

Washington

UNIFORM APPLICATION

FY 2024 SUPTRS Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

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III. Expenditure Period

State Expenditure Period

From 7/1/2022

To 6/30/2023

Block Grant Expenditure Period

From 10/1/2020

To 9/30/2022

IV. Date Submitted

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Footnotes:

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Address high disproportionate rates of SUD and MH disorders and overdoses amongst AI/AN individuals in WA state.

Priority Type: SAP, SAT

Population(s): PWWD, PP, TB, Other (American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

The goal of this priority is to address the disproportionately high rates of SUD and MH disorders for AI/AN individuals across the state. This goal is focused on addressing these rates by offering a direct allocation to Tribes through our government-to-government Indian Nation Agreements. The INA is an agreement between the HCA and Tribal governments to fund services as deemed appropriate by the Tribes to address substance use disorders using SABG dollars.

The Health Care Authority follows the RCW 43.376 and a communication and consultation policy which outlines the state regulations for G2G relationships with Tribes. The Office of Tribal Affairs assists DBHR in implementation of various consultation and confirm meetings with the 29 Tribes and urban Indian health programs. By extension of the Accord and our HCA Tribal Consultation Policy, HCA offers all 29 Tribes the opportunity to access substance abuse block grant funding to help bolster prevention, treatment, overdose intervention, and recovery support services within their tribal communities.

Objective:

- Support the Tribes to use block grant funding to begin and/or maintain tribal substance use disorder community-based prevention programs and projects for youth within tribal communities.
- Support the Tribes to use block grant and other funding resources for the treatment and overdose intervention services for youth and adults who are non-insured or underinsured for treatment services. These services may include, case management, drug screening tests including urinary analysis, treatment support services (transportation, childcare), outpatient and intensive outpatient, and individual and group therapy, naloxone distribution;
- Support the Tribes to use block grant funding to develop and enhance their recovery support services programs for any non-Medicaid billable services or support to individuals who are non-insured or underinsured.
- Support the Tribes to use block grant funding to address opioid overdose and opioid use disorders in their community by delivering either OUD prevention, treatment, overdose intervention, and recovery support services.
- Support Tribes to leverage these funding resources to prioritize their strategies as appropriate to their community to ensure culturally appropriate care and the sovereign right for the Tribes to decide how best to utilize these funds and tailor programs within their community.

Strategies to attain the goal:

- Each tribe is requested to complete an annual Tribal Plan and budget that indicates how the funding will be expended for the delivery of SUD prevention, intervention, treatment, and recovery support activities which is negotiated with HCA program managers with the support of the Office of Tribal Affairs.
- Each tribe submits quarterly fiscal and programmatic reports to HCA.
- Each tribe inputs data into each appropriate data system (i.e., TARGET Data System, and Substance Use Disorder (SUD) Prevention and MH Promotion Online Data System) on a quarterly basis with the support of HCA program managers.
- Each tribe submits an Annual Narrative Report to reflect on the prevention and treatment services provided with the funding, successes within the program, challenges within the program, etc.
- HCA coordinates a biennial desk monitoring review with each Tribe as negotiated through a formal consultation process.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Maintain substance use disorder prevention, intervention, treatment, and recovery support services to American Indian/Alaska Natives.
Baseline Measurement:	SUD Treatment - Individuals Served: 4,499
First-year target/outcome measurement:	SUD Treatment - Individuals Served: 3,400

Second-year target/outcome measurement: SUD Treatment - Individuals Served: 3,400

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

Data Source:

TARGET, or its successor, for treatment counts.
Minerva – SUD Prevention and MH Promotion Online Reporting System (Washington’s Prevention Management Information Service):
used to report SABG prevention performance indicators.

New Data Source(if needed):

Description of Data:

As reported into TARGET by Tribes, total number of AI/AN clients served between July 1, 2019 and June 30, 2020.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

- Indian Health Care Providers have to enter into multiple systems in their work to improve health information technology in their programs which is burdensome. Tribes are working to move to EHRs, are using an Indian Health Services System, plus the state data systems which are often duplicative and can be expensive to dedicate additional staff to enter data into multiple systems.
- TARGET is the system that is used by Tribes that is then transmitted into our Behavioral Health Data Store and HCA needs to sunset this system and move to a new solution for the Tribes as promised in 2016. HCA is working on a pilot project to identify a solution to gather the SUD encounter data in the future without the TARGET system.
- SUD Prevention numbers may include duplication of client counts due to Tribes reporting number of people in attendance at events for each day.
- Additionally, the prevention reporting system is also transitioning vendors in Fall 2021 and Tribes will need to learn a new system, this may increase data reporting challenges in some areas. HCA is working to ensure all Tribes are supported and engaged in this process to minimize the impact.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Goal was SUD Treatment – Individuals served: 3,400 (prevention – 52,052 total participants); Actual was SUD Treatment - Individuals served: 3,335 (prevention - 51,714)

Priority will be adjusted next year to capture prevention.

There are several reasons for the slight unmet treatment and prevention encounter goals. We believe that the decline is likely due to the continuation of Tribes addressing the COVID pandemic and maintenance of social distancing protocols. For example, the annual Canoe Journey was canceled again in 2022. We believe that there will be an increase in prevention service community events as we witness more events taking place across the state.

Another reason is due to workforce. We have learned that many Tribes are facing significant workforce shortages for treatment, recovery, and prevention service providers. Workforce shortages has caused Tribes the ability to implement planned programs through their Indian Nation Agreements.

Additionally, the unmet goal is also due to our data collection processes. Our team continues to work on a solution to the need to sunset the TARGET data system for Tribes. Currently, the HCA has no technical assistance support to Tribes to enter data into the data system. However, our team is working on a solution to this issue and working with several Tribes on a pilot project to move Tribes from TARGET into the State’s current supplemental data system, the Behavioral Health Data Store. In addition to the data issues around TARGET, our prevention team also changed their prevention data system in the past year. This change likely has a minimal impact on data reporting.

How first year target was achieved (optional):

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

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

Our goal was; Treatment AI/AN Clients served, 3,400; SUD Prevention 52,052 - SFY2023 Treatment AI/AN Clients Served, 4,95; SUD Prevention, MH promotion - 28,468

There are several reasons for the unmet prevention encounter goals. We believe the numbers of individuals served and data reporting continue to be impacted by the COVID pandemic, including the lack of workforce by system impact of lack of workforce and returning

to in person activities. Although, services have increased since prior years of the pandemic, the impact of pandemic continues to have lingering impacts to Tribal treatment, prevention and other BH services including impacts to the treatment workforce. We work with several Tribes that are not operating at full capacity for treatment and behavioral health services due to a lack of staff and BH supervision.

Additionally, the unmet goal is also due to our data collection processes. Our team continues to work on solutions to the need to sunset the TARGET data system for tribes creating a lack of consistency in data collection across Tribal communities. Currently, the HCA has no available technical assistance support to Tribes to enter data into the TARGET data system. However, our team is working on a solution to this issue and working with several Tribes on a pilot project to move Tribes from TARGET into the State's current supplemental data system, the Behavioral Health Data Store.

In addition to the data issues around TARGET, our prevention team also changed their prevention data system in the past year. This change likely has a minimal impact on data reporting. This fiscal year, the new system has launched along with an updated guide, and we anticipate this will improve prevention data. Additionally, we believe that there will be an increase in prevention service community events as we witness more events taking place across the state

How second year target was achieved (optional):

Priority #: 2
Priority Area: Reduce Underage and Young Adult Substance Use/Misuse
Priority Type: SAP
Population(s): PP, Other (Adolescents w/SA and/or MH, Rural, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

Decrease the use and misuse of alcohol, marijuana, tobacco, opioids or other prescription drugs, and the use of any other drugs in the last 30 days.

Objective:

- Decrease the percentage of 10th graders who report using alcohol in the last 30 days (HYS 2018: 18.5%; Target 2023: 15%).
- Prevent the increase in the percentage of 10th graders who report using marijuana (cannabis) in the last 30 days (HYS 2018: 17.9%, Target 2023: 12%).
- Decrease the percentage of 10th graders who report using tobacco products in the last 30 days (HYS 2018 Tobacco, any form except vape: 7.9%, Target 2023: 7.1%; HYS 2018 Vape: 21.2%, Target 2023: 19.1%).
- Decrease the percentage of 10th graders who report misusing/abusing painkillers in the past 30 days (HYS 2018: 3.6%, Target 2023: 2.0%).
- Decrease the percentage of young adults who report using non-medical marijuana (cannabis) (YAHS 2018: 48.5%; Target 2023: 43.7%)
- Decrease the percentage of young adults who report using alcohol in the last 30 days (YAHS 2018: 61.1%; Target 2023: 55%)

Strategies to attain the goal:

- Implement performance-based contracting with each prevention contractor.
- Adapt programs to address the unique needs of each tribe.
- Strategies to serve AI/AN communities with increased risk for SUD concerns through various prevention projects using leveraged resources and ensure culturally appropriate services.
- Deliver Evidenced-based Prevention Programs and Strategies according to approved strategic plans.
- Deliver direct prevention services (All CSAP Strategies).
- Deliver community-based prevention services (Community-based process, Information Dissemination and Environmental).
- Provide statewide Workforce Development Training to build capacity for service delivery.
- Develop best practices strategies to target underserved populations such as Tribal and urban Indian communities, Black, Indigenous, and People of Color.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Reduce substance use/misuse
Baseline Measurement:	Average of 15,590 unduplicated participants served by direct services provided between SFY 2014-2019 (July 1, 2013 – June 30, 2019)
First-year target/outcome measurement:	Increase or maintain 15,590 unduplicated participants in direct services prevention

programs.

Second-year target/outcome measurement: Increase or maintain 15,590 unduplicated participants in direct services prevention programs.

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

Data Source:

Minerva - SUD Prevention and MH Promotion Online Reporting System (Washington's Prevention Management Information Service): used to report SABG performance indicators.
Washington State Healthy Youth Survey (HYS): used to report 30 days use biannually.
Washington State Young Adult Health Survey (YAHS): used to report young adult (Ages 18-25) substance use/misuse.

New Data Source(if needed):

Description of Data:

SABG performance indicators are used to measure Center for Substance Abuse Prevention Strategies and Institute of Medicine Categories for services provided annually. From HYS, 10th grade Substance Use Among Washington Youth is used to measure intermediate outcomes. From Washington State Young Adult Health Survey (YAHS), Substance Use Among Washington young adults is used to measure intermediate outcomes.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Data integrity can be negatively affected by staff turnover and contractor capacity to report accurately and in a timely manner. DBHR continues to provide on-going training and technical assistance to support grantees as they use the Management Information System. Additionally, the prevention reporting system is also transitioning vendors in Fall 2021 and all providers will need to learn a new system, this may increase data reporting challenges in some areas. HCA is working to ensure all providers are supported and engaged in this process to minimize the impact.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Our goal was maintain at least 15,590 unduplicated participants in direct services prevention programs, we achieved this goal by serving 22,912 unduplicated participants during FY22.

During late 2021, using leveraged funds from SAMHSA discretionary grants, DBHR Px expanded the number of sub-recipients receiving funds for our Community Prevention and Wellness Initiative program. The Community Prevention and Wellness Initiative now has nearly 100 coalitions and student assistance programs in over 100 schools in total. This is responsible for the increase in services that were provided during SFY 22

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

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

Our goal was to increase or maintain at least 15,590 unduplicated participants engaged in direct service prevention programs. During FY 2023, 14,941 unduplicated participants were engaged in direct service prevention programs, accomplishing 96% of the proposed goal.
During FY 2023, using SABG and leveraged funds from SAMHSA discretionary grants, the SUD Prevention and Mental Health Promotion section sustained the number of sub-recipients receiving funds for our Community Prevention and Wellness Initiative program and introduced a new management information system (MIS) for reporting prevention services. The Community Prevention and Wellness Initiative is a two-pronged local community and school-based approach to preventing substance use disorder, now providing services through 100 coalitions and student assistance programs in over 100 schools throughout Washington state. Through the introduction of the new MIS, data migration from the prior system had some impact on capturing individual participants. This decrease in capturing individual participants resulted in a higher number of participants being recorded in groups and population reach activities in the new MIS overall and likely contributed to the 4% decrease in proposed unduplicated participants engaged in direct service prevention programs during FY 2023. We are currently working to stabilize the new MIS reporting and re-examine future goals to align with our

current system for service delivery and for reporting.

How second year target was achieved (optional):

Priority #: 3

Priority Area: Increase the number of youths receiving outpatient substance use disorder treatment

Priority Type: SAT

Population(s): PWWD, Other (Adolescents w/SA and/or MH, LGBTQ, Rural, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

Increase the treatment initiation and engagement rates among the number of youths accessing substance use disorder outpatient services.

Objective:

- Require Behavioral Health Administrative Service Organizations (BH-ASOs) and Managed Care Organizations (MCOs) to continue to maintain behavioral health provider network adequacy for adolescents.
- Re-examine current adolescent network and capacity
- Improve access and increase available SUD outpatient services for youth.

Strategies to attain the goal:

- Conduct behavioral health provider mapping efforts to identify current adolescent network. Identify access challenges and strategies to remove system barriers.
- Continue using performance-based contracts with BH-ASOs and MCOs to ensure focus and oversight of provider network.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase youth outpatient SUD treatment services

Baseline Measurement: SFY20 (July 1, 2019 – June 30, 2020): 1,695 youth received SUD outpatient treatment services

First-year target/outcome measurement: Increase the number of youths receiving SUD outpatient treatment services in SFY22 to 3,584

Second-year target/outcome measurement: Increase the number of youths receiving SUD outpatient treatment services in SFY23 to 3,684

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

Data Source:

The number of youths receiving SUD outpatient services is tracked using the Behavioral Health Data System (BHDS).

New Data Source(if needed):

Description of Data:

The state fiscal year 2020 data is an unduplicated count of youth (persons under 18 years of age) served in publicly funded SUD outpatient treatment between July 1, 2019 and June 30, 2020.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

DBHR has integrated behavioral health services with physical healthcare coverage, which has caused data reporting challenges. The entities submitting encounter data and how data is being submitted has changed.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved *(if not achieved, explain why)*

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

The number of youth receiving substance use disorder (SUD) outpatient treatment in SFY22 had increase by 128% from 711 in SFY21 to 1,624, however missing our target goal of serving 3,584 youth.

Access to outpatient SUD treatment continued to be impacted by the COVID-19 pandemic, although there's been an increase in access to care via telebehavioral health. While behavioral health providers pivoted early in the pandemic to provide telehealth, there was still a lack of continuity in care, youth and families not having internet access, a safe and confidential space for a telehealth session and an overall disconnect between the youth, families and behavioral health care.

Schools are a significant referral source and link to SUD treatment. Schools are now providing in-person education and beginning to see the impact the pandemic has had on individuals and families in terms of education, poverty, digital divide and behavioral health needs. It's anticipated these impacts will be felt for years to come.

