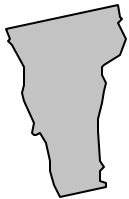


# VERMONT

## State SSA Director

Ms. Barbara Cimaglio, Deputy Commissioner  
Division of Alcohol and Drug Abuse Programs  
Vermont Department of Health  
Agency of Human Services  
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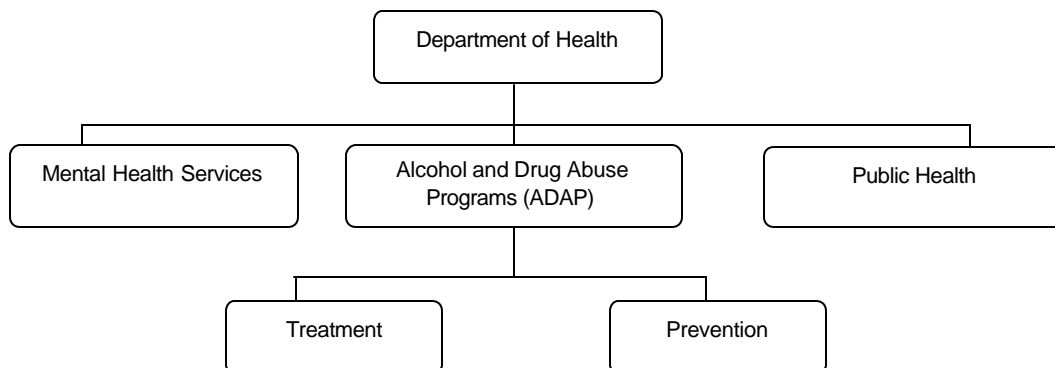
## Structure and Function



The Division of Alcohol and Drug Abuse Programs (ADAP) is the State's lead agency for alcohol and drug abuse prevention and treatment and serves as the Single State Agency (SSA) for the State of Vermont. Organizationally, ADAP is located in the Department of Health and is led by a Deputy Commissioner of Health for Alcohol and Drug Abuse. The mission of ADAP is to help Vermonters prevent and eliminate the problems caused by alcohol and other drug use.

ADAP is organized into three functional units: treatment, prevention, and training. In partnership with other public and private organizations, ADAP plans, supports, and evaluates a comprehensive system that provides education, prevention, intervention treatment recovery, and research services.

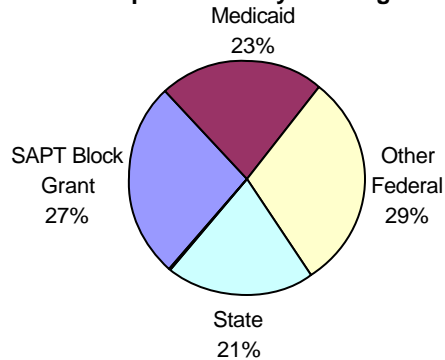
### Single State Agency Structure



## Single State Agency Funding Overview

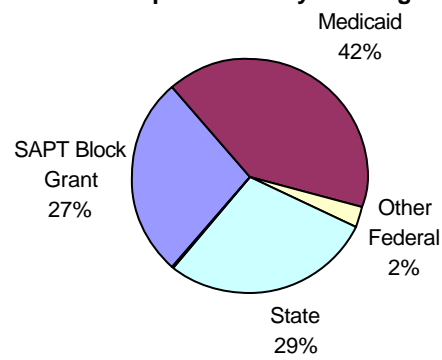
Total SSA funding increased in Vermont between FYs 2000 and 2003 (from \$14 to \$18 million). Medicaid, as a proportion of total funding, increased during this time period (from 23 to 42 percent), the Block Grant's proportion remained fairly stable (ranging from 27 to 30 percent), the State's proportion increased (from 21 to 29 percent), and the proportion supported by other Federal funds declined dramatically (from 29 to 2 percent).

