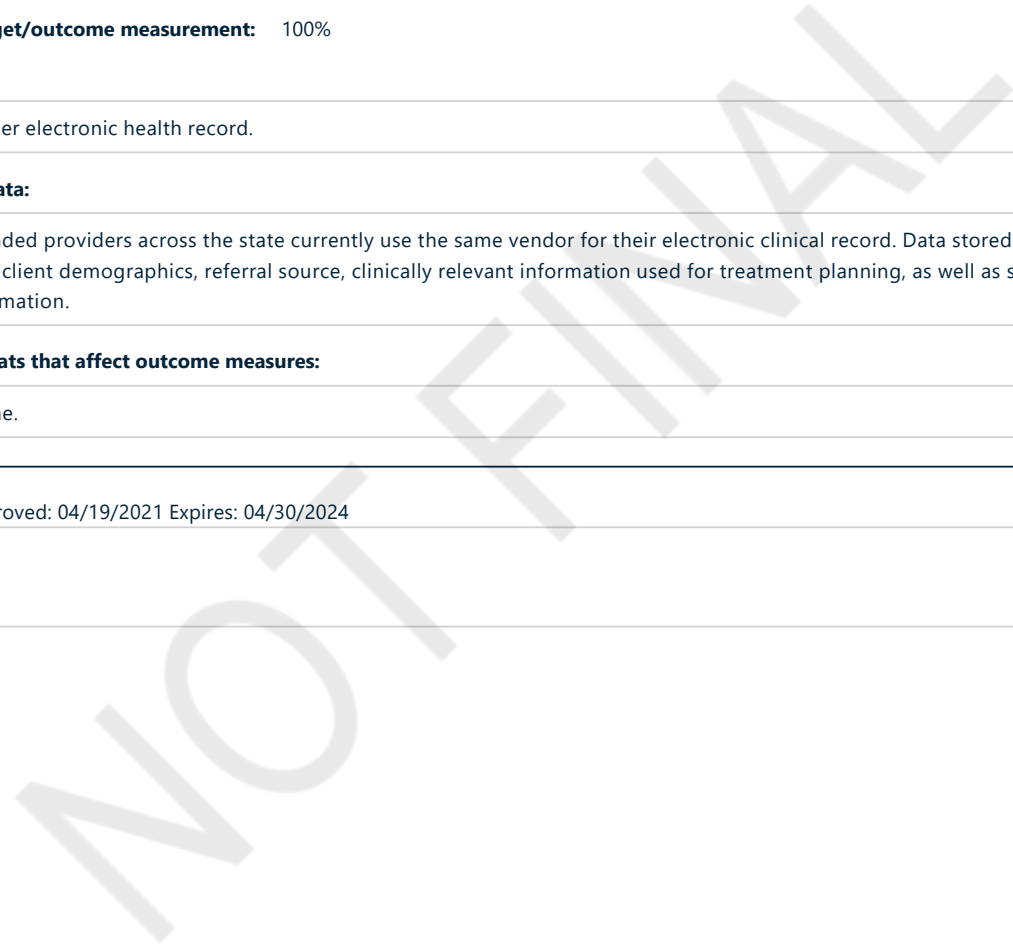
All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

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

None at this time.

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**Footnotes:**



**Planning Tables**

**Table 2 State Agency Planned Expenditures**

States must project how the SSA will use available funds to provide authorized services for the planning period for state fiscal years FFY 2024/2025. SUPTRS BG – ONLY include funds expended by the executive branch agency administering the SUPTRS BG.