Behavioral health workforce shortages continue to impact access and services. Programs have had to reduce or pause programming, limiting the number of individuals receiving 1-1 or group treatment.

Our agency, behavioral health delivery system and provider network has continued to focus on quality assurance as it relates to fiscal, programmatic changes, and data reporting to ensure the accuracy and completeness of services provided. Our agency continues to work internally and partnering with the Research and Data Analysis Administration (RDA) on improving how we capture and receive data from all regions.

Managed Care Organizations (MCOs), and Behavioral Health Administrative Services Organization (BH-ASOs) are required to meet network adequacy standards, and as we all continue to monitor and ensure individuals in our state have access to behavioral health treatment, gaps are being identified. To aid in these identified needs, state partner agencies are offering capital funding to increase behavioral health services for children and youth, COVID-19 relief funds and other funding opportunities. We will continue to work internally, across systems and networks strategizing how we can increase the number of youth receiving outpatient SUD treatment.

How first year target was achieved (optional):

Second Year Target:

Achieved

Not Achieved *(if not achieved, explain why)*

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

The number of youth receiving substance use disorder (SUD) outpatient treatment from SFY22 had increased by 24% from 1,624 to 2,014 in SFY23. However, we missed our target goal of serving 3,684 youth in SFY23.

Access to outpatient SUD treatment continued to be impacted by the COVID-19 pandemic. With in-person care abruptly halting, HCA provided over 2000 Zoom licenses to support providers pivoting to tele behavioral health and although many providers adjusted quickly, the lack of continuity of care from in-person to telehealth care subsequently lead to many youth falling through the cracks. Additional barriers included young people not having internet access, a safe and confidential space for a telehealth session or support from family to engage in behavioral health care.

Youth serving systems including juvenile justice, health care and schools play a significant role as a referral source and link to SUD treatment. These systems are back to in-person care and education, seeing the impacts the pandemic has had on individuals and families in terms of education, poverty, digital divide and behavioral health needs. It's anticipated these impacts will be felt for years to come. Referral pathways have changed over the years, being unintentionally impacted, creating challenges to easily accessing care. We are aware of these system issues and strategizing on ways to identify and remove specific barriers.

Behavioral health workforce shortages continue to impact access and services as well. Agencies have struggled to recruit and retain clinical and non-clinical staff, limiting programming throughout the state across the continuum of care. Programs have had to reduce or pause programming, limiting the number of individuals receiving 1-1 or group treatment.

Our agency, behavioral health delivery system and provider network has continued to focus on quality assurance as it relates to fiscal, programmatic changes, and data reporting to ensure the accuracy and completeness of services provided. Our agency continues to work internally and partnering with the Research and Data Analysis Administration (RDA) on improving how we capture and receive data from all regions.

Managed Care Organizations (MCOs), and Behavioral Health Administrative Services Organization (BH-ASOs) are required to meet network adequacy standards, and as we all continue to monitor and ensure individuals in our state have access to behavioral health treatment, and gaps are being identified. To aid in these identified needs, state partner agencies are offering capital funding to increase behavioral health services for children and youth, COVID-19 relief funds and other funding opportunities. We will continue to

work internally, across systems and networks strategizing how we can increase the number of youth receiving outpatient SUD treatment.

How second year target was achieved (optional):

Priority #: 4

Priority Area: Increase the number of SUD Certified Peers

Priority Type: SAT

Population(s): PWWDC, TB, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

Increase the number of SUD peers working in the field, create a strategic plan to incorporate SUD peer services into the behavioral health system

Objective:

Pilot SUD peers
• Develop a strategic plan to review curriculum, funding strategies and rule changes

Strategies to attain the goal:

HCA/DBHR will seek input from key stakeholders and certified peers to guide the development of a strategic plan incorporating peer services within the substance use treatment service delivery system
• Identify any curriculum adjustments needed to integrate SUD peer services
• Strategic planning to incorporate SUD peer services into the system of care, exploring funding strategies and rule changes

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: SUD peer support program
Baseline Measurement: From July 1, 2019 – June 30, 2020 total number of SUD trained peers was 802
First-year target/outcome measurement: Peer support program in SFY22 that would train 280 peers
Second-year target/outcome measurement: Peer support program in SFY23 that would train 350 peers

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

Data Source:

Monthly reports submitted to DBHR through the STR Peer Pathfinder project

New Data Source(if needed):

Description of Data:

Excel reports indicating the number of individuals served by SUD Peers on the Pathfinder project

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome measures.

New Data issues/caveats that affect outcome measures:



Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

In FY22, DBHR trained and certified 430 certified peer counselors who self-identified as having lived experience with substance use disorder. Out of the 430 CPCs certified, 210 were employed or had a job offer in a Medicaid setting. In addition to the 210, an additional 108 CPCs trained identified working in a non-Medicaid behavioral health setting. The remaining 128 CPCs were certified and increased the available workforce of CPCs who can provide SUD peer services.

This work was achieved by increasing the number of certified peer counselor trainings using state funds to supplement block grant funding. In addition, HCA provides technical assistance called Operationalizing Peer Support to agencies who want to add peer services to their book of business or who need extra supports around their peer programs. This technical assistance is provided at no cost via webinars, one on one TA, generic trainings and tailored trainings specific to an agencies need. The Peer Support Program hosts webinars and a Peer to Peer Newsletter that educates peers and providers about peer support programs. HCA also hosts an annual Certified Peer Counselor Workforce Development Conference for certified peer counselors, peer supervisors, and peer allies.

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

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



How second year target was achieved (optional):

In the 2023 state fiscal year, 1245 people were trained as certified peer counselors. Of that number, 317 were trained as youth or family partners and 589 were identified as having a substance use disorder

Priority #: 5
Priority Area: Maintain outpatient mental health services for youth with SED
Priority Type: MHS
Population(s): SED

Goal of the priority area:

The primary goal is to maintain community based behavioral health services to youth who are diagnosed with SED.

Objective:

Require the Behavioral Health – Administrative Services Organizations (BH-ASO) and I/T/U to improve and enhance available behavioral health services to youth.

Strategies to attain the goal:

- Require BH-ASOs to maintain behavioral health provider network adequacy.
- Increase available MH community-based behavioral health services for youth diagnosed with SED.

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



Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Increase outpatient Mental Health services to youth with Serious Emotional Disturbance (SED)
Baseline Measurement:	SFY20: 68,113 youth with SED received services
First-year target/outcome measurement:	Maintain the number of youths with SED receiving outpatient services to at least 54,293 in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)

Second-year target/outcome measurement: Maintain the number of youths with SED receiving outpatient services to at least 54,293 in SFY23 SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)

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

Data Source:

The number of youths with SED receiving MH outpatient services is reported in the Behavioral Health Data System (BHDS).

New Data Source(if needed):

Description of Data:

Fiscal Year 2018 is an unduplicated count of youth with Serious Emotional Disturbance (SED) who under the age of 18 served in publicly funded outpatient mental health programs from July 1, 2017 through June 30, 2018.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome measure.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Goal was Maintaining 54,293 youths with SED receiving outpatient services.

Washington was successfully able to achieve our goal of increasing outpatient mental health services for youth with Serious Emotional Disturbances at a level of 76,941 youth who received outpatient mental health services during FY22

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

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

How second year target was achieved (optional):

Goal: Maintain the number of youths with SED receiving outpatient services to at least 54,293 in SFY23 ; Outcome: 84,118
Washington has continued concentrated efforts in coordination efforts built to support parents and young people in accessing care despite workforce challenges. Efforts include Kids Mental Health WA regional startups, rollouts of youth mobile response and stabilization services, WA Teen referral line, COPE – WA's center of parent excellence. These programs are intended to reduce children and youth being in inappropriate settings seeking care, and supported while waiting if unable to access care in a timely manner due to workforce shortages. We anticipate this constellation of supports and deeply passionate and determined workforce caring for children youth and their families in WA have supported continued access.

Priority #: 6

Priority Area: Increase capacity for early identification and intervention for individuals experiencing First Episode Psychosis.

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

The primary goal is to increase community based behavioral health services to transition age youth who are diagnosed with First Episode Psychosis (FEP).

Objective:

- Increase capacity in the community to serve youth experiencing First Episode Psychosis (FEP) through the New Journeys Program

Strategies to attain the goal:

- Provide funding to increase the number of agencies who serve youth with First Episode Psychosis (FEP)
- Increase available MH community based behavioral health services for youth diagnosed with First Episode Psychosis (FEP).

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase outpatient MH capacity for youth with First Episode Psychosis (FEP).

Baseline Measurement: SFY20: 11 First Episode Psychosis (FEP) Programs, serving a total of 325 youth

First-year target/outcome measurement: FY22 (July 1, 2021 – June 30, 2022) Increase the number of coordinated specialty care sites from 11 to 12 serving an additional 25 youth statewide (total of 350 youth served).

Second-year target/outcome measurement: FY23 (July 1, 2022 – June 30, 2023) Maintain the 12 coordinated specialty care sites, serving an additional 75 youth statewide (total of 425 youth served).

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

Data Source:

DBHR, via reporting from WSU. Extracted from the URS reports.

New Data Source(if needed):

Description of Data:

Number of youth being served through the coordinated specialty care sites.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome measure.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The Division of Behavioral Health and Recovery (DBHR) uses MHBG and GF-State funds to provide behavioral health services, including services not covered by Medicaid, to individuals with Medicaid funding and individuals identified as having low income, or without health coverage. The primary goal is to increase evidence based behavioral health services to transition age youth who are diagnosed with First Episode Psychosis (FEP) and decrease the duration of untreated psychosis statewide.

SFY22 DBHR increased the number of coordinated specialty care teams from 11 to 12, achieving our objective. Overall expansion efforts were sluggish due to persistent severe behavioral health workforce shortages. Provider organizations reported struggles related to the pandemic and workforce shortages and were reluctant to take on new projects resulting in slower expansion of teams than anticipated.

SFY22 DBHR increased the number of youth served to 308, exceeding the target goal of 281 and serving an additional 52 youth. The coordinated specialty care teams reported challenges managing referrals due to slow staff recruitment and limited capacity to accept private insurance in anticipation of implementation of the team based rate financing structure.

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

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

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

During the period of SFY23 (July 1, 2022 – June 30, 2023) the original twelve coordinated specialty care teams were maintained, and one additional team was added to bring the total to 13 coordinated specialty care teams. There were a total of 126 new individuals who started the program between July 1 2022 and June 30th 2023. The 2nd Year Target Measurement FY23 goal was achieved.

Priority #: 7**Priority Area:** Maintain the number of adults with Serious Mental Illness (SMI) receiving mental health outpatient treatment services**Priority Type:** MHS**Population(s):** SMI, Other (LGBTQ, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Natives; Tribal and Urban Communities)**Goal of the priority area:**

Maintain the number of adults with Serious Mental Illness (SMI) accessing mental health outpatient services.

Objective:

- Require MCOs, BH-ASOs, and to maintain and enhance behavioral health provider network adequacy.
- Increase available mental health behavioral health services for adults.

Strategies to attain the goal:

- Gather data and resources regarding how potential individuals are identified.

Edit Strategies to attain the objective here:*(if needed)***Annual Performance Indicators to measure goal success****Indicator #:** 1**Indicator:** Maintain mental health outpatient services for adults with Serious Mental Illness (SMI)**Baseline Measurement:** SFY20: 192,662 adults with Serious Mental Illness (SMI) received mental health outpatient services**First-year target/outcome measurement:** Maintain a minimum of 104,128 adults with Serious Mental Illness (SMI) receiving mental health outpatient services in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)**Second-year target/outcome measurement:** Maintain a minimum of 104,128 adults with Serious Mental Illness (SMI) receiving mental health outpatient services in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)**New Second-year target/outcome measurement(if needed):****Data Source:**

The number of adults with Serious Mental Illness (SMI) receiving Mental Health outpatient treatment services is tracked using the Behavioral Health Data System (BHDS).

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

Fiscal Year 2020 clients served is an unduplicated count of adults with Serious Mental Illness (SMI) (persons 18 years of age and older) served in publicly funded mental health outpatient programs between July 1, 2019 and June 30, 2020.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

With the combination of behavioral health services coverage, we are experiencing data reporting challenges due to the way data was collected previously.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Goal was minimum 104,128 adults with SMI receiving mental health outpatient services. Washington was successfully able to achieve our goal of maintaining outpatient mental health services for adults with Serious Mental Illness (SMI) at a level of 216,740 adults who received outpatient mental health services during FY22

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

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

How second year target was achieved (optional):

This year, we served 238,843 individuals with SMI with mental health services, again surpassing our goal of 104,123. This was achieved by utilizing a multipronged approach: improving access to traditional behavioral health agencies, adding new teams that focused on outreach or unique resources (PACT, FCS, HARPS, PATH, CJTA, RCS Program teams), provide grants for embedding social workers in traditionally medical locations, as well as focusing on continuing to develop peer programs throughout the state. We also launched services provided by Intensive Behavioral Health Treatment Facilities who serve individual who no longer require involuntary inpatient treatment but do need more intensive treatment in a residential setting to receive the support needed to transition to more independent settings in the community.

Priority #: 8

Priority Area: Increase the number of individuals receiving recovery support services, including increasing supported employment and supported housing services for individuals with Serious Mental Illness (SMI), SED, and SUD

Priority Type: SAT, MHS

Population(s): SMI, SED, PWWDC, TB, Other (Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

Measurements for this goal will include increasing the employment rate, decreasing the homelessness rate and providing stable housing in the community.

Objective:

- Increase awareness, implementation and adherence to the evidence-based practices of permanent supportive housing and supported employment models by implementing fidelity reviews at five agencies

Strategies to attain the goal:

- Train 500 staff working in behavioral health, housing and health care, through webinars or in-person training events
- Support 1,000 individuals in obtaining and maintaining housing
- Support 1,000 individuals in obtaining and maintaining competitive employment
- Assist 25 behavioral health agencies in implementing evidence-based practices of permanent supportive housing and supported employment models

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase number of people receiving supported employment services

Baseline Measurement: FY2020 – 4,437 enrollments in supported employment

First-year target/outcome measurement: Increase average number of people receiving supported employment services per month (over 12-month period) by 4% in FY22 (total 4,614 enrollments)

Second-year target/outcome measurement: Increase number of people receiving supported employment services per month (over 12-month period) by 4% in FY23 (total 4,798 enrollments)

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

Data Source:

Department of Social and Human Services (DSHS), RDA

New Data Source(if needed):

Description of Data:

Includes all people who have received supported employment services.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will impact the outcome of this measure.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Our goal was to increase the average number of people receiving supported employment services per month (over a 12-month period) by 4% in FY22 (total of 4,614 enrollments). We achieved this goal by enrolling a total of 4,650 people in supported employment services by the end of FY22.