**FY 2000 Expenditures by Funding Source**

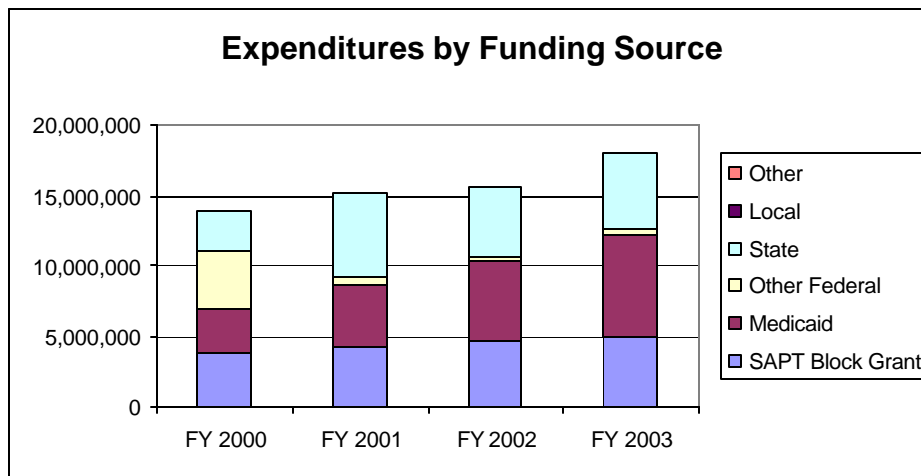


**N=\$13,993,523**

**FY 2003 Expenditures by Funding Source**



**N=\$17,997,118**



### Single State Agency Expenditures From All Funding Sources

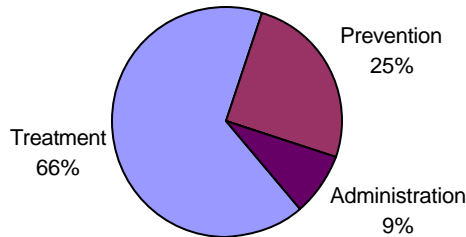
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	3,774,105	27	4,234,075	28	4,691,812	30	4,927,888	27
Medicaid	3,177,773	23	4,320,717	28	5,555,143	36	7,368,676	41
Other Federal	4,157,834	29	668,317	4	476,774	3	440,872	2
State	2,883,811	21	6,050,335	40	4,865,235	31	5,259,682	29
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>13,993,523</b>	<b>100</b>	<b>15,273,444</b>	<b>100</b>	<b>15,588,964</b>	<b>100</b>	<b>17,997,118</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4  
 \* Totals may not equal 100 percent due to rounding.

### Activities and Expenditures From All Funding Sources

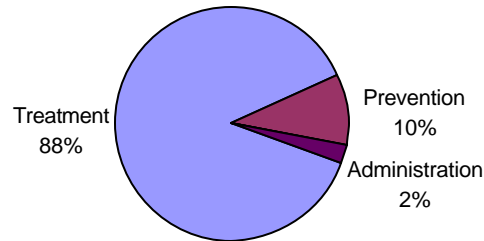
Between FYs 2000 and 2003, SSA funding for treatment services increased, both in dollar amounts and as a proportion of total funding. In FY 2000, treatment services received 66 percent of SSA funding, and in FY 2003, expenditures on treatment services increased to account for 88 percent of funding. Funding for prevention services and administrative activities decreased in both dollar amounts and proportions. Prevention expenditures constituted 25 percent of SSA funds in FY 2000 and decreased to comprise 10 percent in FY 2003. Similarly, the proportion of funds on administrative activities declined from 9 to 2 percent during this time period.

**FY 2000 Expenditures by Activity**

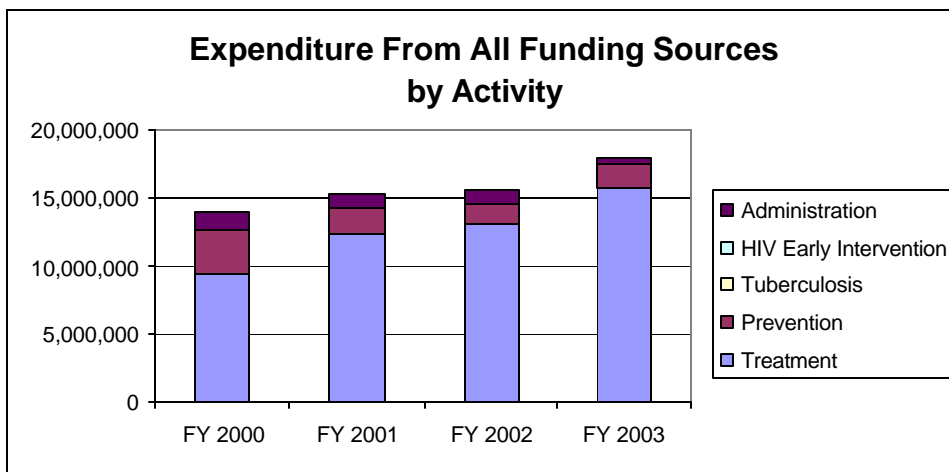


**N=\$13,993,523**

**FY 2003 Expenditures by Activity**



**N=\$17,997,118**



### Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	6,461,606	46	9,256,163	61	13,155,544	84	15,830,540	88
Alcohol Treatment	1,424,725	10	1,693,630	11				
Drug Treatment	1,405,854	10	1,481,926	10				
Prevention	3,459,649	25	1,809,721	12	1,460,818	9	1,727,071	10
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,241,689	9	1,032,004	7	972,602	6	439,507	2
<b>Total*</b>	<b>13,993,523</b>	<b>100</b>	<b>15,273,444</b>	<b>100</b>	<b>15,588,964</b>	<b>100</b>	<b>17,997,118</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

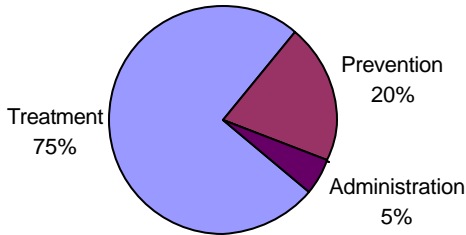
\* Totals may not equal 100 percent due to rounding.