Planning Period Start Date: 7/1/2023 Planning Period End Date: 6/30/2025

Activity (See instructions for using Row 1.)	Source of Funds									
	A. SUPTRS BG	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) <sup>a</sup>	I. COVID-19 Relief Funds (SUPTRS BG) <sup>a</sup>	J. ARP Funds (SUPTRS BG) <sup>b</sup>
1. Substance Use Prevention <sup>c</sup> and Treatment	\$37,382,258.61		\$840,000.00	\$33,294,311.83	\$33,612,729.53	\$0.00	\$1,781,752.00		\$951,728.00	\$11,963,676.12
a. Pregnant Women and Women with Dependent Children <sup>c</sup>	\$5,227,597.20		\$420,000.00	\$3,245,198.78	\$0.00	\$0.00	\$495,920.00		\$0.00	\$959,969.00
b. Recovery Support Services	\$4,228,598.36		\$0.00	\$6,967,360.05	\$1,496,407.84	\$0.00	\$0.00		\$132,933.00	\$1,732,350.73
c. All Other	\$27,926,063.05		\$420,000.00	\$23,081,753.00	\$32,116,321.69	\$0.00	\$1,285,832.00		\$818,795.00	\$9,271,356.39
2. Primary Prevention <sup>d</sup>	\$12,755,575.98		\$0.00	\$10,469,818.89	\$5,737,721.01	\$0.00	\$0.00		\$1,082,961.00	\$3,335,641.93
a. Substance Use Primary Prevention	\$12,755,575.98		\$0.00	\$10,469,818.89	\$5,737,721.01	\$0.00	\$0.00		\$1,082,961.00	\$3,335,641.93
b. Mental Health Prevention										
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)										
4. Other Psychiatric Inpatient Care										
5. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
6. Early Intervention Services for HIV	\$0.00		\$0.00	\$490,006.00	\$1,132,236.00	\$0.00	\$0.00		\$0.00	\$0.00
7. State Hospital										
8. Other 24-Hour Care										
9. Ambulatory/Community Non-24 Hour Care										
10. Administration (excluding program/provider level) MHBG and SUPTRS BG must be reported separately	\$2,603,343.41		\$560,000.00	\$2,476,590.65	\$3,437,595.55	\$0.00	\$87,768.00		\$0.00	\$942,936.49
11. Crisis Services (5 percent set-aside)										
<b>12. Total</b>	<b>\$52,741,178.00</b>	<b>\$0.00</b>	<b>\$1,400,000.00</b>	<b>\$46,730,727.37</b>	<b>\$43,920,282.09</b>	<b>\$0.00</b>	<b>\$1,869,520.00</b>	<b>\$0.00</b>	<b>\$2,034,689.00</b>	<b>\$16,242,254.54</b>

<sup>a</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

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

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

<sup>d</sup> The 20 percent set-aside funds in the SUPTRS BG must be used for activities designed to prevent substance misuse.

OMB No. 0930-0168 Approved: 04/19/2021 Expires: 04/30/2024

**Footnotes:**

## Planning Tables

**Table 3 SUPTRS BG Persons in need/receipt of SUD treatment**

To complete the Aggregate Number Estimated in Need column, please refer to the most recent edition of SAMHSA’s National Survey on Drug Use and Health (NSDUH) or other federal/state data that describes the populations of focus in rows 1-5.

To complete the Aggregate Number in Treatment column, please refer to the most recent edition of the Treatment Episode Data Set (TEDS) data prepared and submitted to SAMHSA’s Behavioral Health Services Information System (BHSIS).

	Aggregate Number Estimated In Need	Aggregate Number In Treatment
1. Pregnant Women	5,000	720
2. Women with Dependent Children	26,000	6,811
3. Individuals with a co-occurring M/SUD	111,200	2,382
4. Persons who inject drugs	7,000	2,777
5. Persons experiencing homelessness	4,000	902