Foundational Community Supports (FCS) Supported Employment program that target support services for high-risk Medicaid recipients with specific health needs and risk-based criteria including mental health and SUD diagnoses. These individuals are unemployed, are often chronically homeless, and experience frequent or lengthy contact with institutional settings. Goals of the FCS supported employment services are to reduce rates of unemployment among these target populations, as well as promote self-sufficiency and reduce poverty. HCA has continued to expand its provider network capacity through outreach, engagement, training, and partnerships with sibling state agencies and programs to increase the referrals to its supported employment Medicaid benefit.

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

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

How second year target was achieved (optional):

Goal: 4,798 enrollees; outcome: 6,166 enrollees

Enrollments in supported employment continued to increase in FY23 due in part to further development of Foundational Community Supports provider network and increased enrollments for participants receiving both housing and employment services.

Indicator #: 2

Indicator: Increase number of people receiving supportive housing

Baseline Measurement: FY2020 – 5,199 enrollments in supportive housing

First-year target/outcome measurement: Increase average number of people receiving supportive housing services per month (over 12-month period) by 4% in FY22 (total 5,406 enrollments)

Second-year target/outcome measurement: Increase average number of people receiving supportive housing services per month (over 12-month period) by 4% in FY23 (total 5,622 enrollments)

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

Data Source:

Department of Social and Human Services (DSHS), RDA

New Data Source(if needed):

Description of Data:

Includes all people who have received supported housing services.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

No issues are currently foreseen the will impact this outcome measure.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Our goal was to increase the average number of people receiving supportive housing services per month (over a 12-month period) by 4% in FY22 (total of 5,406 enrollments). We achieved this goal by enrolling a total of 7,343 enrollees in supportive housing services by the end of FY22.

The number of individuals enrolled in Foundational Community Supports Supportive housing services significantly increased in FY22, due in part to the increase in capacity of the provider network and likely the increasing challenges of finding affordable housing. The Foundational Community Supports Supportive Housing program that target support services for high-risk Medicaid recipients with specific health needs and risk-based criteria including mental health and SUD diagnoses. These individuals are often chronically homeless and/or have histories of frequent or lengthy contact with institutional settings. Goals of the FCS supportive housing program are to reduce homelessness and help individuals find and maintain stable housing as part of their recovery. In May of FY22, the HCA added its Transition Assistance Program to the FCS benefit package, a state-funded flexible funding resource to help reduce barriers to finding stable housing, which can pay for things such as first/last month's rent, security deposits, and basic home goods.

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

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

How second year target was achieved (optional):

Goal: 5,622 enrollees; Outcome: 12,233 enrollees

The increase in the average number of people enrolled in supportive housing was significant in FY23. This was likely due to several factors, including new state-funded, short-term housing subsidies available through the FCS program, and a consistently longer average enrollment length, likely due to lack of available affordable housing for target population. Lack of housing inventory continues to pose biggest barrier to these support services assisting in housing placements, likely increasing overall length of enrollment. Washington State is also developing a new long-term rental assistance program for this supportive housing population, potentially driving increase in enrollments, but the program has not yet launched.

Priority #: 9

Priority Area: Increase the number of adults receiving outpatient substance use disorder treatment

Priority Type: SAT

Population(s): PWWDC, TB, Other (LGBTQ, Criminal/Juvenile Justice, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic

Goal of the priority area:

Increase the number of adults receiving outpatient SUD treatment including adults who are using opioids and other prescription drugs.

Objective:

• Require the Behavioral Health – Administrative Services Organizations (BH-ASOs) to improve and enhance available SUD outpatient services to adults.

Strategies to attain the goal:

• Explore new mechanisms and protocols for case management and continue using Performance Based Contracts to increase the number of adults receiving outpatient SUD services.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase outpatient SUD for adults in need of SUD treatment

Baseline Measurement: SFY20: 40,293

First-year target/outcome measurement: Increase the number of adults in SFY22 to 47,875

Second-year target/outcome measurement: Increase the number of adults in SFY23 to 48,888.

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

Data Source:

The number of adults receiving SUD outpatient services is tracked using the Behavioral Health Data System (BHDS).

New Data Source(if needed):

Description of Data:

Fiscal Year 2020 is an unduplicated count of adults (persons 18 years of age and older) served in publicly funded SUD outpatient treatment between July 1, 2019 and June 30, 2020.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

With the combination of behavioral health services coverage, we are experiencing data reporting challenges due to the way data was collected previously

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Washington State Health Care Authority failed to meet the previously defined priority of increasing the number of adults receiving outpatient substance use disorder treatment. We fell a little more than 4,000 participants short of the target measurement goal of 47,785 adults in SFY22. To demonstrate the total number of adult participants receiving outpatient substance use disorder treatment, we compiled data from our Behavioral Health Data System, to include HCA services funded both in the fully integrated managed care regions as well as fee for service encounters. These data include outpatient and opioid substitution treatment where brief outpatient, intensive outpatient, and outpatient services were provided.

There were a number of anticipated and unanticipated reasons as to why this priority measurement target was not met in SFY22. COVID-19 continues to impose barriers on accessing treatment for many individuals. In response to the pandemic, agencies were forced to modify their existing systems to be able to treat individuals in a remote environment. Teleworking processes helped with accessibility,

though it also created a challenge for individuals to access computers and/or phones and prevented individuals from going in person to agencies to request treatment.

Other factors also continue to reshape how the SUD treatment system can respond to community needs, including workforce shortages, new state laws, and the impact of fentanyl. Many agencies were forced to decrease the accessibility of appointments for assessment and treatment or closed their doors altogether due to staff shortages. Changes to Washington law regarding simple drug possession reduced the number of individuals receiving referrals to mandated assessment and treatment through the criminal legal system. All of this is exacerbated by the unanticipated impact of fentanyl, which has created challenges for treating individuals through the traditional outpatient model due to its increasing danger.

Washington State continues to focus on the continuum of services to address the social determinants of health for individuals who use drugs and/or have behavioral health disorders. Outpatient treatment is but one way to measure that impact. There have been considerable investments in outreach and intensive case management services which fall outside of the traditional treatment system. The metrics we focus on as part of the priority areas will be re-evaluated to ensure that we are best representing the impact we are having in the State of Washington.

How first year target was achieved (optional):

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

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

Goal; 48,888: Outcome; 42,485

We continue to increase the volume of adults who are accessing outpatient treatment for a substance use disorder; however, continue to fall short of our predetermined goals. Some of the potential reasons we are falling short:

- Fentanyl has decimated WA State communities. We have to adapt how we engage with individuals who use Fentanyl. With how cheap it is (several accounts of .50 cents a pill) the frequency of use has escalated, and the daily fentanyl user requires immediate stabilization on medications for opioid use disorder prior to engaging in outpatient treatment.
- The Washington State legislature continues to put additional resources into outreach and peer-driven resources that are intended to be low-barrier and influenced by principles of harm reduction. Often, this includes intensive case management and care coordination. Essentially, we are reaching the population along the continuum of care, and are counting more intercept points, which may divert someone from traditional SUD Treatment.
- Historically, the criminalization of substance use created a referral pathway to SUD outpatient treatment through the criminal court system. With changes to WA State Drug Laws since 2021, individuals are not being charged for possession of controlled substance, which correlates to a reduction of individuals being referred to SUD outpatient services by Pretrial Services and Probation Officers.

How second year target was achieved (optional):

Priority #: 10

Priority Area: Pregnant and Parenting Women

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Increase the number of Pregnant and Parenting Women (PPW) clients receiving case management services

Objective:

Improve the health of pregnant and parenting women and their children and help them maintain their recovery.

Strategies to attain the goal:

Client slots are in contract and are being served continually through the existing PCAP sites to ensure services are received.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Expand capacity for women and their children to have access to case management services.

Baseline Measurement: As of June 2021, the total contracted number of Pregnant and Parenting Women (PPW)

clients receiving PCAP case management services is 1409.

First-year target/outcome measurement: Increase the number of Pregnant and Parenting Women (PPW) clients receiving PCAP case management services (an estimated increase of anywhere from 82-92 client slots, depending on the per client rate determined per county)

Second-year target/outcome measurement: Maintain the number of Pregnant and Parenting Women (PPW) clients receiving PCAP case management services.

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

Data Source:

Contracts with PCAP providers.

New Data Source(if needed):

Description of Data:

The contracts mandate that PCAP providers must submit the number of clients being served: 1) on their monthly invoices in order to be reimbursed, 2) to the University of Washington ADAI for monthly reporting.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

- Impacts of the current/ongoing COVID pandemic.
- If funding is reduced for any reason, the number of sites/clients served may decrease.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

The Parent Child Assistance Program (PCAP) is an evidence-informed program that provides intensive case management and support services to pregnant and parenting women with substance use disorders and their young children. In June 2021, the total contracted number of PPW clients receiving PCAP case management services was at 1,409. The goal to increase capacity for PPW clients to receive PCAP services was met by adding 81 client slots statewide, totaling to 1,490.

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

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

How second year target was achieved (optional):

From SFY21-SFY23, PCAP has increased services to the PPW population by adding 81 PCAP client slots statewide. This goal was met by maintaining PCAP contracts to serve up to a total of 1,490 clients statewide in SFY23.

Priority #: 11

Priority Area: Tuberculosis Screening

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Provide TB screening at all SUD outpatient and residential provider agencies within their provider networks.

Objective:

Ensure TB screening is provided for all SUD treatment services.

Strategies to attain the goal:

Review TB screening plans with the BH-ASOs for each of the state's ten regions during contract amendment cycles.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Provide TB screening and education at all SUD outpatient and residential provider agencies within their provider networks.

Baseline Measurement: As of July 1, 2021, Tuberculosis screening and education is a continued required element in the BH-ASO contract for SUD treatment services.

First-year target/outcome measurement: By July 1, 2022, ensure TB screening plans continue to be in contract with each of the ten BH-ASOs.

Second-year target/outcome measurement: Review TB screening plans prior to the July 1, 2023 BH-ASO amendment and update as needed to ensure screenings and education services are being provided during SUD treatment services.

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

Data Source:

Health Care Authority/BH-ASO Contracts

New Data Source(if needed):

Description of Data:

The contracts between the Health Care Authority and the BH-ASOs will be maintained to include this language.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Washington State was able to provide TB screening and education to all SUD outpatient and residential provider agencies within their provider networks by maintain services in the Behavioral Health Administrative Organizations (BH-ASO's) contracts.

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

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

How second year target was achieved (optional):

Washington State was able to provide TB screening and education to all SUD outpatient and residential provider agencies within their provider networks by maintain services in the Behavioral Health Administrative Organizations (BH-ASO's) contracts.

Footnotes:

Center for Substance Abuse Treatment

Division of State and Community Systems

State Systems Partnership Branch

**FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding:
FY 23 Annual Report**

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)

Report Expenditure Period: October 1, 2022 - September 30, 2023

Report Submission Due Date: Tuesday, January 2, 2024

Name of SUBG Grantee: Washington State Health Care Authority
Name of State, DC, Territory, Associated State, or Tribe

Submitted By: Janet Cornell, Federal Block Grant Administrator
Name and Title of Individual Submitting Report

Date Submitted: 12/12/2023

Total FY 21 SABG Supplemental Funding Amount Awarded in August, 2021:

\$1,076,243

Instructions: For the FFY 2023, ending on 9/30/23, please complete this FY 23 Annual Report form for the FY 23 expenditures from the FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding. Please upload as a Word or PDF document in Table 1 of the 2024 SUBG Report that was submitted on 12/1/23. Please report on the FY 21 SUBG ARP COVID Testing and Mitigation Supplemental Funding activities and expenditures by January 2, 2024. The period of performance for this report is October 1, 2022 through September 30, 2023.

#	FY 23 Date of Expenditure	FY 23 Item/Activity Description	FY 23 Amount of Expenditure
1	Not Applicable	Not Applicable	Not Applicable
2			
3			
4			
5			
6			
7			

#	FY 23 Date of Expenditure	FY 23 Item/Activity Description	FY 23 Amount of Expenditure
8			
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		Total	

Details for SUBG Grantees: After completing the table above, grantees are requested to upload this report document through a regular WebBGAS Revision Request that will be created by your CSAT SPO, as an Attachment to [Table 1 Priority Area and Annual Performance Indicators – Progress Report](#), of the 2024 SUBG Report Submitted, as a Word or PDF document. Please submit no later than 11:59 pm EST, on Tuesday, January 2, 2024. For the expenditure period of October 1, 2022 through September 30, 2023, please include a complete listing of the expenditure of FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding, by expenditure dates, items and activities of expenditure, and amounts of expenditures. If no funds were expended during this period, please complete and upload this report document indicating “Not Applicable”. Please feel free to address any questions or concerns to your CSAT SPO. Thank you.

Background and Description of Funding: On August 19, 2021 SAMHSA released guidance on one-time funding for awards authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)) for the targeted support necessary for mental health and substance use disorder treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates (commonly referred to as COVID Testing and Mitigation funds). The total overall expenditure period performance period for this funding is September 1, 2021 – September

30, 2025, though the expenditure period for the report above is for FY 23 only, from 10/1/22 through 9/30/23.

As indicated in your SABG Notice of Award of August 10, 2021, States, DC, Territories, Associated States, and the Red Lake Band of Chippewa Indians are required to submit an Annual Report by December 31 of each year, until the funds expire. Grantees must upload a report including activities and expenditures to Table 1 of the 2024 Substance Use Block Grant Report filed on 12/1/23. A Revision Request will be sent to grantees by the CSAT SPO to upload the report.

12/4/2023: SUBG Grantee WebBGAS Revision Request will be created by the CSAT SPO for the grantee upload of the FY 23 SABG ARP COVID Testing and Mitigation Supplemental Funding Annual Report, for the FY 23 expenditure period of October 1, 2022 through September 30, 2023. Using the FY 23 Annual Report form provided to grantees by the CSAT SPO, grantees are requested to upload an Attachment to **Table 1 Priority Area and Annual Performance Indicators – Progress Report**, 2024 SUBG Report Submitted, as a Word or PDF document by 11:59 pm EST, on Tuesday, January 2, 2024. Please provide a complete list of the expenditure dates, items and activities of expenditure, and amounts of expenditures, between October 1, 2022 and September 30, 2023. If no activities were completed, please complete and upload the report document indicating “Not Applicable”.

Excerpts from the August 10, 2021 guidance letter to Single State Authority Directors and State Mental Health Authority Commissioners from Miriam E. Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use, regarding the use of this funding in as follows:

“People with mental illness and substance use disorder are more likely to have co-morbid physical health issues like diabetes, cardiovascular disease, and obesity. Such chronic illnesses are associated with higher instances of contracting coronavirus disease (COVID-19) as well as higher risk of death or a poor outcome from an episode of COVID-19. To address this concern, the U.S. Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), will invest \$100 million dollars to expand dedicated testing and mitigation resources for people with mental health and substance use disorders.