## Expenditures of Block Grant and State Funds

### Expenditures of Block Grant Funds

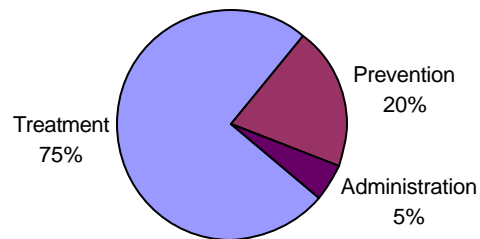
Block Grant funding in Vermont increased from \$3.8 to \$4.9 million between FYs 2000 and 2003. While the dollar amount of funding increased for all activities, the distribution of these funds remained stable. Treatment services received the largest proportion (75 percent) of funds during this time period, followed by prevention at 20 percent, and administration costs at 5 percent.

FY 2000 Block Grant Expenditures by Activity

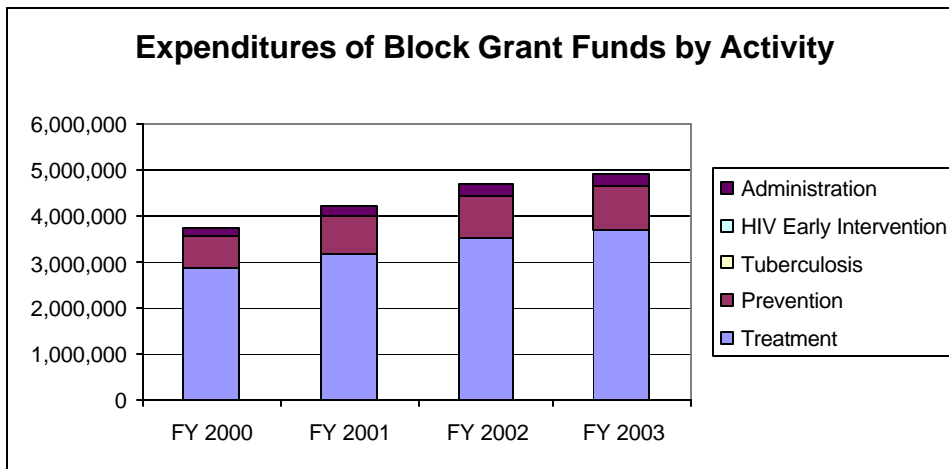


N=\$3,774,105

FY 2003 Block Grant Expenditures by Activity



N=\$4,927,888



### Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	3,518,859	75	3,695,916	75
Alcohol Treatment	1,424,725	38	1,693,630	40				
Drug Treatment	1,405,854	37	1,481,926	35				
Prevention	754,821	20	846,815	20	938,362	20	985,578	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	188,705	5	211,704	5	234,591	5	246,394	5
<b>Total*</b>	<b>3,774,105</b>	<b>100</b>	<b>4,234,075</b>	<b>100</b>	<b>4,691,812</b>	<b>100</b>	<b>4,927,888</b>	<b>100</b>

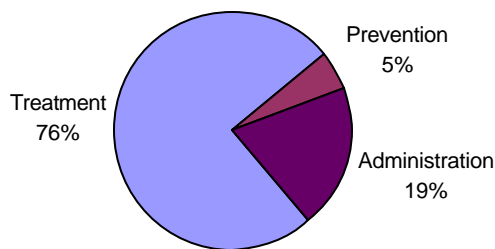
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

\* Totals may not equal 100 percent due to rounding.

## Expenditures of State Funds

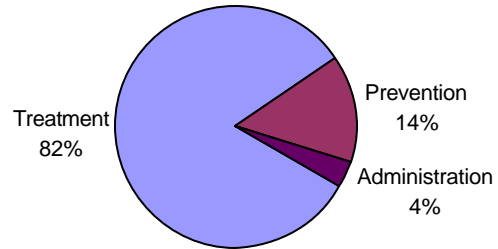
State expenditures on alcohol and drug abuse services in Vermont increased substantially between FYs 2000 and 2003 (from \$2.9 to \$5.3 million). In FY 2003 treatment services received the majority (82 percent) of funds (up from 76 percent in FY 2000), prevention received 14 percent (up from 5 percent in FY 2000), and administration received 4 percent (down from 19 percent in FY 2000).