**Please provide an explanation for any data cells for which the state does not have a data source.**

The following are data sources for the aggregate numbers estimated in need: 1) Based on total number of women that gave birth in SC in 2019 that had an accompanying diagnosis of maternal substance use at any time during pregnancy/child birth (data request from SC Revenue and Fiscal Affairs Office) 2) Based on statistics provided by the Annie E. Casey Foundation (<https://www.aecf.org/resources/2021-kids-count-data-book>) regarding number of children living in single-parent homes in SC coupled with a SAMHSA report ([https://www.samhsa.gov/data/sites/default/files/report\\_3223/ShortReport-3223.html](https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html)) indicating that 80% of those are single-mother households; additionally the report noted that 8% of those mothers had a past-year SUD 3) Based on NSDUH estimates (<https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2019>) that 278,000 South Carolinians have an SUD and NIDA estimates that 40% of those with an SUD have a co-occurring mental health condition (<https://www.drugabuse.gov/drug-topics/trends-statistics/infographics/comorbidity-substance-use-other-mental-disorders>) 4) Based on percentage of statewide County Alcohol and Drug Authority clients who report IDU at intake coupled with NSDUH estimates regarding number not in but needing treatment for illicit drug use ages 18 and older

(<https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2019>) 5) Statewide Estimate by the U.S. Interagency Council on Homelessness

(<https://www.usich.gov/homelessness-statistics/sc/>)

OMB No. 0930-0168 Approved: 04/19/2021 Expires: 04/30/2024

**Footnotes:**

NOT FINAL



# Planning Tables

## Table 4 SUPTRS BG Planned Expenditures

States must project how they will use SUPTRS BG funds to provide authorized services as required by the SUPTRS BG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2024 and FFY 2025 SUPTRS BG awards. The totals for each Fiscal Year should match the President's Budget Allotment for the state.

Planning Period Start Date: 10/1/2023      Planning Period End Date: 9/30/2024

FFY 2024			
Expenditure Category	FFY 2024 SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
1 . Substance Use Disorder Prevention and Treatment <sup>3</sup>	\$16,576,830.13	\$818,795.00	\$10,231,325.39
2 . Substance Use Primary Prevention	\$6,377,787.99	\$1,082,961.00	\$3,335,641.93
3 . Early Intervention Services for HIV <sup>4</sup>			
4 . Tuberculosis Services			
5 . Recovery Support Services <sup>5</sup>	\$2,114,299.18	\$132,933.00	\$1,732,350.73
6 . Administration (SSA Level Only)	\$1,301,671.70		\$942,936.49
<b>7. Total</b>	<b>\$26,370,589.00</b>	<b>\$2,034,689.00</b>	<b>\$16,242,254.54</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19

Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the period of October 1, 2023 - September 30, 2024 should be entered here in the first ARP column, and the SUPTRS BG ARP planned expenditures for the period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

<sup>3</sup>Prevention other than Primary Prevention

<sup>4</sup>For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance use disorder Prevention and Treatment Block Grant (SUPTRS BG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the AtlasPlus HIV data report produced by the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP). The most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SUPTRS BG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SUPTRS BG funds with the flexibility to obligate and expend SUPTRS BG funds for EIS/HIV even though the state's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SUPTRS BG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance will be allowed to obligate and expend SUPTRS BG funds for EIS/HIV if they chose to do so and may elect to do so by providing written notification to the CSAT SPO as a part of the SUPTRS BG Application.

<sup>5</sup>This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023.

OMB No. 0930-0168 Approved: 04/19/2021 Expires: 04/30/2024

**Footnotes:**

# Planning Tables

**Table 5a SUPTRS BG Primary Prevention Planned Expenditures**

Planning Period Start Date: 10/1/2023      Planning Period End Date: 9/30/2024

Strategy	A		B	
	IOM Target	FFY 2024		
		SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
1. Information Dissemination	Universal	\$2,164,896	\$343,185	\$1,964,751
	Selected			
	Indicated			
	Unspecified			
	<b>Total</b>	<b>\$2,164,896</b>	<b>\$343,185</b>	<b>\$1,964,751</b>
2. Education	Universal	\$263,298		\$360,294
	Selected	\$65,825		\$90,074
	Indicated	\$197,474		\$270,221
	Unspecified			
	<b>Total</b>	<b>\$526,597</b>	<b>\$0</b>	<b>\$720,589</b>
3. Alternatives	Universal	\$292,554	\$24,148	\$138,123
	Selected			
	Indicated			
	Unspecified			
	<b>Total</b>	<b>\$292,554</b>	<b>\$24,148</b>	<b>\$138,123</b>
4. Problem Identification and Referral	Universal			
	Selected	\$102,394		
	Indicated	\$307,181		\$7,996
	Unspecified			
	<b>Total</b>	<b>\$409,575</b>	<b>\$0</b>	<b>\$7,996</b>
	Universal			\$293,300