As COVID-19 cases rise among unvaccinated people and where the more transmissible Delta virus variant is surging, this funding will expand activities to detect, diagnose, trace, and monitor infections and mitigate the spread of COVID-19 in homeless shelters, treatment and recovery facilities, domestic violence shelters and federal, state and local correctional facilities—some of the most impacted and highest risk communities across the country. These funds will provide resources and flexibility for states to prevent, prepare for, and respond to the COVID-19 public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

This one-time funding for awards was authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)). SAMHSA will supplement the ARP funding for state grantees. The performance period for this funding is September 1, 2021 – September 30, 2025.

Targeted support is necessary for mental health and substance use treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates. From the provider perspective, these barriers include limited financial and personnel resources to support ongoing

testing efforts. Providers have limited staff and physical resources and COVID-19 testing activities must be balanced against COVID-19 vaccinations and other health care services. From the consumer perspective, these barriers include hesitancy in accepting vaccines and challenges with health care access. Recipients may allocate reasonable funds for the administrative management of these grants. SAMHSA envisions the maximum support possible for COVID-19 testing and mitigation; toward that goal, recipients are encouraged to expend a minimum of 85 percent of funding for allowable COVID-19 testing and mitigation activities.

The list below includes examples of allowable activities. While this list is not exhaustive, any activity not included on this list must be directly related to COVID-19 testing and mitigation. All recipients are strongly encouraged to work with state or local health departments to coordinate activities. The state must demonstrate that the related expense is directly and reasonably related to the provision of COVID-19 testing or COVID-19 mitigation activities. The related expense must be consistent with relevant clinical and public health guidance. For additional examples, you can visit the CDC Community Mitigation Framework website. Funding may not be used for any activity related to vaccine purchase or distribution.

SAMHSA, through this supplemental funding, allocates \$50 million each for Mental Health Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block grants (SABG) to the states. States have until September 30, 2025, to expend these funds. SAMHSA asks that states consider the following in developing a COVID-19 Mitigation Funding Plan:

- Coordinate and partner with state and local health departments/agencies on how to better align the state/provider mental health and substance use COVID-19 mitigation efforts and activities; develop guidance for partnering with state/local health departments; disseminating sample training curriculums.
- Testing education, establishment of alternate testing sites, test result processing, arranging for the processing of test results, and engaging in other activities within the CDC Community Mitigation Framework to address COVID-19 in rural communities.
- Rapid onsite COVID-19 testing and for facilitating access to testing services. Training and technical assistance on implementing rapid onsite COVID-19 testing and facilitating access to behavioral health services, including the development of onsite testing confidentiality policies; and implementing model program practices.
- Behavioral health services for those in short-term housing for people who are at high risk for COVID-19.
- Testing for staff and consumers in shelters, group homes, residential treatment facilities, day programs, and room and board programs. Purchase of resources for testing-related operating and administrative costs otherwise borne by these housing programs. Hire workers to coordinate resources, develop strategies and support existing community partners to prevent infectious disease transmission in these settings. States may use this funding to procure COVID-19 tests and other mitigation supplies such as handwashing stations, hand sanitizer and masks for people experiencing homelessness and for those living in congregate settings.
- Funds may be used to relieve the burden of financial costs for the administration of tests and the purchasing of supplies necessary for administration such as personal protective equipment (PPE); supporting mobile health units, particularly in medically underserved areas; and expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.

- Utilize networks and partners to promote awareness of the availability of funds, assist providers/programs with accessing funding, and assist with operationalizing the intent of said funding to ensure resources to mitigate the COVID-19 health impacts and reach the most underserved, under-resourced, and marginalized communities in need.
- Expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.
- Provide subawards to eligible entities for programs within the state that are designed to reduce the impact of substance abuse and mental illness; funding could be used for operating and administrative expenses of the facilities to provide onsite testing and mobile health services; and may be used to provide prevention services to prevent the spread of COVID-19.
- Develop and implement strategies to address consumer hesitancy around testing. Ensure access for specific community populations to address long-standing systemic health and social inequities that have put some consumers at increased risk of getting COVID-19 or having severe illness.
- Installing temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing and COVID-19 mitigation.
- Education, rehabilitation, prevention, treatment, and support services for symptoms occurring after recovery from acute COVID-19 infection, including, but not limited to, support for activities of daily living.
- Other activities to support COVID-19 testing including planning for implementation of a COVID-19 testing program, hiring staff, procuring supplies to provide testing, training providers and staff on COVID-19 testing procedures, and reporting data to HHS on COVID-19 testing activities.
- Promote behaviors that prevent the spread of COVID-19 and other infectious diseases (healthy hygiene practices, stay at home when sick, practice physical distancing to lower the risk of disease spread, cloth face coverings, getting vaccinated).
- Maintain healthy environments (clean and disinfect, ensure ventilation systems operate properly, install physical barriers and guides to support social distancing if appropriate).
- Behavioral health services to staff working as contact tracers and other members of the COVID-related workforce. Maintain health operations for staff, including building measures to cope with employee stress and burnout.
- Investigate COVID-19 cases; the process of working with a consumer who has been diagnosed with COVID-19 and includes, but is not limited to:
 - Discuss test result or diagnosis with consumers;
 - Assess patient symptom history and health status;
 - Provide instructions and support for self-isolation and symptom monitoring; and
 - Identify people (contacts) who may have been exposed to COVID-19.
- Conduct contact tracing: the process of notifying people (contacts) of their potential exposure to SARS-CoV-2, the virus that causes COVID-19 and includes, but is not limited to:

- Provide information about the virus;
- Discuss their symptom history and other relevant health information; and
- Provide instructions for self-quarantine and monitoring for symptoms.

The following are ineligible costs for the purposes of this funding:

- Costs already paid for by other federal or state programs, other federal or state COVID-19 funds, or prior COVID-19 supplemental funding.
- Any activity related to purchasing, disseminating, or administering COVID-19 vaccines.
- Construction projects.
- Support of lobbying/advocacy efforts.
- Facility or land purchases.
- COVID-19 mitigation activities conducted prior to 9/1/2021.
- Financial assistance to an entity other than a public or nonprofit private entity.

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

This table provides a report of SUPTRS BG and state expenditures by the SSA during the SFY immediately preceding the FFY for which the state is applying for funds for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in the WebBGAS. Please note that this expenditure period is different from that on SUPTRS BG Table 4.

Expenditure Period Start Date: 7/1/2022 Expenditure Period End Date: 6/30/2023

Activity (See instructions for entering expenses in Row 1)	A. SUPTRS BG	B. MHBG	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 ¹	I. ARP ²
1. Substance Use Prevention (Other than Primary Prevention), Treatment, and Recovery ³	\$27,172,608.51		\$865,984,312.23	\$21,307,070.31	\$107,453,435.81	\$0.00	\$0.00	\$13,705,265.76	\$2,731,745.14
a. Pregnant Women and Women with Dependent Children	\$1,602,230.20		\$8,982,848.79	\$0.00	\$3,636,089.10	\$0.00	\$0.00	\$77,708.31	\$25,000.00
b. Recovery Support Services	\$4,319,244.17		\$0.00	\$12,019,666.35	\$1,382,365.76	\$0.00	\$0.00	\$665,409.14	\$29,165.50
c. All Other	\$21,251,134.14		\$857,001,463.44	\$9,287,403.96	\$102,434,980.95	\$0.00	\$0.00	\$12,962,148.31	\$2,677,579.64
2. Substance Use Disorder Primary Prevention	\$12,529,370.73		\$0.00	\$6,325,515.80	\$3,908,158.39	\$0.00	\$0.00	\$3,644,361.10	\$0.00
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ⁴	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	\$551,149.01		\$2,484,792.09	\$26,735,375.38	\$10,023,695.16	\$564,207.42	\$0.00	\$607,049.26	\$18,138.15
11. Total	\$40,253,128.25	\$0.00	\$868,469,104.32	\$54,367,961.49	\$121,385,289.36	\$564,207.42	\$0.00	\$17,956,676.12	\$2,749,883.29

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

²The expenditure period for 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.

³Prevention other than primary prevention

⁴Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

Actual Estimated

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Footnotes:

III: Expenditure Reports

Table 3a – Syringe Services Program (SSP)

Expenditure Start Date: 07/01/2022 Expenditure End Date: 06/30/2023

				SSP Expenditures			
SSP Agency Name	SSP Main Address	SUD Treatment Provider (Yes or No)	# Of locations (Include any mobile locations)	SUPTRS BG Funds	COVID-19 ¹ Funds	ARP ² Funds	Actions
No Data Available							

¹ 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" SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

² The expenditure period for The 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.

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Footnotes:

III: Expenditure Reports

Table 3b - Syringe Services Program

Expenditure Start Date: 07/01/2022 Expenditure End Date: 06/30/2023

SUPTRS							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
COVID-19 ¹							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
ARP ²							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

¹ 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” SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

² The expenditure period for 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.

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Footnotes:

III: Expenditure Reports

Table 3c – Harm Reduction Activities

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

Harm Reduction Activities								Expenditures		
Provider/Program Name	Main Address	SSP (Yes/No)	Number of Naloxone Kits Purchased	Number of Naloxone Kits Distributed	Number of Overdose Reversals	Number of Fentanyl Test Strips Purchased	Number of Fentanyl Test Strips Distributed	SUPTRS BG Funds	COVID-19 ¹ Funds	ARP ² Funds
No Data Available										

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 - March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

²The expenditure period for 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.

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Footnotes:

III: Expenditure Reports

Table 4 - State Agency SUPTRS BG Expenditure Compliance Report

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

Expenditure Period Start Date: 10/1/2020 Expenditure Period End Date: 9/30/2022

Expenditure Category	FY 2021 SA Block Grant Award
1. Substance Use Prevention ¹ , Treatment, and Recovery	\$23,101,221.00
2. Substance Use Primary Prevention	\$12,960,486.00
3. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ²	\$0.00
4. Tuberculosis Services	\$0.00
5. Administration (excluding program/provider level)	\$1,889,413.00
Total	\$37,951,120.00

¹Prevention other than Primary Prevention

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

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<p>Footnotes:</p> <p>Award was \$37,951,265. Credit for \$145 came in after grant closing and was returned via PMS. That explains the \$145 difference.</p> <p>Resource Development = \$ 4,125,579 and not included in Table 7 but is included in treatment and prevention here on Table 4. Treatment RD = \$ 3,427,430 Prevention RD = \$ 698,149</p> <p>PPW = 848,361 and is included in treatment</p> <p>Small variances between Tables 4, 5a, 6 and 7 are due to rounding.</p>

III: Expenditure Reports

SUPTRS BG Table 5a - Primary Prevention Expenditures

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

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	Substance Use Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective		\$13,684.27			
Information Dissemination	Indicated					
Information Dissemination	Universal	\$1,110,977.07	\$1,207,415.68	\$262,198.51		
Information Dissemination	Unspecified					
Information Dissemination	Total	\$1,110,977.07	\$1,221,099.95	\$262,198.51	\$0.00	\$0.00
Education	Selective	\$184,781.66	\$94,971.38	\$146,418.22		
Education	Indicated	\$17,841.93	\$14,135.78			
Education	Universal	\$719,118.90	\$1,097,149.57	\$760,726.86		
Education	Unspecified			(\$14,605.67)		
Education	Total	\$921,742.49	\$1,206,256.73	\$892,539.41	\$0.00	\$0.00
Alternatives	Selective	\$17,517.54	\$175,493.80	\$198,597.09		
Alternatives	Indicated			\$2,061.03		
Alternatives	Universal	\$299,978.32	\$70,332.92	\$282,766.81		
Alternatives	Unspecified			(\$669.40)		
Alternatives	Total	\$317,495.86	\$245,826.72	\$482,755.53	\$0.00	\$0.00
Problem Identification and Referral	Selective	\$720,342.02	\$1,369,035.30	\$155,471.02		
Problem Identification and Referral	Indicated	\$177,934.36	\$162,266.98	\$224,162.95		
Problem Identification and Referral	Universal	\$6,668.32	\$6,198.57	\$17,869.54		
Problem Identification and Referral	Unspecified					
Problem Identification and Referral	Total	\$904,944.70	\$1,537,500.85	\$397,503.51	\$0.00	\$0.00

Community-Based Process	Selective					
Community-Based Process	Indicated	\$41,066.13				
Community-Based Process	Universal	\$3,769,130.39	\$4,306,929.48	\$650,312.57		
Community-Based Process	Unspecified	\$130,933.10				
Community-Based Process	Total	\$3,941,129.62	\$4,306,929.48	\$650,312.57	\$0.00	\$0.00
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal	\$1,406.06	\$69,127.62	\$249.79		
Environmental	Unspecified	\$15,182.42				
Environmental	Total	\$16,588.48	\$69,127.62	\$249.79	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Selective					
Section 1926 (Synar)-Tobacco	Indicated					
Section 1926 (Synar)-Tobacco	Universal					
Section 1926 (Synar)-Tobacco	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Universal Direct	\$348,038.78	\$192,658.36	\$228,522.80		
Other	Universal Indirect	\$20,163.90	\$28,053.36	\$20,915.59		
Other	Selective	\$1,503.67	\$3,714.55	\$1,930.04		
Other	Indicated		(\$1,356.31)			
Other	Total	\$369,706.35	\$223,069.96	\$251,368.43	\$0.00	\$0.00
	Grand Total	\$7,582,584.57	\$8,809,811.31	\$2,936,927.75		

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

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

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Footnotes:

Resource Development (RD) not included in table 5a.
 Regarding Column A-Substance Use Block Grant
 Total break out on table = \$7,582,584.57
 Total Prevention RD (Table 6) = \$698,149.83

Missing from Table 5a:

Line for Total Other Unspecified (no box avail) = \$4,679,752

5a total \$7,582,584 + missing line Total Other Unspecified \$4,679,752 = \$12,262,337 TOTAL

5a (including missing line above) \$12,262,337 + Table 6 \$698,150 = Table 4, row 2 \$12,960,486

III: Expenditure Reports

Table 5b - SUPTRS BG Primary Prevention Targeted Priorities (Required)

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2021 SUPTRS BG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2020 Expenditure Period End Date: 9/30/2022

SUPTRS BG Award	
Prioritized Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>
Cocaine	<input checked="" type="checkbox"/>
Heroin	<input type="checkbox"/>
Inhalants	<input checked="" type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>
Synthetic Drugs (i.e. Bath salts, Spice, K2)	<input checked="" type="checkbox"/>
Fentanyl	<input checked="" type="checkbox"/>
Prioritized Populations	
Students in College	<input checked="" type="checkbox"/>
Military Families	<input checked="" type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input checked="" type="checkbox"/>
African American	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input checked="" type="checkbox"/>
Asian	<input checked="" type="checkbox"/>

Rural	<input checked="" type="checkbox"/>
Other Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>

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Footnotes:

III: Expenditure Reports

Table 6 - Non Direct Services/System Development

Expenditure Period Start Date: 10/1/2020 Expenditure Period End Date: 9/30/2022

Activity	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated ¹
1. Information Systems	\$0.00	\$169,405.00	\$0.00
2. Infrastructure Support	\$40,316.00	\$164,326.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$2,880,467.00	\$180,392.00	\$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$506,646.00	\$172,117.00	\$0.00
7. Training and Education	\$0.00	\$11,910.00	\$0.00
8. Total	\$3,427,429.00	\$698,150.00	\$0.00

¹Integrated refers to funds both treatment and prevention portions of the SUPTRS BG for overarching activities.