**FY 2000 State Expenditures by Activity**

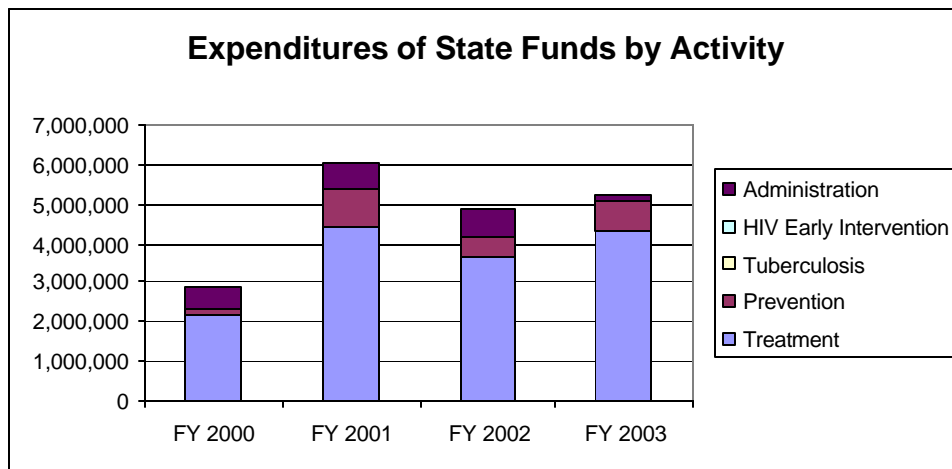


**N=\$2,883,811**

**FY 2003 State Expenditures by Activity**



**N=\$5,259,682**



### Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	2,167,620	75	4,414,876	73	3,635,296	75	4,332,636	82
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	158,369	5	962,906	16	522,456	11	741,493	14
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	557,822	19	672,553	11	707,483	15	185,553	4
<b>Total*</b>	<b>2,883,811</b>	<b>100</b>	<b>6,050,335</b>	<b>100</b>	<b>4,865,235</b>	<b>100</b>	<b>5,259,682</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

\* Totals may not equal 100 percent due to rounding.

## Prevention Services

The Vermont substance abuse prevention infrastructure has several components. A network of 10 Regional Prevention Consultants (RPCs) provides consultation services, training, and technical assistance to local community coalitions, schools, agencies, and other key prevention stakeholders. The RPCs are located in satellite offices throughout the State and reflect the grassroots nature of prevention services in Vermont. Another component of the Vermont prevention infrastructure is the New Directions Coalitions, which are 18 of the 23 previous State Incentive Grant (SIG) recipients who have acquired diverse funding, including ADAP, which funds 13 of the 18 coalitions. In addition, regional community grants are given to communities to implement community-based prevention activities. Another aspect of the prevention infrastructure are statewide grants, which are given to nine projects with a statewide focus on early childhood, preschool, youth leadership, management information services, education, and program evaluation. Finally, Student Assistance Professionals (SAPs) focus on early intervention and are supported by schools statewide.

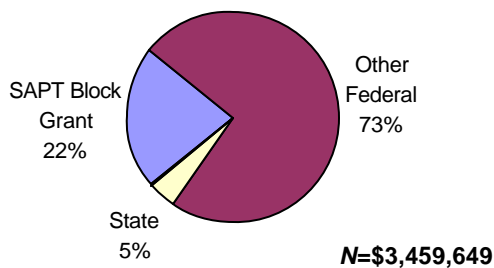
Tobacco programming is administered by the Tobacco Control Prevention Program within the Department of Health. While this program is not managed by ADAP, the divisions work closely together. The Tobacco Control Prevention Program funds 21 tobacco coalitions throughout the state, and 7 of the 21 tobacco coalitions are also New Directions Coalitions.

### Prevention Funding and Expenditures

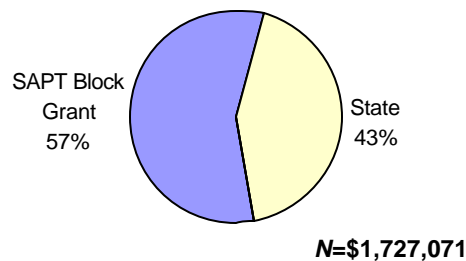
Prevention funding in Vermont declined between FYs 2000 and 2003 (from \$3.5 to \$1.7 million). The funding sources supporting prevention activities also changed during this time period. In FY 2003, the Block Grant provided more than half (57 percent) of prevention funds, and the State provided 43 percent. In contrast, in FY 2000, other Federal sources provided the majority (73 percent) of prevention funds, followed by the Block Grant at 22 percent and the State at only 5 percent.

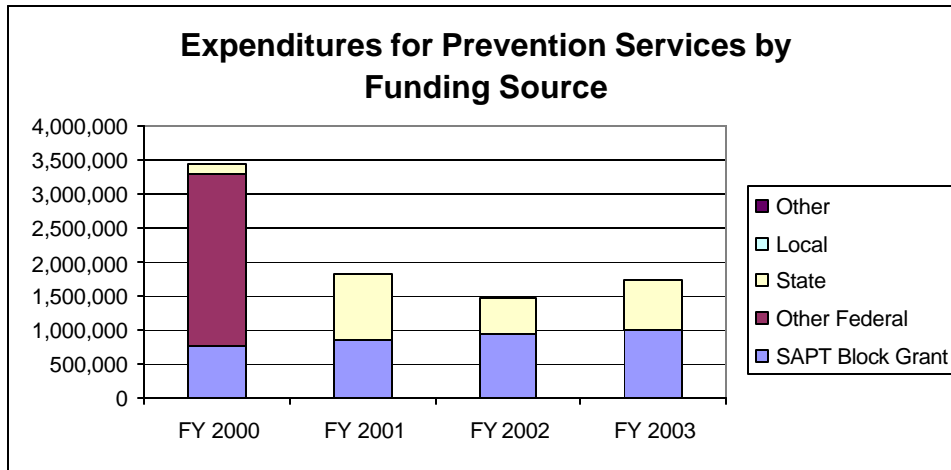
Block Grant expenditures per capita increased over time, from \$1.24 in FY 2000 to \$1.59 in FY 2003.