5. Community-Based Processes	Selected			
	Indicated			
	Unspecified			
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$293,300</b>
6. Environmental	Universal			\$135,884
	Selected			
	Indicated			
	Unspecified			
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$135,884</b>
7. Section 1926 (Synar)-Tobacco	Universal			
	Selected			
	Indicated			
	Unspecified			
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
8. Other	Universal			
	Selected			
	Indicated			
	Unspecified			
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Prevention Expenditures</b>		<b>\$3,393,622</b>	<b>\$367,333</b>	<b>\$3,260,643</b>
<b>Total SUPTRS BG Award<sup>3</sup></b>		<b>\$26,370,589</b>	<b>\$2,034,689</b>	<b>\$16,242,255</b>
<b>Planned Primary Prevention Percentage</b>		<b>12.87 %</b>	<b>18.05 %</b>	<b>20.08 %</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.

<sup>3</sup>Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

**Footnotes:**

SAPTBG: A total of \$379,849.10 of prevention funds and a total of \$96,868.54 of prevention from the combined column are accounted for in resource table 6. This brings the total for prevention from table 6 to \$476,717.64.

COVID-19 Award: A total of \$25,000 of prevention funds are accounted for in resource table 6

ARP Award: a total of \$75,000.00 of prevention funds are accounted for in resource table 6.

NOT FINAL

# Planning Tables

**Table 5b SUPTRS BG Primary Prevention Planned Expenditures by IOM Category**

Planning Period Start Date: 10/1/2023      Planning Period End Date: 9/30/2024

Activity	FFY 2024 SUPTRS BG Award	FFY 2024 COVID-19 Award <sup>1</sup>	FFY 2024 ARP Award <sup>2</sup>
Universal Direct	\$833,778		\$882,671
Universal Indirect	\$4,394,419	\$632,961	\$2,009,680
Selected	\$168,218		\$90,074
Indicated	\$504,655	\$425,000	\$278,216
<b>Column Total</b>	<b>\$5,901,070</b>	<b>\$1,057,961</b>	<b>\$3,260,642</b>
<b>Total SUPTRS BG Award<sup>3</sup></b>	<b>\$26,370,589</b>	<b>\$2,034,689</b>	<b>\$16,242,255</b>
<b>Planned Primary Prevention Percentage</b>	<b>22.38 %</b>	<b>52.00 %</b>	<b>20.08 %</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025**, which is different from the expenditure period for the “standard” SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.

<sup>3</sup>Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

OMB No. 0930-0168 Approved: 04/19/2021 Expires: 04/30/2024

**Footnotes:**

SAPTBG: A total of \$379,849.10 of prevention funds and a total of \$96,868.54 of prevention from the combined column are accounted for in resource table 6. This brings the total for prevention from table 6 to \$476,717.64.

COVID-19 Award: A total of \$25,000 of prevention funds are accounted for in resource table 6

ARP Award: a total of \$75,000.00 of prevention funds are accounted for in resource table 6.

# Planning Tables

**Table 5c SUPTRS BG Planned Primary Prevention Priorities (Required)**

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2024 and FFY 2025 SUPTRS BG awards.