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Footnotes:
 Minor variances between Tables 4, 5a, 6 and 7 are due to rounding.

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

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

Expenditure Period Start Date: 10/01/2020 Expenditure Period End Date: 9/30/2022

Source of Funds Substance Use Block Grant																
Entity Number	I-BHS ID (formerly I-SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SUPTRS BG Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program	G ¹ . Opioid Treatment Programs (OTPs)	H. Office-based opioid treatment (OBOTs)
1221	WA750360		1	Adams Cnty Integrated Healthcare Servs	425 East Main Street	OTHELLO	WA	99344	\$42,625.00	\$2,000.00	\$0.00	\$40,625.00	\$0.00	\$0.00	\$0.00	\$0.00
1453	IL102014		99	Advocates for Human Potential Inc	1021 West Adams Street Suite 303	Chicago	WA	60607	\$74,904.00	\$74,904.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	WA100327		18	Agape Unlimited	4841 Auto Center Way, #101	Bremerton	WA	98312	\$84,545.00	\$84,545.00	\$31,178.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1492	X		99	AI-MEDIA TECHNOLOGIES LLC	586 MAIN ST	BROOKLYN	WA	11735	\$1,575.00	\$0.00	\$0.00	\$1,575.00	\$0.00	\$0.00	\$0.00	\$0.00
830	WA101444		32	American Behavioral Health Systems	12715 E Mission Ave	Spokane Valley	WA	98214	\$267,619.00	\$267,619.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1316	WA101712		21	American Behavioral Health Systems	500 SE WASHINGTON AVE	CHEHALIS	WA	98532	\$110,923.00	\$110,923.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1356	WA103467		5	American Indian Health Comm	808 N 5TH AVE	SEQUIM	WA	98382	\$27,500.00	\$27,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1284	WA103304		27	ASIAN AMERICAN CHEMICAL DEPENDENCY	8811 S TACOMA WAY #106	LAKEWOOD	WA	98499	\$104,313.00	\$104,313.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1248	X		17	AUBURN SCHOOL DISTRICT	915 4th St NE	Auburn	WA	98002	\$133,866.00	\$0.00	\$0.00	\$133,866.00	\$0.00	\$0.00	\$0.00	\$0.00
210	WA104527		16	Beacon of Hope (Safe Harbor)	686 Lake Street, #400	Port Townsend	WA	98368	\$3,175.00	\$3,175.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1334	WA900783		34	BEHAVIORAL HEALTH RESOURCES	3857 MARTIN WAY E	OLYMPIA	WA	98506	\$1,985.00	\$1,985.00	\$1,985.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1461	X		27	Bendall Lauren A	8445 PACIFIC AVE	TACOMA	WA	98444	\$261.00	\$0.00	\$0.00	\$261.00	\$0.00	\$0.00	\$0.00	\$0.00
484	X		3	BENTON COUNTY HUMAN SERVICES	7102 W OKANOGAN PL STE	KENNEWICK	WA	99336	\$167,429.00	\$0.00	\$0.00	\$167,429.00	\$0.00	\$0.00	\$0.00	\$0.00
334	WA105219		7	BLUE MOUNTAIN COUNSELING OF COLUMBIA COUNTY	221 E WASHINGTON	DAYTON	WA	99328	\$857.00	\$857.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1146	X		99	BOARD OF REGENTS OF THE NSHE	CONTROLLERS OFFICE MS 124	RENO	WA	89557	\$14,686.00	\$0.00	\$0.00	\$14,686.00	\$0.00	\$0.00	\$0.00	\$0.00
1490	X		18	BOYS AND GIRLS CLUB OF NORTH KITSAP	26159 DULAY RD	KINGSTON	WA	98346	\$800.00	\$0.00	\$0.00	\$800.00	\$0.00	\$0.00	\$0.00	\$0.00
1452	WA103306		6	BOYS AND GIRLS CLUB OF SW WASHINGTON	5109 NE 82ND AVE STE 205	VANCOUVER	WA	98662	\$56,722.00	\$56,722.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
211	None		37	BRIGID COLLINS HOUSE	1231 GARDEN STREET #200	BELLINGHAM	WA	98225	\$67,385.00	\$67,385.00	\$67,385.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1335	WA100050		34	CAPITAL RECOVERY CENTER	100 CHERRY ST SE	OLYMPIA	WA	98501	\$46,552.00	\$46,552.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1448	WA100161		21	Cascade Community Healthcare	2428 Reynolds Ave	Centralia	WA	98531	\$153,742.00	\$153,742.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1119	WA103310		31	CATHOLIC COMMUNITY SERVICES	1918 EVERETT AVENUE	EVERETT	WA	98201	\$226,769.00	\$226,769.00	\$115,728.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1348	WA103085		17	Catholic Community Services of Western WA	100 23rd Avenue S	Seattle	WA	98144	\$50,028.00	\$50,028.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

28	WA902573	X	4	CENTER FOR ALCOHOL AND DRUG TREATMENT	327 OKANOGAN AVE	WENATCHEE	WA	98807	\$48,630.00	\$48,630.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
273	WA903621	X	17	CENTER FOR HUMAN SERVICES	17018 15TH AVE NE	SHORELINE	WA	98155	\$14,025.00	\$14,025.00	\$14,025.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	X	X	4	CHELAN-DOUGLAS TOGETHER FOR DRUG	521 S. CHELAN AVE B	WENATCHEE	WA	98807	\$139,440.00	\$0.00	\$0.00	\$139,440.00	\$0.00	\$0.00	\$0.00	\$0.00
529	WA103337	X	6	CHILDREN'S HOME SOCIETY	3006 W 12TH ST	VANCOUVER	WA	98666	\$56,277.00	\$56,277.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1487	WA103481	X	27	CITY OF TACOMA	901 FAWCETT AVE	TACOMA	WA	98402	\$8,661.00	\$8,661.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	WA102293	X	6	CLARK COUNTY	1601 E 4TH PLAIN BLVD	VANCOUVER	WA	98666	\$61,927.00	\$61,927.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30	X	X	7	COLUMBIA COUNTY TREASURER	221 E WASHINGTON	DAYTON	WA	99328	\$58,349.00	\$0.00	\$0.00	\$58,349.00	\$0.00	\$0.00	\$0.00	\$0.00
1378	WA100288	X	6	COLUMBIA RIVER MHS	6926 NE FOURTH PLAIN BLVD	VANCOUVER	WA	98661	\$12,466.00	\$12,466.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1305	WA102507	✓	8	COLUMBIA WELLNESS	921 14TH AVENUE	LONGVIEW	WA	98632	\$344,797.00	\$344,797.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
630	WA103311	X	29	COMMUNITY ACTION OF SKAGIT VALLEY	2221 RIVERSIDE DR	MOUNT VERNON	WA	98273	\$106,171.00	\$106,171.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1454	X	X	99	COMMUNITY ANTI-DRUG COALITION	625 SLATERS LN STE 300	ALEXANDRIA	WA	22314	\$2,500.00	\$0.00	\$0.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00
443	WA103166	X	31	COMPASS HEALTH	4526 FEDERAL AVE	EVERETT	WA	98203	\$486,633.00	\$486,633.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1245	WA100270	X	39	COMPREHENSIVE HEALTHCARE	505 S. 4TH AVE	YAKIMA	WA	98907	\$76,830.00	\$76,830.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
511	WA900155	X	39	COMPREHENSIVE HEALTHCARE	402 S 4TH AVE	YAKIMA	WA	98907	\$983,933.00	\$983,933.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1393	WA102560	X	27	COMPREHENSIVE LIFE RESOURCES	1305 TACOMA AVE S STE 201	TACOMA	WA	98402	\$23,829.00	\$23,829.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1462	X	X	29	CONCRETE SCHOOL DIST	45389 AIRPORT WAY	CONCRETE	WA	98237	\$14,060.00	\$0.00	\$0.00	\$14,060.00	\$0.00	\$0.00	\$0.00	\$0.00
31	WA103315	X	24	CONFEDERATED TRIBES COLVILLE RES	1ST STREET	NESPELEM	WA	99155	\$398.00	\$398.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
281	WA301461	X	17	Consejo Counseling & Referral Services	3808 South Angeline Street	Seattle	WA	98118	\$471,373.00	\$471,373.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1463	WA103468	X	32	CONSISTENT CARE SUPPORT SERVICES	101 W INDIANA AVE	SPOKANE	WA	99205	\$30,000.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1380	WA102535	X	6	CONSUMER VOICES ARE BORN INC (CVAB)	1601 EAST 4TH PLAIN BLVD	VANCOUVER	WA	98669	\$89,750.00	\$89,750.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1113	X	X	39	COUNTY OF YAKIMA SUNNYSIDE SCH	1110 S 6TH ST	YAKIMA	WA	98944	\$61,974.00	\$0.00	\$0.00	\$61,974.00	\$0.00	\$0.00	\$0.00	\$0.00
1377	WA102436	X	17	COWLITZ INDIAN TRIBE	15455 65TH AVE S	TUKWILA	WA	98188	\$105,253.00	\$105,253.00	\$1,860.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1325	X	X	5	CRESCENT SCHOOL DISTRICT 313	50350 HIGHWAY 112	JOYCE	WA	98343	\$4,776.00	\$0.00	\$0.00	\$4,776.00	\$0.00	\$0.00	\$0.00	\$0.00
1280	WA101843	X	34	CRISIS CLINIC OF THURSTON & MASON COUNTIES	1004 SAN FRANCISCO AVE NE	OLYMPIA	WA	98506	\$44,000.00	\$44,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1395	WA103316	X	17	CRISIS CONNECTION	2901 3RD AVE STE 100	SEATTLE	WA	98121	\$464,500.00	\$464,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1373	WA103318	X	28	DAVE PURCHASE PROJECT	535 DOCK ST STE 113	TACOMA	WA	98402	\$132,810.00	\$132,810.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1362	X	X	32	DESAUTEL HEGE COMMUNICATIONS	315 WEST RIVERSIDE AVE #200	SPOKANE	WA	99201	\$294,784.00	\$0.00	\$0.00	\$294,784.00	\$0.00	\$0.00	\$0.00	\$0.00
1485	WA103469	X	17	DO BIG GOOD LLC	3621 1ST AVE NW APT E	Seattle	WA	98107	\$34,750.00	\$34,750.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
923	WA103319	X	34	DOH GRANTS	111 ISRAEL RD SE	OLYMPIA	WA	98504	\$451,500.00	\$0.00	\$0.00	\$451,500.00	\$0.00	\$0.00	\$0.00	\$0.00
1241	WA103320	X	34	DSHS FSO INTERAGENCY	1115 WASHINGTON ST SE	OLYMPIA	WA	98504	\$102,132.00	\$93,312.00	\$0.00	\$8,820.00	\$0.00	\$0.00	\$0.00	\$0.00
551	X	X	39	EDUCATIONAL SERVICE DIST 105	33 S 2ND AVE	YAKIMA	WA	98902	\$208,959.00	\$0.00	\$0.00	\$208,959.00	\$0.00	\$0.00	\$0.00	\$0.00
501	WA101633	X	6	EDUCATIONAL SERVICE DIST 112	2500 NE 65TH AVE	VANCOUVER	WA	98661	\$978,486.00	\$17,938.00	\$0.00	\$960,548.00	\$0.00	\$0.00	\$0.00	\$0.00
552	X	X	34	EDUCATIONAL SERVICE DIST 113	6005 TYEE DR SW	TUMWATER	WA	98512	\$226,667.00	\$0.00	\$0.00	\$226,667.00	\$0.00	\$0.00	\$0.00	\$0.00