**FY 2000 Prevention Expenditures by Funding Source**



**FY 2003 Prevention Expenditures by Funding Source**





**Single State Agency Expenditures for Prevention Services From All Funding Sources**

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	754,821	22	846,815	47	938,362	64	985,578	57
Other Federal	2,546,459	74	0	0	0	0	0	0
State	158,369	5	962,906	53	522,456	36	741,493	43
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>3,459,649</b>	<b>100</b>	<b>1,809,721</b>	<b>100</b>	<b>1,460,818</b>	<b>100</b>	<b>1,727,071</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

\* Totals may not equal 100 percent due to rounding.

**Core Strategies**

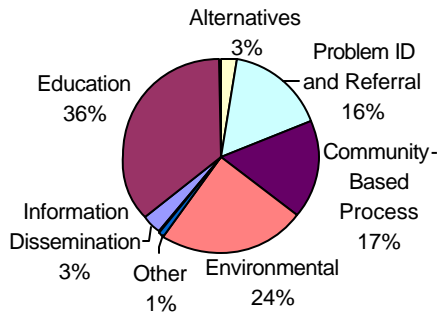
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include distribution of print materials and videotapes via a lending library, distribution of the Parent Handbook on alcohol, tobacco, and other drug (ATOD) prevention, and delivery of presentations on substance abuse prevention concepts and strategies statewide.
Education	Strategies include promotion of effective curricula by the 10 regional prevention consultants, linking schools with community-based substance abuse prevention initiatives, and providing training for school staff.
Alternatives	Strategies include providing training and technical assistance to afterschool programs, teen centers, and other alternative programs by regional prevention specialists.
Community-Based Processes	Strategies include providing consultation and facilitation services to coalitions, partnerships, groups, and agencies on planning and implementing prevention and early intervention strategies.
Environmental	Strategies include providing training and consultation on development and implementation of school ATOD policies by the regional prevention consultants; and providing linkages between local coalitions, SAPs, and local Stop Alcohol Risk Teams (START).
Problem Identification and Referral	Strategies include working with VT Department of Education and the Vermont Freemasons to organize and implement one CARE training to develop school support and referral systems for students in distress.

### Expenditures of Block Grant Funds for Core Strategies

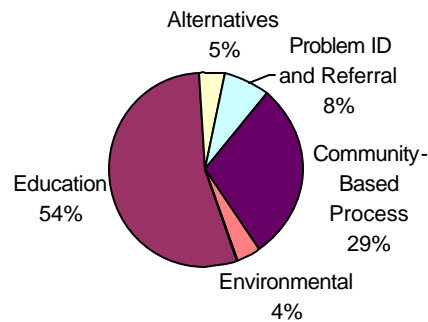
Most (54 percent) of the \$1 million in Block Grant funding for prevention core strategies in Vermont went toward education in FY 2003. Community-based processes received nearly 30 percent, and the remainder of funds was divided among problem identification and referral, alternatives, and environmental strategies.