Planning Period Start Date: 10/1/2023    Planning Period End Date: 9/30/2024

	SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
<b>Prioritized Substances</b>			
Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Prioritized Populations</b>			
Students in College	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Military Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQI+	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African American	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

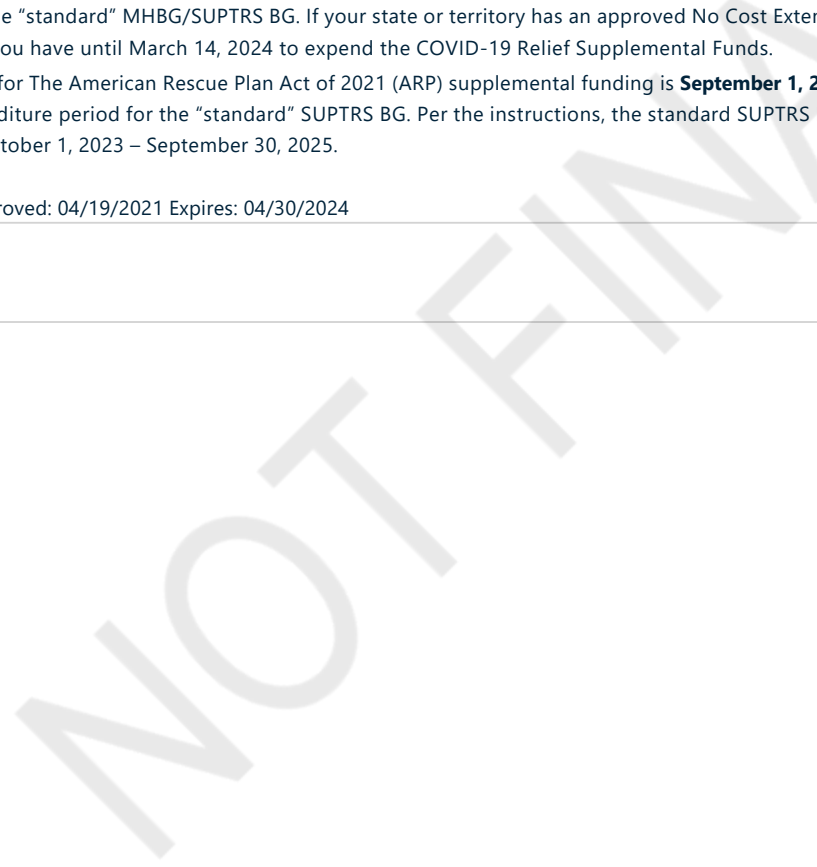
Hispanic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Persons Experiencing Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.

OMB No. 0930-0168 Approved: 04/19/2021 Expires: 04/30/2024

**Footnotes:**





## Planning Tables

**Table 6 Non-Direct-Services/System Development**

Please enter the total amount of the SUPTRS BG, COVID-19, or ARP funds expended for each activity.

Planning Period Start Date: 10/1/2023    Planning Period End Date: 9/30/2024

Expenditure Category	FFY 2024				
	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated <sup>1</sup>	D. COVID-19 <sup>2</sup>	E. ARP <sup>3</sup>
1. Information Systems	\$25,000.00	\$25,000.00	\$25,000.00	\$196,800.00	
2. Infrastructure Support			\$60,000.00		
3. Partnerships, community outreach, and needs assessment	\$84,346.00	\$121,081.29			
4. Planning Council Activities (MHBG required, SUPTRS BG optional)					
5. Quality Assurance and Improvement	\$105,000.00	\$15,000.00	\$83,737.08		
6. Research and Evaluation		\$138,465.00		\$25,000.00	\$75,000.00
7. Training and Education	\$101,063.11	\$80,302.81	\$25,000.00		
<b>8. Total</b>	<b>\$315,409.11</b>	<b>\$379,849.10</b>	<b>\$193,737.08</b>	<b>\$221,800.00</b>	<b>\$75,000.00</b>

<sup>1</sup>Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

<sup>2</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

<sup>3</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. Please list ARP planned expenditures for each standard FFY period.

OMB No. 0930-0168 Approved: 04/19/2021 Expires: 04/30/2024

**Footnotes:**