417	X		Franklin County	EDUCATIONAL SERVICE DIST 123	3924 W COURT ST	PASCO	WA	99301	\$197,262.00	\$0.00	\$0.00	\$197,262.00	\$0.00	\$0.00	\$0.00	\$0.00
1420	X		99	EN ROUTE COACH & TRAIN SERV	3720 SW BOND AVE STE 102	PORTLAND	WA	97237	\$315,000.00	\$315,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1464	X		99	EPIGNOSIS LLC	315 MONTGOMERY ST 9TH FL	SAN FRANCISCO	WA	94104	\$12,750.00	\$12,750.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1323	WA103322		31	EVERETT RECOVERY CAFE	2624 ROCKEFELLER AVE	EVERETT	WA	98201	\$49,820.00	\$49,820.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1290	WA101374		31	EVERGREEN RECOVERY SERVICES	2601 SUMMIT AVE	EVERETT	WA	98201	\$146,096.00	\$146,096.00	\$136,213.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
420	WA103842		17	Evergreen Treatment Services	1700 Airport Way S	Seattle	WA	98134	\$635,325.00	\$635,325.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1396	X		99	FEDERAL EXPRESS CORPORATION	351 32ND ST	PITTSBURGH	WA	15250	\$162.00	\$0.00	\$0.00	\$162.00	\$0.00	\$0.00	\$0.00	\$0.00
1488	WA103482		27	FOR THE CULTURE COUNSELING SERVICES	4301 S PINE ST STE 92	TACOMA	WA	98409	\$728.00	\$728.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
771	X		27	FRANKLIN PIERCE SCHOOL DISTRICT	315 129TH ST S	TACOMA	WA	98402	\$108,307.00	\$0.00	\$0.00	\$108,307.00	\$0.00	\$0.00	\$0.00	\$0.00
52	X		12	GARFIELD COUNTY HUMAN SERVICES (QUALITY BEHAVIORAL HEALTH)	856 MAIN STREET	POMEROY	WA	99347	\$36,431.00	\$0.00	\$0.00	\$36,431.00	\$0.00	\$0.00	\$0.00	\$0.00
1242	X		99	GMMB INC	1010 WISCONSIN AVE NW STE 800	WASHINGTON DC	WA	20007	\$135,916.00	\$0.00	\$0.00	\$135,916.00	\$0.00	\$0.00	\$0.00	\$0.00
54	WA103326		13	GRANT COUNTY PARC	840 EAST PLUM STREET	MOSES LAKE	WA	98837	\$160,181.00	\$39,768.00	\$0.00	\$120,413.00	\$0.00	\$0.00	\$0.00	\$0.00
55	X		14	GRAYS HARBOR CO HEALTH DEPT	2109 SUMNER AVE	ABERDEEN	WA	98520	\$117,595.00	\$0.00	\$0.00	\$117,595.00	\$0.00	\$0.00	\$0.00	\$0.00
367	WA101583		27	GREATER LAKES MENTAL HEALTHCARE	9330 59TH AVE SW	LAKEWOOD	WA	98499	\$34,808.00	\$34,808.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
293	WA100412		17	HARBORVIEW MEDICAL CENTER	325 9th Ave	Seattle	WA	98104	\$607,188.00	\$607,188.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1422	WA103200		17	Hero House	12838 SE 40th Pl	Bellevue	WA	98007	\$6,313.00	\$6,313.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1172	WA103340		32	HIP OF SPOKANE COMMUNITY MINDED ENTERPRISES	104 W 3RD AVE STE B	SPOKANE	WA	99201	\$38,553.00	\$38,553.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1466	WA103470		31	IMPACT LEADERSHIP TRAINING & COA	12522 8TH AVE W UNIT H101	EVERETT	WA	98204	\$14,000.00	\$14,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1455	X		99	INTENTIONAL PEER SUPPORT LLC	PO BOX 259	W CHESTERFIELD	WA	3466	\$16,000.00	\$16,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
60	WA103343		15	ISLAND COUNTY HUMAN SERVICES	1 NE 7TH STREET	COUPEVILLE	WA	98239	\$178,593.00	\$178,593.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
63	X		16	JEFFERSON COUNTY PUBLIC HEALTH	615 SHERIDAN STREET	PORT TOWNSEND	WA	98368	\$97,037.00	\$0.00	\$0.00	\$97,037.00	\$0.00	\$0.00	\$0.00	\$0.00
1450	WA103483		16	JEFFERSON MENTAL HEALTH SERVICES	884 W PARK ST	PORT TOWNSEND	WA	98368	\$80,046.00	\$80,046.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
613	WA103806		17	KING COUNTY PEER COUNSELOR TRAINING	401 5TH AVE STE 500	Seattle	WA	98104	\$20,000.00	\$20,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
68	X		17	KING COUNTY PREVENTION PROGRAM COST	201 S Jackson St	Seattle	WA	98104	\$186,817.00	\$0.00	\$0.00	\$186,817.00	\$0.00	\$0.00	\$0.00	\$0.00
70	WA101396		18	KITSAP COUNTY HUMAN SERVICES	614 DIVISION ST	PORT ORCHARD	WA	98366	\$123,554.00	\$0.00	\$0.00	\$123,554.00	\$0.00	\$0.00	\$0.00	\$0.00
296	WA301370		18	Kitsap Mental Health Services	5455 Almira Drive NE	Bremerton	WA	98311	\$238,352.00	\$238,352.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1314	X		18	Kitsap Public Health Dist (Kitsap Strong)	345 6th Street Suite 300	Bremerton	WA	98337	\$17,598.00	\$0.00	\$0.00	\$17,598.00	\$0.00	\$0.00	\$0.00	\$0.00
1329	X		27	LAKWOOD CITY OF	6000 MAIN STREET SW	LAKWOOD	WA	98499	\$114,239.00	\$0.00	\$0.00	\$114,239.00	\$0.00	\$0.00	\$0.00	\$0.00
1209	X		99	Language Line	1 Lower Ragsdale Drive, Building 2	Monterey	WA	93940	\$310.00	\$310.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
76	X		21	LEWIS CO SOCIAL SERVICES	360 NW NORTH ST	CHEHALIS	WA	98532	\$119,466.00	\$0.00	\$0.00	\$119,466.00	\$0.00	\$0.00	\$0.00	\$0.00

	1295	WA101097	X	6	LIFELINE CONNECTIONS	1601 E 4TH PLAIN BLVD	VANCOUVER	WA	98668	\$495,570.00	\$495,570.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	77	X	X	22	LINCOLN COUNTY ALCOHOL & DRUG	510 MORGAN ST	DAVENPORT	WA	99122	\$47,575.00	\$0.00	\$0.00	\$47,575.00	\$0.00	\$0.00	\$0.00
	1244	X	X	34	LOOKING GLASS ANALYTICS INC	215 LEGION WAY SW	OLYMPIA	WA	98506	\$36,162.00	\$0.00	\$0.00	\$36,162.00	\$0.00	\$0.00	\$0.00
	1313	WA103346	X	37	LUMMI NATION SERVICE ORGANIZ	2665 KWINA ROAD	BELLINGHAM	WA	98226	\$30,873.00	\$30,179.00	\$0.00	\$694.00	\$0.00	\$0.00	\$0.00
	1139	X	X	31	MARYSVILLE SCHOOL DISTRICT 25	4220 80TH STREET NW	MARYSVILLE	WA	98270	\$76,846.00	\$0.00	\$0.00	\$76,846.00	\$0.00	\$0.00	\$0.00
	1136	WA103348	X	23	MASON COUNTY HEALTH SERVICES	415 N 6TH STREET	SHELTON	WA	98584	\$183,377.00	\$183,377.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	446	WA903787	X	39	MERIT RESOURCE SERVICES	702 FRANKLIN AVE	SUNNYSIDE	WA	98944	\$405,011.00	\$405,011.00	\$15,568.00	\$0.00	\$0.00	\$0.00	\$0.00
	86	WA100277	X	27	METROPOLITAN DEVELOPMENT COUNCIL	721 SOUTH FAWCETT AVE	TACOMA	WA	98402	\$146,026.00	\$146,026.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1384	WA103349	X	17	MILLER BEVERLY	9110 SW HARBOR DRIVE #13552	VASHON ISLAND	WA	98070	\$38,224.00	\$38,224.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1211	X	X	31	MONROE SCHOOL DISTRICT 103	200 E FREMONT ST	MONROE	WA	98272	\$146,148.00	\$0.00	\$0.00	\$146,148.00	\$0.00	\$0.00	\$0.00
	594	X	X	29	MOUNT VERNON SCHOOL DISTRICT	920 S 2ND ST	MOUNT VERNON	WA	98273	\$9,686.00	\$0.00	\$0.00	\$9,686.00	\$0.00	\$0.00	\$0.00
	1110	X	X	39	MT ADAMS SCHOOL DISTRICT 209	621 SIGNAL PEAK RD	WHITE SWAN	WA	98952	\$54,731.00	\$0.00	\$0.00	\$54,731.00	\$0.00	\$0.00	\$0.00
	88	WA104543	X	17	MUCKLESHOOT INDIAN TRIBE	39015 172ND AVENUE SE	AUBURN	WA	98092	\$90,923.00	\$18,813.00	\$0.00	\$72,110.00	\$0.00	\$0.00	\$0.00
	1285	WA102735	X	38	MULTICARE HEALTH SYSTEM	325 E PIONEER AVE	PUYALLUP	WA	98372	\$108,016.00	\$108,016.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1423	WA100466	X	6	NAMI SW WASHINGTON (NATIONAL ALLIANCE ON MENTAL ILLNESS)	2500 MAIN ST	VANCOUVER	WA	98660	\$16,203.00	\$16,203.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1491	X	X	99	NATIONAL ASSOCIATION FOR ALCOHOL	1919 PENNSYLVANIA AVE NW STE M-250	WASHINGTON	WA	20006	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1247	X	X	17	NEIGHBORHOOD HOUSE	1225 S Weller St #510	Seattle	WA	98144	\$107,906.00	\$0.00	\$0.00	\$107,906.00	\$0.00	\$0.00	\$0.00
	1349	WA101681	X	17	New Family Traditions	9045 16th Avenue SW	Seattle	WA	98106	\$132,445.00	\$132,445.00	\$132,445.00	\$0.00	\$0.00	\$0.00	\$0.00
	371	WA105250	X	32	NEW HORIZONS CARE CENTERS INC	701 E 3RD AVE	SPOKANE	WA	99202	\$40,832.00	\$40,832.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	91	WA103350	X	34	NISQUALLY INDIAN TRIBE	4816 SHE-NAH-NUM DR SE	OLYMPIA	WA	98513	\$85,827.00	\$74,664.00	\$0.00	\$11,163.00	\$0.00	\$0.00	\$0.00
	93	WA904207	X	37	NOOKSACK CENTRAL MANAGEMENT	5061 DEMING	DEMING	WA	98225	\$126,099.00	\$14,936.00	\$0.00	\$111,163.00	\$0.00	\$0.00	\$0.00
	1489	WA103484	X	Douglas County	NORTH CENTRAL ACCOUNTABLE COMM HEALTH	200 VALLEY MALL PARKWAY	E WENATCHEE	WA	98802	\$175,973.00	\$175,973.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1467	X	X	4	NORTH CENTRAL EDUCATIONAL DIST	430 OLDS STATION RD	WENATCHEE	WA	98807	\$116,983.00	\$0.00	\$0.00	\$116,983.00	\$0.00	\$0.00	\$0.00
	1112	X	X	31	NORTH COUNTIES FAMILY SERVICES	1015 SEEMAN STREET	DARRINGTON	WA	98241	\$79,374.00	\$0.00	\$0.00	\$79,374.00	\$0.00	\$0.00	\$0.00
	1303	X	X	32	NORTHEAST WA EDU SERV DIST 101	4202 S REGAL ST	SPOKANE	WA	99223	\$595,452.00	\$0.00	\$0.00	\$595,452.00	\$0.00	\$0.00	\$0.00
	778	X	X	29	NORTHWEST ED SVC DIST 189	1601 R AVE	ANACORTES	WA	98221	\$491,692.00	\$0.00	\$0.00	\$491,692.00	\$0.00	\$0.00	\$0.00
	1328	WA100898	X	27	NORTHWEST INTEGRATED HEALTH	9720 S TACOMA WAY	LAKEWOOD	WA	98496	\$167,560.00	\$167,560.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1468	OR101677	X	99	NORTHWEST PORTLAND AREA INDIAN	2121 SW BROADWAY STE 300	PORTLAND	WA	97201	\$49,743.00	\$49,743.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1339	WA103578	X	34	NORTHWEST RESOURCES	2708 WESTMOOR CT SW	OLYMPIA	WA	98502	\$19,645.00	\$19,645.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	382	WA751129	✓	24	OKANOGAN BEHAVIORAL HEALTHCARE	1007 KOALA DRIVE	OMAK	WA	98841	\$107,014.00	\$107,014.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	99	X	X	24	OKANOGAN COUNTY COMMUNITY COALITION	213 N. MAIN STREET	OMAK	WA	98841	\$93,857.00	\$0.00	\$0.00	\$93,857.00	\$0.00	\$0.00	\$0.00

100	WA750311	X	18	OLALLA RECOVERY CENTERS	12850 LALA COVE LN SE	OLALLA	WA	98359	\$14,068.00	\$14,068.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
428	X	X	18	OLYMPIC EDUC SERVICE DIST 114	105 NATIONAL AVE N	Bremerton	WA	98312	\$119,278.00	\$0.00	\$0.00	\$119,278.00	\$0.00	\$0.00	\$0.00	\$0.00
304	OR101204	X	99	OREGON HEALTH & SCIENCE UNIV	3181 SW SAM JACKSON PARK RD	PORTLAND	WA	97239	\$114,800.00	\$114,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
98	X	X	34	OSPI GENERAL FUND 001	600 WASHINGTON ST SE	OLYMPIA	WA	98504	\$3,376,021.00	\$0.00	\$0.00	\$3,376,021.00	\$0.00	\$0.00	\$0.00	\$0.00
102	WA100311	X	99	OXFORD HOUSE INC	1010 WAYNE AVE, SUITE 300	SILVER SPRING	WA	20910	\$97,631.00	\$97,631.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1227	X	X	25	PACIFIC COUNTY HEALTH & HUMAN SV	7013 SANDRIDGE RD	LONG BEACH	WA	98631	\$68,922.00	\$0.00	\$0.00	\$68,922.00	\$0.00	\$0.00	\$0.00	\$0.00
384	WA750956	X	38	PALOUSE RIVER COUNSELING	NE 340 MAPLE ST	PULLMAN	WA	99163	\$23,333.00	\$23,333.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1469	NA	X	17	Paschke Darren J	26460 MARINE VIEW DR	DES MOINES	WA	98198	\$262.00	\$262.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1354	WA103351	X	17	PEER SEATTLE	1520 BELLEVUE AVE SUITE 100	SEATTLE	WA	98122	\$569,340.00	\$569,340.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
451	WA902771	X	26	PEND OREILLE COUNTY	105 S GARDEN AVE	NEWPORT	WA	99156	\$78,818.00	\$4,927.00	\$0.00	\$73,891.00	\$0.00	\$0.00	\$0.00	\$0.00
1402	WA901377	X	5	PENINSULA BEHAVIORAL HEALTH	118 E 8TH ST	PORT ANGELES	WA	98362	\$150,486.00	\$150,486.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1225	WA100376	X	27	PIERCE COUNTY ALLIANCE	510 TACOMA AVENUE SOUTH	TACOMA	WA	98402	\$191,340.00	\$191,340.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1432	WA103352	X	27	PIERCE COUNTY DISTRICT COURT	950 FAWCETT AVE STE 100	TACOMA	WA	98402	\$1,794.00	\$1,794.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
252	WA105474	X	17	PIONEER HUMAN SERVICES	7440 W MARGINAL WAY S	SEATTLE	WA	98108	\$1,188,149.00	\$1,188,149.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1470	NA	X	99	PRISMA INTERNATIONAL INC	1128 HARMON PL STE 310	MINNEAPOLIS	WA	55403	\$2,635.00	\$2,635.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1251	WA100511	X	27	PROSPERITY COUNSELING & TREATMENT SERVICES INC.	5001 112TH STREET EAST	TACOMA	WA	98446	\$30,015.00	\$30,015.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1215	X	X	4	PROSSER CITY OF	602 7TH ST	PROSSER	WA	99350	\$76,237.00	\$0.00	\$0.00	\$76,237.00	\$0.00	\$0.00	\$0.00	\$0.00
1340	WA100459	X	34	PROVIDENCE ST PETER HOSPITAL	4800 COLLEGE STREET SE	OLYMPIA	WA	98503	\$62,401.00	\$62,401.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1107	X	X	17	PUGET SOUND EDUC SVC DIST 121	800 OAKESDALE AVENUE SW	RENTON	WA	98057	\$652,167.00	\$0.00	\$0.00	\$652,167.00	\$0.00	\$0.00	\$0.00	\$0.00
227	WA301479	X	27	PUYALLUP TRIBAL HEALTH AUTHORITY	2209 E 32ND ST	TACOMA	WA	98404	\$60,454.00	\$60,454.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
512	WA901344	✓	2	QUALITY BEHAVIORAL HEALTH	900 7TH STREET	CLARKSTON	WA	99403	\$99,341.00	\$3,347.00	\$0.00	\$95,994.00	\$0.00	\$0.00	\$0.00	\$0.00
1217	X	X	5	QUILLAYUTE VALLEY SCHL DIST 402	411 SOUTH SPARTAN AVE	FORKS	WA	98331	\$39,305.00	\$0.00	\$0.00	\$39,305.00	\$0.00	\$0.00	\$0.00	\$0.00
1433	OR102565	X	99	QUINN THOMAS PUBLIC AFFAIRS LLC	310 N STATE ST STE 216	LAKE OSWEGO	WA	97034	\$460,250.00	\$460,250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1228	WA100215	X	17	RECOVERY CAFE	2022 BOREN AVENUE	SEATTLE	WA	98121	\$43,000.00	\$43,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1407	WA103334	X	6	RECOVERY CAFE OF CLARK COUNTY	3312 E 4TH PLAIN BLVD	VANCOUVER	WA	98661	\$51,525.00	\$51,525.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1406	WA103354	X	27	RECOVERY CAFE ORTING	113 VARNER AVE SE	ORTING	WA	98360	\$59,929.00	\$59,929.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1105	WA102424	X	5	Reflections Counseling Service Group	3430 East Highway 101 Ste 3	Port Angeles	WA	98362	\$7,850.00	\$7,850.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1192	X	X	Ferry County	REPUBLIC SCHOOL DISTRICT 309	30306 E HWY 20	REPUBLIC	WA	99166	\$61,286.00	\$0.00	\$0.00	\$61,286.00	\$0.00	\$0.00	\$0.00	\$0.00
1471	WA103471	X	34	Robbins Lauren Frances	1827 35TH LN NE	OLYMPIA	WA	98506	\$337.00	\$337.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1193	X	X	33	RURAL RESOURCES COMMUNITY ACTION	956 S MAIN ST	COLVILLE	WA	99114	\$18,728.00	\$0.00	\$0.00	\$18,728.00	\$0.00	\$0.00	\$0.00	\$0.00
132	WA103355	X	29	SAMISH INDIAN NATION	2918 COMMERCIAL AVE	ANACORTES	WA	98221	\$20,566.00	\$20,566.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1324	X	X	28	SAN JUAN COUNTY HEALTH & COMM	145 RHONE STREET	FRIDAY HARBOR	WA	98250	\$95,658.00	\$0.00	\$0.00	\$95,658.00	\$0.00	\$0.00	\$0.00	\$0.00
1283	WA100268	X	17	SEA MAR COMMUNITY HEALTH CENTERS	1040 SOUTH HENDERSON ST	SEATTLE	WA	98108	\$220,734.00	\$220,734.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