**FY 2000 Block Grant Expenditures by Core Strategy**

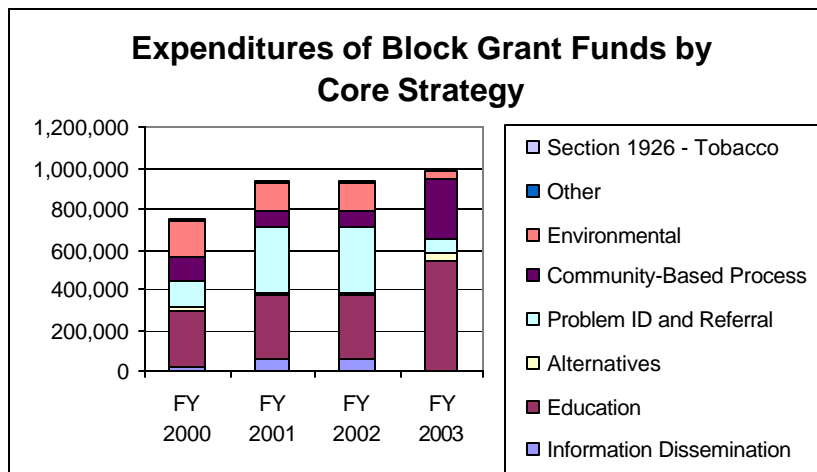


**N=\$754,821**

**FY 2003 Block Grant Expenditures by Core Strategy**



**N=\$985,578**



### Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	22,528	3	61,164	7	61,164	7	1,792	0
Education	270,501	36	312,902	33	312,902	33	534,475	54
Alternatives	19,809	3	9,871	1	9,871	1	44,445	5
Problem ID and Referral	124,369	16	325,706	35	325,706	35	76,256	8
Community-Based Process	124,625	17	77,998	8	77,998	8	290,386	29
Environmental	181,725	24	140,167	15	140,167	15	38,224	4
Other	11,264	1	10,554	1	10,554	1	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>754,821</b>	<b>100</b>	<b>938,362</b>	<b>100</b>	<b>938,362</b>	<b>100</b>	<b>985,578</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

\* Totals may not equal 100 percent due to rounding.



## Treatment and Rehabilitation Services

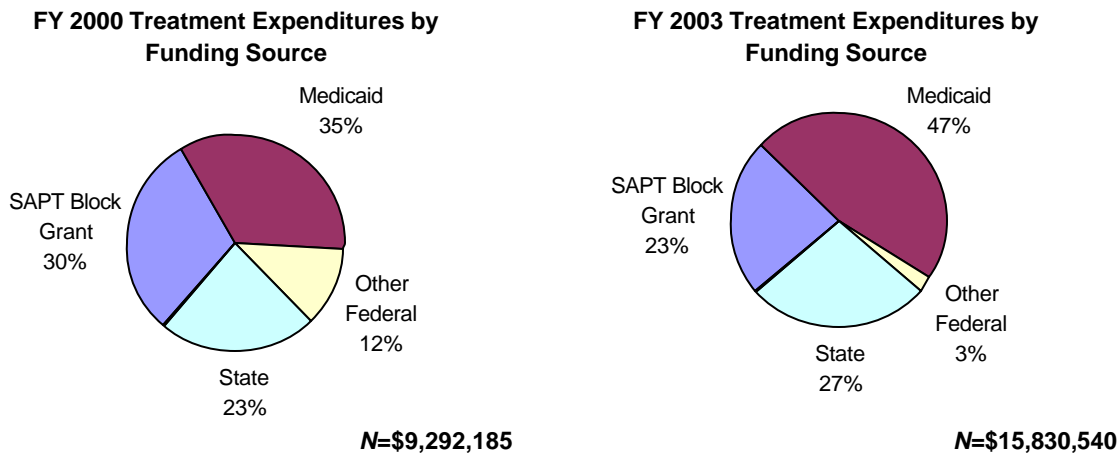
ADAP contracts with 18 nonprofit treatment providers throughout Vermont to provide substance abuse treatment services. These services include 8 residential treatment programs, 9 intensive outpatient programs, and 22 outpatient programs. In addition, Vermont has an opiate treatment program which has as many persons enrolled in the program as are on the waiting list. To address the long waiting list, Vermont has developed mobile opiate addiction treatment units for clients in rural areas through the Governor’s DETER (Drug Education, Treatment, Enforcement & Rehabilitation) Initiative. This plan funds nearly \$3 million in new programs and services, coordinates existing resources into a single statewide initiative, and focuses on providing a sustainable strategy to address today’s substance abuse problems and reduce tomorrow’s risk.

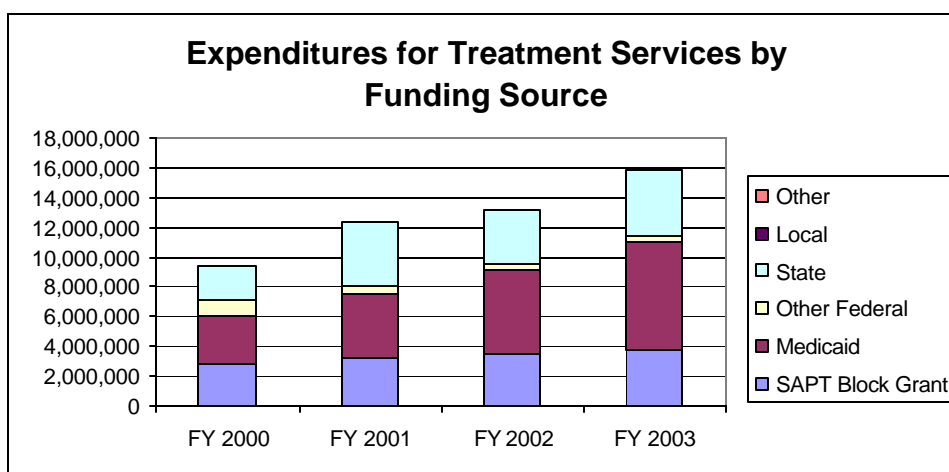
ADAP administers the assessment, referral, and treatment of driving under the influence (DUI) offenders. The Public Inebriate Program provides temporary supervised shelter, assessment services, and if warranted, referral to treatment for intoxicated people who are a danger to themselves and others.