392	WA300067	X	17	SEADRUNAR- SEATTLE DRUG & NARCOTIC CENTER	10344 14TH AVE S	SEATTLE	WA	98168	\$2,519.00	\$2,519.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1108	X	X	17	SEATTLE PUBLIC SCHOOLS	2445 3RD AVE S	Seattle	WA	98134	\$269,182.00	\$0.00	\$0.00	\$269,182.00	\$0.00	\$0.00	\$0.00	\$0.00
1472	X	X	29	SEDRO WOOLLEY CITY OF SCHOOL	802 TRAIL RD	SEDRO WOOLLEY	WA	98284	\$17,337.00	\$0.00	\$0.00	\$17,337.00	\$0.00	\$0.00	\$0.00	\$0.00
145	WA103356	X	25	SHOALWATER BAY INDIAN TRIBE	2373 TOKELAND RD.	TOKELAND	WA	98590	\$57,076.00	\$45,353.00	\$0.00	\$11,723.00	\$0.00	\$0.00	\$0.00	\$0.00
1355	X	X	29	SKAGIT COUNTY PUBL HOSP DIST 304	2241 HOSPITAL DR	SEDRO WOOLLEY	WA	98284	\$33,957.00	\$0.00	\$0.00	\$33,957.00	\$0.00	\$0.00	\$0.00	\$0.00
1474	X	X	29	SKAGIT COUNTY PUBLIC HEALTH &	700 S 2ND ST	MOUNT VERNON	WA	98273	\$2,100.00	\$0.00	\$0.00	\$2,100.00	\$0.00	\$0.00	\$0.00	\$0.00
1473	X	X	29	SKAGIT VALLEY FAMILY YMCA	1901 HOAG RD	MOUNT VERNON	WA	98273	\$254.00	\$0.00	\$0.00	\$254.00	\$0.00	\$0.00	\$0.00	\$0.00
1218	WA104865	X	30	SKAMANIA COUNTY	710 SW ROCK CREEK DR	STEVENSON	WA	98648	\$92.00	\$92.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
257	WA101959	X	17	SKOKOMISH TRIBAL COUNCIL	N 80 TRIBAL CENTER RD	SKOKOMISH	WA	98584	\$45,356.00	\$45,356.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1321	WA103174	X	31	SNOHOMISH COUNTY HUMAN SERVICES	3000 ROCKEFELLER AVENUE, MS 305	EVERETT	WA	98201	\$488,093.00	\$488,093.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1408	X	X	31	SNOHOMISH COUNTY PROSECUTOR	3000 ROCKEFELLER MS 610	EVERETT	WA	98201	\$392,700.00	\$392,700.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
151	WA101004	X	17	SNOQUALMIE INDIAN TRIBE	9450 ETHAN WADE WAY SE	SNOQUALMIE	WA	98065	\$1,571.00	\$1,571.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
433	WA100367	X	17	SOUND MENTAL HEALTH	1600 E OLIVE ST	SEATTLE	WA	98122	\$30,000.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1434	X	X	15	SOUTH WHIDBEY SCHOOL DIST 206	5520 MAXWELTON RD	LANGLEY	WA	98260	\$9,238.00	\$0.00	\$0.00	\$9,238.00	\$0.00	\$0.00	\$0.00	\$0.00
1237	WA100609	X	5	Specialty Services	825 East Eth Street	Port Angeles	WA	98362	\$63,749.00	\$63,749.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1382	X	X	36	SPECTRUM REACH	1145 ABADIE	WALLA WALLA	WA	99362	\$8,577.00	\$0.00	\$0.00	\$8,577.00	\$0.00	\$0.00	\$0.00	\$0.00
1371	WA102289	X	32	SPOKANE CO (COMMUNITY SVC)	312 WEST 8TH AVENUE	SPOKANE	WA	99204	\$30,228.00	\$30,228.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1486	WA10029M	X	32	SPOKANE REGIONAL HEALTH DISTRICT	1101 W COLLEGE AVE	SPOKANE	WA	99201	\$4,334.00	\$4,334.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1369	WA102225	X	32	SPOKANE TREATMENT & RECOVERY SERVICES	312 W 8TH AVE	SPOKANE	WA	99204	\$29,129.00	\$29,129.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
260	WA103359	X	33	SPOKANE TRIBAL NETWORK	6195 Ford-Wellpinit Road	WELLPINIT	WA	99040	\$43,970.00	\$1,658.00	\$0.00	\$42,312.00	\$0.00	\$0.00	\$0.00	\$0.00
156	WA101873	X	23	SQUAXIN ISLAND TRIBE	3760 SE OLD OLYMPIC HWY	SHELTON	WA	98584	\$124,300.00	\$117,528.00	\$0.00	\$6,772.00	\$0.00	\$0.00	\$0.00	\$0.00
1297	WA902201	X	33	STEVENS COUNTY (NE WASHINGTON ALLIANCE COUNSELING SERVICES)	165 E HAWTHORNE AVE	COLVILLE	WA	99114	\$217.00	\$217.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
161	WA101962	X	31	STILLAGUAMISH TRIBE	17014 59TH AVE NE	ARLINGTON	WA	98223	\$127,986.00	\$127,986.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1372	WA101964	X	18	SUQUAMISH TRIBE	18490 SUQUAMISH WAY, SUITE 107	SUQUAMISH	WA	98392	\$13,113.00	\$1,192.00	\$0.00	\$11,921.00	\$0.00	\$0.00	\$0.00	\$0.00
164	WA101915	X	29	SWINOMISH INDIAN TRIBAL COMMUNIT	11404 MOORAGE WY	LA CONNER	WA	98257	\$78,894.00	\$3,831.00	\$0.00	\$75,063.00	\$0.00	\$0.00	\$0.00	\$0.00
1157	X	X	38	TEKOA SCHOOL DIST 265	135 N COLLEGE AVENUE	TEKOA	WA	99033	\$41,185.00	\$0.00	\$0.00	\$41,185.00	\$0.00	\$0.00	\$0.00	\$0.00
1477	X	X	38	TENINO SCHOOL DISTRICT	301 OLD HWY 99	TENINO	WA	98589	\$6,066.00	\$0.00	\$0.00	\$6,066.00	\$0.00	\$0.00	\$0.00	\$0.00
1476	WA103472	X	31	THE HAND UP PROJECT	19406 76TH AVE W	EDMONDS	WA	98026	\$212,415.00	\$212,415.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1475	WA103473	X	34	THE RAINBOW MAKERS	407 SAN MAR DR NE	OLYMPIA	WA	98506	\$35,000.00	\$35,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
324	WA100038	✓	17	THERAPEUTIC HEALTH SERVICES	1116 SUMMIT AVENUE	SEATTLE	WA	98101	\$1,091,186.00	\$1,091,186.00	\$316,142.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
169	X	X	34	THURSTON COUNTY	412 LILLY ROAD NE	OLYMPIA	WA	98506	\$175,689.00	\$0.00	\$0.00	\$175,689.00	\$0.00	\$0.00	\$0.00	\$0.00
1341	WA103474	X	34	THURSTON COUNTY DBA TC PUBLIC HEALTH &	412 LILLY ROAD NE	OLYMPIA	WA	98506	\$414,612.00	\$414,612.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SOCIAL SERVICES																
1342	WA103079	X	34	THURSTON MASON BEHAV HEALTH ORG (OLYMPIA HEALTH & RECOVERY)	612 WOODLAND SQ LOOP SE 501	LACEY	WA	98506	\$450,243.00	\$450,243.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1296	WA751095	X	39	Triumph Treatment Services	120 South 3rd Street	Yakima	WA	98901	\$38,461.00	\$38,461.00	\$15,832.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
188	WA101408	X	39	Triumph Treatment Services	102 S. Naches Ave	Yakima	WA	98362	\$13,525.00	\$13,525.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
235	WA101941	X	31	TULALIP TRIBES THE	6406 MARINE DR NW	TULALIP	WA	98271	\$9,311.00	\$9,311.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1200	WA103361	X	31	UNIVERSITY OF WASHINGTON	6912 220TH SW STE 105	MOUNTLAKE TERRACE	WA	98043	\$448,329.00	\$448,329.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
174	WA103362	✓	29	UPPER SKAGIT INDIAN TRIBE	25944 COMMUNITY PLAZA WAY	SEDRO WOOLLEY	WA	98284	\$20,179.00	\$5,744.00	\$0.00	\$14,435.00	\$0.00	\$0.00	\$0.00	\$0.00
786	X	X	99	US BANK PURCHASING CARD PROGRAM	200 6TH ST S	MINNEAPOLIS	WA	55402	\$27,436.00	\$18,357.00	\$0.00	\$9,079.00	\$0.00	\$0.00	\$0.00	\$0.00
173	IL104619	X	99	UW-GRANT & CONTRACT ACCOUNTING	12455 COLLECTIONS DRIVE	CHICAGO	WA	60693	\$9,886.00	\$0.00	\$0.00	\$9,886.00	\$0.00	\$0.00	\$0.00	\$0.00
1326	WA102270	X	17	Valley Cities Counseling	325 West Gowe Street	Kent	WA	98032	\$166,137.00	\$166,137.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1478	WA103475	X	34	VANDAGRIFF JAYMIE L	724 13TH AVE SE	OLYMPIA	WA	98501	\$217.00	\$217.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1381	X	X	17	VARSA	9920 SW Bank Rd	Vashon Island	WA	98070	\$124,328.00	\$0.00	\$0.00	\$124,328.00	\$0.00	\$0.00	\$0.00	\$0.00
648	WA103485	X	31	Volunteers of America Western Washington	2802 Broadway	Everett	WA	98201	\$49,624.00	\$49,624.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1479	WA103476	X	17	WA STATE CRIMINAL JUST TRAIN COM	19010 1ST AVE S	SEATTLE	WA	98148	\$245,769.00	\$245,769.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
182	WA103363	X	38	WA STATE UNIV SPS	1610 NE EASTGATE BLVD	PULLMAN	WA	99164	\$837,194.00	\$787,481.00	\$0.00	\$49,713.00	\$0.00	\$0.00	\$0.00	\$0.00
434	WA103685	X	35	WAHIAKUM CO HEALTH HUMAN SVCS	42 ELOCHOMAN VALLEY RD	CATHLAMET	WA	98612	\$67,532.00	\$23,407.00	\$0.00	\$44,125.00	\$0.00	\$0.00	\$0.00	\$0.00
1413	X	X	13	WAHLUKE SCHOOL DISTRICT 73	411 E SADDLE MOUNTAIN DR	MATTAWA	WA	99349	\$40,810.00	\$0.00	\$0.00	\$40,810.00	\$0.00	\$0.00	\$0.00	\$0.00
179	X	X	36	WALLA WALLA COUNTY DEPARTMENT	314 W MAIN ST	WALLA WALLA	WA	99362	\$56,306.00	\$0.00	\$0.00	\$56,306.00	\$0.00	\$0.00	\$0.00	\$0.00
1414	X	X	39	WAPATO SCHOOL DISTRICT	212 W 3RD ST	WAPATO	WA	98951	\$37,300.00	\$0.00	\$0.00	\$37,300.00	\$0.00	\$0.00	\$0.00	\$0.00
1435	WA103364	X	29	WASHINGTON ALLIANCE FOR QUALITY	1623 Hoag Rd	MOUNT VERNON	WA	98273	\$110,833.00	\$110,833.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1481	WA103477	X	17	WASHINGTON POISON CENTER	155 NE 100TH ST STE 100	SEATTLE	WA	98125	\$346,146.00	\$346,146.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1480	WA103365	X	34	WASHINGTON STATE COMMUNITY ACTIO	4411 GREEN COVE ST NW	OLYMPIA	WA	98502	\$2,500.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1482	WA103478	X	17	Watson Tyler D	1770 10TH AVE NE	ISSAQUAH	WA	98029	\$191.00	\$191.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1097	WA101120	X	17	WCHS DBA KENT TREATMENT SOLUTIONS	21851 84TH AVE S STE 101	KENT	WA	98032	\$217,252.00	\$217,252.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
510	WA103486	X	5	West End Outreach Services	530 Bogachiel Way	Forks	WA	98331	\$24,014.00	\$24,014.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
402	WA903563	X	18	West Sound Treatment Center	1415 Lumsden Rd	Port Orchard	WA	98367	\$21,450.00	\$21,450.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
184	WA902482	X	37	WHATCOM CO	322 N COMMERCIAL STREET	BELLINGHAM	WA	98225	\$454,257.00	\$267,760.00	\$0.00	\$186,497.00	\$0.00	\$0.00	\$0.00	\$0.00
497	WA101397	X	25	WILLAPA BEHAVIORAL HEALTH	2204 PACIFIC AVE N	LONG BEACH	WA	98631	\$186,637.00	\$186,637.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1484	WA103480	X	27	Wilson, Kendra L	4119 S L ST	TACOMA	WA	98418	\$451.00	\$451.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1483	X	X	32	Wolfe Jordan M	36112 N PIKE RD	DEER PARK	WA	99006	\$38.00	\$0.00	\$0.00	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00
1311	WA103366	X	6	XCHANGE RECOVERY	6702 NE SEPTAN DR	BATTLE GROUND	WA	98604	\$66,873.00	\$66,873.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	1418	X	X	19	YOUTH SERVICES OF KITTITAS CO	213 W 3RD AVE	ELLENSBURG	WA	98926	\$83,000.00	\$0.00	\$0.00	\$83,000.00	\$0.00	\$0.00	\$0.00
Total										\$31,936,135.00	\$19,673,797.00	\$848,361.00	\$12,262,338.00	\$0.00	\$0.00	\$0.00

* Indicates the imported record has an error.