### Treatment Funding and Expenditures

Treatment funding in Vermont increased substantially between FYs 2000 and 2003 (from \$9.3 to \$15.8 million). During this time period, Medicaid as a proportion of treatment funding, increased from 35 to 47 percent (and also increased in dollar amount from \$3.2 to \$7.4 million). The proportion of funding from the State also increased from 23 to 27 percent. By contrast, the Block Grant’s proportion of treatment funding declined from 30 to 23 percent, and other Federal funds as a proportion declined from 12 to 3 percent.

Block Grant funding per capita for treatment services increased substantially over time in Vermont. In FY 2000, Block Grant funding per capita for treatment services was \$4.64, and this increased to \$5.18 in FY 2001, \$5.71 in FY 2002, and \$5.97 in FY 2003.





### Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	2,830,579	30	3,175,556	26	3,518,859	27	3,695,916	23
Medicaid	3,177,773	35	4,320,717	35	5,555,143	42	7,368,676	47
Other Federal	1,116,213	12	520,570	4	446,246	3	433,312	3
State	2,167,620	23	4,414,876	36	3,635,296	28	4,332,636	27
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>9,292,185</b>	<b>100</b>	<b>12,431,719</b>	<b>100</b>	<b>13,155,544</b>	<b>100</b>	<b>15,830,540</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

\* Totals may not equal 100 percent due to rounding.

## Admissions

Vermont's SAPT Block Grant application indicates that over 9,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment and short-term residential treatment.

### Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=9,036)		
	Alcohol Problems	Drug Problems	None Indicated
<b>Detoxification (24-hour care)</b>			
Hospital inpatient	0	0	0
Free-standing residential	359	310	0
<b>Rehabilitation/Residential</b>			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	1,092	967	0
Long-term residential	47	70	0
<b>Ambulatory (Outpatient)</b>			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	3,385	2,153	126
Intensive outpatient	318	209	0
Detoxification (outpatient)	0	0	0
<b>Total</b>	<b>5,201</b>	<b>3,709</b>	<b>126</b>

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 5,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 20 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied only slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 18 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and 21 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

#### Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	1,629	18.2
Alcohol in combination with other drugs	3,100	21.3
<b>Total</b>	<b>4,729</b>	<b>20.2</b>

SOURCE: Treatment Episode Data Set, 2002

\*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 39,000 persons aged 12 and older (7.3 percent of Vermont's population) needed, but did not receive, treatment for alcohol use and 18,000 persons (3.4 percent) needed, but did not receive, treatment for illicit drug use in Vermont.

#### Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	7.30	6.43	18.33	5.51
Needing but not receiving treatment for illicit drug use	3.39	7.19	11.52	1.49

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

## Resource Development Activities

### Planning and Needs Assessment

Vermont is divided into two planning regions for prevention and treatment services: Chaplain Valley, which includes Burlington, Vermont's largest city, its most diverse economic region, and several of the largest colleges; and the rest of the State, which is largely rural. DADA prepares an annual plan for the SAPT Block Grant for inclusion in the Vermont Agency of Human Services Single State Block Grant application to the Department of Health and Human Services.

Prevention planning uses, among other things, data collected in the Youth Risk Behavior Survey (YRBS) and the Behavioral Risk Factor Survey (BRFS). Prevention Planning is also based upon analysis of "trends over time" and "comparison of Vermont vs. National data." In 2003, over 31,000 students (grades 8-12) from 153 schools participated in the YRBS.

The State monitors the availability of treatment services by measuring treatment utilization at each treatment program, and by monitoring monthly admissions waiting lists. Funding is reduced to programs that do not maintain 90 percent utilization of capacity and reallocated to over-utilized programs.

### Evaluation

ADAP ensures quality treatment by setting performance standards and monitoring compliance of contracted providers. ADAP is also responsible for licensing substance abuse counselors who practice in Vermont.

One tool that Vermont uses to monitor its prevention services is the Prevention Management Information System (PMIS). The PMIS tracks service delivery and target group numbers, as well as service delivery by the 10 Prevention Consultants. Specifically, data is collected on which setting, the type of service, which prevention strategy, the target group and the domains for each activity provided.

### Training and Assistance

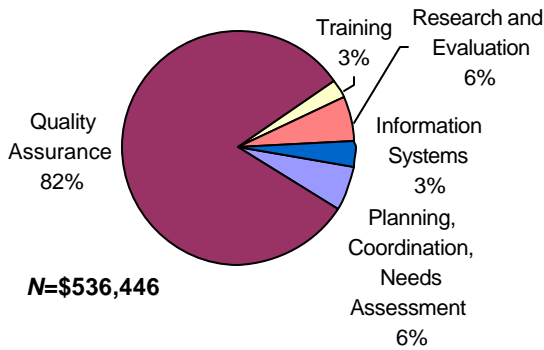
Training is provided for both the treatment and prevention workforce in Vermont. ADAP maintains the Vermont Addiction Education Center which disseminates information regarding treatment, intervention, and prevention, and develops statewide and regional conferences for substance abuse education. ADAP participates in the annual New England Institute of Addictions Conference and the New England Institute of Addictions Advanced School by providing faculty, staff, and scholarships. In addition, the NE Center for the Application of Prevention Technology (NE CAPT) and the Vermont Consortium of Addiction Training coordinates with ADAP to maximize training for prevention professionals on evidence-based prevention practices.

ADAP participates in the Substance Abuse Workforce Development Committee, comprising professionals from higher education, prevention, treatment and recovery organizations, in addition to State Government representatives. Its mission is to improve Vermont's workforce capacity through recruitment, retention, education, training, and development in the areas of substance abuse prevention, intervention, treatment, continuing care/recovery, and enforcement. Accomplishments of this group include compiling data from Vermont and New Hampshire colleges on substance abuse and prevention-related course offerings at the bachelor's and master's levels in an effort to promote careers in substance abuse, to facilitate the certification process, and to create a consortium of colleges to enhance and develop substance abuse course offerings that comply with certification requirements.

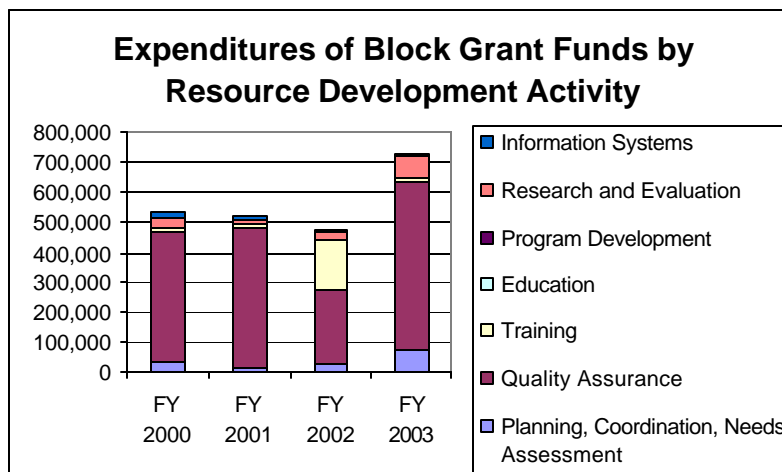
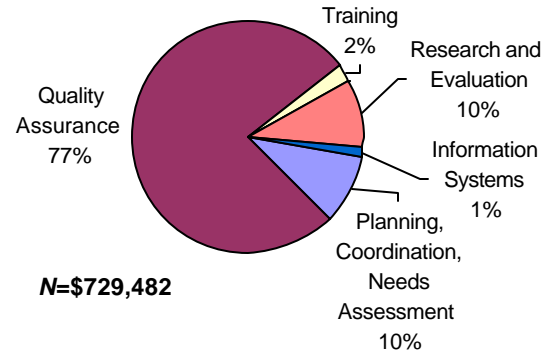
### Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Vermont increased from over \$530,000 in FY 2000 to nearly \$730,000 in FY 2003. The majority of funds during this time period went toward quality assurance (ranging from 52 to 89 percent), and the remainder was spread among a variety of activities.

**FY 2000 Block Grant Expenditures on Resource Development Activities**



**FY 2003 Block Grant Expenditures on Resource Development Activities**



### Single State Agency Expenditures of Block Grant Funds by Resource Development Activities

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	32,518	6	16,086	3	23,700	5	70,594	10
Quality Assurance	438,986	82	464,708	89	246,200	52	562,642	77
Training	14,040	3	15,000	3	175,000	37	17,500	2
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	32,518	6	16,083	3	23,700	5	70,594	10
Information Systems	18,384	3	11,942	2	7,336	2	8,152	1
<b>Total*</b>	<b>536,446</b>	<b>100</b>	<b>523,819</b>	<b>100</b>	<b>475,936</b>	<b>100</b>	<b>729,482</b>	<b>100</b>

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b  
 \* Totals may not equal 100 percent due to rounding.

## Discretionary Funding

### Center for Substance Abuse Prevention

In FY 2004, Vermont received \$1.4 million in Center for Substance Abuse Prevention (CSAP) discretionary awards. Most of these funds went toward drug-free communities.

#### Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	17	1,308,572
Drug Free Communities Mentoring	1	75,000
<b>Total</b>	<b>18</b>	<b>1,383,572</b>

SOURCE: [www.samhsa.gov](http://www.samhsa.gov)

### Center for Substance Abuse Treatment

Center for Substance Abuse Treatment (CSAT) discretionary funding for treatment totaled nearly \$600,000 in Vermont in FY 2004. Most of the funds went toward services for pregnant/post-partum women.

#### Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Pregnant/Post-Partum Women	1	499,957
State Data Infrastructure	1	100,000
<b>Total</b>	<b>2</b>	<b>599,957</b>

SOURCE: [www.samhsa.gov](http://www.samhsa.gov)