Note: 142 CFR 8.12: Federal Opioid Treatment Standards (OTP) providers only
0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

RD is not included here on Table 7 but is included on Table 4 = \$4,125,579.00.
RD Treatment = \$3,427,430
RD Prevention = \$698,149
Minor variances between Tables 4, 5a, 6 and 7 are due to rounding.

III: Expenditure Reports

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

This Maintenance of Effort table provides a description of non-federal state expenditures for authorized activities to prevent and treat substance use and provide recovery services flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Dates given are for the FFY 2024 SUPTRS BG Report. For the FFY 2025 SUPTRS BG report, please increase each year by one. For detailed instructions, see those in BGAS.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2021) + B2(2022)</u> 2 (C)
SFY 2021 (1)	\$132,016,126.00	
SFY 2022 (2)	\$130,723,039.00	\$131,369,582.50
SFY 2023 (3)	\$260,768,651.00	

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

SFY 2021	Yes	<input checked="" type="checkbox"/>	No
SFY 2022	Yes	<input checked="" type="checkbox"/>	No
SFY 2023	Yes	<input checked="" type="checkbox"/>	No

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

Yes No

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

If yes, SFY:

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

Yes No

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

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

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

Includes all legislatively-appropriated funds through General Fund, the Dedicated Marijuana account, the Criminal Justice Treatment account, and the Problem Gambling account. Additionally, the State General Fund includes a match toward Medicaid Services.

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Footnotes:
Expenditures higher than previous years due to a large settlement (Blake settlement).

III: Expenditure Reports

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

This MOE table provides a report of state and SUBG funds expended on specialized SUD treatment services for pregnant women and women with dependent children for the state fiscal year immediately preceding the FFY for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

Base

Period	Total Women's Base (A)
SFY 1994	\$ 5,186,165.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2021		\$ 5,564,959.00	
SFY 2022		\$ 6,389,487.00	
SFY 2023		\$ 7,347,038.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2024 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women’s Base (A) for Period of (SFY 1994)): \$ 5,500,000.00;

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). We do not have the information on how the base was calculated in 1994. The State captures PPW expenditures in account coding through agency contracts.

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Footnotes:

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-29) about the primary prevention activities conducted by the entities listed on SUPTRS BG Table 7.

Expenditure Period Start Date: 10/1/2020 Expenditure Period End Date: 9/30/2022

Column A (Risks)	Column B (Strategies)	Column C (Providers)
At Risk for SUD	1. Information Dissemination	
	2. Resources directories	5
	3. Media campaigns	91
	4. Brochures	7
	5. Radio and TV public service announcements	48
	6. Speaking engagements	34
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	34
	8. Information lines/Hot lines	3
	9. Community wide awareness	46
	2. Education	
	1. Parenting and family management	91
	2. Ongoing classroom and/or small group sessions	50
	3. Peer leader/helper programs	9
	4. Education programs for youth groups	65
	5. Mentors	3
	6. Preschool ATOD prevention programs	3
	3. Alternatives	
	1. Drug free dances and parties	2
	2. Youth/adult leadership activities	25
	3. Community drop-in centers	4
	4. Community service activities	29
	6. Recreation activities	8
	4. Problem Identification and Referral	
	2. Student Assistance Programs	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-	35

training, staff/officials training	
2. Systematic planning	85
3. Multi-agency coordination and collaboration/coalition	76
4. Community team-building	72
5. Accessing services and funding	38
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	8
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	16
3. Modifying alcohol and tobacco advertising practices	3

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Footnotes:

Column B (Strategies) Column C (Providers)

1. Information Dissemination

- Brochures 7
- Clearinghouse/information resources centers 4
- Community-wide Awareness 46
- Disseminating Electronic Media 16
- Disseminating Print Media (not brochures) 70
- Health fairs and other health promotion 34
- Information lines/Hot lines 3
- Media campaigns 91
- Other (Information Dissemination) 96
- Radio and TV public service announcements 48
- Resource directories 5
- Social Media and Networking 41
- Speaking engagements 34
- Information dissemination to community 74
- Information dissemination to parents 95
- Information dissemination to staff 97
- Information dissemination to students 99

2. Education

- Education programs for youth groups 65
- Mentors 3
- Ongoing classroom and/or small group sessions 50
- Other (Education) 93
- Parenting and family management 91
- Peer leader/helper programs 9
- Preschool ATOD prevention programs 3
- ATOD awareness event 81
- Awareness presentations to parents 33
- Family Curriculum 4
- Guiding Good Choices 2
- Life Skills 16
- Policy and procedure development and implementation 69
- Presentation about ATOD issues 48
- Presentation about services 91
- Prevention Leadership Clubs 91
- Prevention education series 87

Second Step 2

Staff awareness presentations 73

Staff development in presentation of curriculum. 22

Team prevention planning 88

Towards No Drug Abuse 1

3. Alternatives

Community drop-in centers 4

Community service activities 29

Drug free dances and parties 2

Other (Alternatives) 56

Recreation activities 8

Youth/adult leadership activities 25

Newcomers Group 34

Other recognized prevention curriculum/program 41

4. Environmental

Environmental Strategies, Alcohol 15

Environmental Strategies, RX or OTC 6

Environmental Strategies, Tobacco 3

Establishment or review policies in schools 15

Guidance and TA on Monitoring Enforcement 16

Modifying alcohol and tobacco advertising practices 3

Other Environmental 9

Promoting the establishment or review of alcohol, tobacco, and drug use policies in the community 8

5. Problem ID & Referral

Other (Problem ID and Referral) 6

Student Assistance Programs 2

Screening and referral services 99

Technical assistance/consultation 64

6. Community Based Processes

Accessing services and funding 38

Community and Volunteer Training 35

Community team-building 72

Community technical Assistance 19

Multi-agency coordination and collaboration/coalition 76

Other (Community-based Processes) 100

Systematic planning 85

Community Planning 118

Community presentation 54

7. Other 125

IV: Population and Services Reports

Table 10a – Treatment Utilization Matrix

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

Expenditure Period Start Date: 7/1/2022

Expenditure Period End Date: 6/30/2023

Level of Care	SUPTRS BG Number of Admissions > Number of Persons Served		COVID-19 Number of Admissions > Number of Persons Served ¹		ARP Number of Admissions > Number of Persons Served ²		SUPTRS BG Service Costs			COVID-19 Costs ¹			ARP Costs ²		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (C)	Number of Persons Served (D)	Number of Admissions (E)	Number of Persons Served (F)	Mean (G)	Median (H)	Standard Deviation (I)	Mean Cost (J)	Median Cost (K)	Standard Deviation (L)	Mean Cost (M)	Median Cost (N)	Standard Deviation (O)
DETOXIFICATION (24-HOUR CARE)															
1. Hospital Inpatient															
2. Free-Standing Residential															
REHABILITATION/RESIDENTIAL															
3. Hospital Inpatient															
4. Short-term (up to 30 days)															
5. Long-term (over 30 days)															
AMBULATORY (OUTPATIENT)															
6. Outpatient															
7. Intensive Outpatient															
8. Detoxification															
OUD MEDICATION ASSISTED TREATMENT															
9. MOUD Medication-Assisted Detoxification															
10. MOUD Medication-Assisted Treatment Outpatient															

Please explain why Column A (SUPTRS BG and COVID-19 Number of Admissions) are less than Column B (SUPTRS BG and COVID-19 Number of Persons Served)

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current NoA Terms and Conditions.

²The 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.

³ In FY 2020 SAMHSA modified the "Level of Care" (LOC) and "Type of Treatment Service/Setting" to "Medication-Assisted Treatment" and "Medication-Assisted Treatment," respectively. In prior SUPTRS BG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10. The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 10 to the data submitted in prior Reports is not possible. In the current and future SUPTRS BG Reports, the LOC is "MOUD & Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "MOUD Medication-Assisted Treatment Detoxification," Row 9 and "MOUD & Medication Assisted Treatment Outpatient," Row 10. MOUD & Medication-Assisted Treatment Withdrawal Management includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. MOUD & Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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Footnotes:

Includes Fee-for-service data. Excludes modalities and services listed below:

Alcohol/Drug Information School, Assessment, Brief Intervention, Engagement and Outreach (SUD), Interim Services, Involuntary Treatment Investigation, MAT (MOUD, MAUD), PPW Women Housing Support Services, Recovery Support Services, Request for Services, SBIRT, Sobering Services, Urinalysis Drug Screening

Includes persons admitted to treatment prior to, and served in treatment during the reporting period.

Counts of episodes and clients by modality may be duplicated due to multiple treatment types/modalities attributed to a distinct SUD treatment service date, by individual Client ID and service provider (NPI), at the point of ingestion into the source encounter data.

IV: Population and Services Reports

Table 10b – Number of Persons Served (Unduplicated Count) Who Received Recovery Supports

This table provides an aggregate profile of the unduplicated persons that received recovery support services funded through the SUPTRS BG by age and gender identity.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

	Age 0-5 ¹							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

¹Age category 0-5 years is not applicable.

	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	
Peer-Led Support Group	0	0	0	0	0	0	0	
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	
Recovery Housing	0	0	0	0	0	0	0	
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	
Recovery Support Service Transportation	0	0	0	0	0	0	0	
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	

Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0				
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0				
Comments on Data (Age):											
Comments on Data (Gender):											
Comments on Data (Overall):	<p>We do not currently collect this data broken down to this level by age/gender and will begin the process to start collecting data in this manner moving forward. Currently here is what we have available:</p> <table> <tr> <td>SUPPORT TYPE</td> <td># UNDUPLICATED CLIENTS</td> </tr> <tr> <td>Peer to Peer - Individual</td> <td>4928</td> </tr> </table>							SUPPORT TYPE	# UNDUPLICATED CLIENTS	Peer to Peer - Individual	4928
SUPPORT TYPE	# UNDUPLICATED CLIENTS										
Peer to Peer - Individual	4928										

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Footnotes:

IV: Population and Services Reports

Tables 11a, 11b and 11c - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

	Total							American Indian or Alaska Native							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	2,277	2,336	0	0	0	0	0	4,613	132	108	0	0	0	0	0
18-20 years	3,485	5,344	0	0	0	0	0	8,829	249	269	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	28,352	41,276	0	0	0	0	0	69,628	1,667	1,789	0	0	0	0	0
45-64 years	11,245	17,142	0	0	0	0	0	28,387	663	754	0	0	0	0	0
65-74 years	815	1,154	0	0	0	0	0	1,969	47	34	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	46,174	67,252	0	0	0	0	0	113,426	2,758	2,954	0	0	0	0	0
Pregnant Women	849								37						
Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period	18650														
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10	80683														

Are the values reported in this table generated from a client-based system with unique identifiers?

Yes No

Comments on Data (Race)	
Comments on Data (Gender)	
Comments on Data (Overall)	We currently collect data for the following age ranges and will need to work with our data systems to make adjustments going forward: <18 - we input all data for under age 18 in the 13-17 age range rows 18-24 - we input all data for 18-20 and 21-24 in the 18-20 age range rows 25-44 45-64 65+ - we input all data for 65-74 and 75+ in the 65-74 age range rows

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0

6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	17	0	0	0	0	0	69	77	0	0	0	0	0
18-20 years	24	22	0	0	0	0	0	144	219	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	123	311	0	0	0	0	0	796	1,541	0	0	0	0	0
45-64 years	29	95	0	0	0	0	0	313	728	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	23	67	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	176	445	0	0	0	0	0	1,345	2,632	0	0	0	0	0
Pregnant Women	0							29						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	19	29	0	0	0	0	0	715	694	0	0	0	0	0
18-20 years	26	62	0	0	0	0	0	1,038	1,498	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	174	386	0	0	0	0	0	10,299	14,359	0	0	0	0	0
45-64 years	39	95	0	0	0	0	0	4,276	6,319	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	320	410	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	258	572	0	0	0	0	0	16,648	23,280	0	0	0	0	0
Pregnant Women	0							331						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	148	200	0	0	0	0	0	46	38	0	0	0	0	0
18-20 years	200	503	0	0	0	0	0	57	81	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	729	1,763	0	0	0	0	0	374	434	0	0	0	0	0
45-64 years	203	443	0	0	0	0	0	90	101	0	0	0	0	0
65-74 years	0	42	0	0	0	0	0	0	11	0	0	0	0	0

75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1,280	2,951	0	0	0	0	0	567	665	0	0	0	0	0
Pregnant Women	21							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	759	735	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	1,258	1,729	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	12,196	16,967	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	5,122	7,536	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	387	508	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	19,722	27,475	0	0	0	0	0
Pregnant Women	0							366						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	374	423	0	0	0	0	0	15	15	0	0	0	0	0
18-20 years	472	923	0	0	0	0	0	17	38	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	1,938	3,535	0	0	0	0	0	56	191	0	0	0	0	0
45-64 years	460	961	0	0	0	0	0	50	110	0	0	0	0	0
65-74 years	22	66	0	0	0	0	0	16	16	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	3,266	5,908	0	0	0	0	0	154	370	0	0	0	0	0
Pregnant Women	65							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use¹

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded under COVID-19 Relief Supplemental Funding.

Total	American Indian or Alaska Native
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	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ²	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	11	0	0	0	0	0	11	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	87	161	0	0	0	0	0	248	0	0	0	0	0	0	0
45-64 years	39	54	0	0	0	0	0	93	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	126	226	0	0	0	0	0	352	0	0	0	0	0	0	0
Pregnant Women	0								0						

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current NoA Terms and Conditions.

²Age category 0-5 years is not applicable.

Comments on Data (Race)	
Comments on Data (Gender)	
Comments on Data (Overall)	

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	11	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	37	62	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	17	25	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	54	98	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	13	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	13	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0

18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	35	63	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	22	29	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	57	92	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	15	23	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	15	23	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11c - Sexual Orientation Unduplicated Count of Persons Served for Alcohol and Other Drugs

A. Age	Sexual Orientation								
	B. Straight or Heterosexual	C. Homosexual (Gay or Lesbian)	D. Bisexual	E. Queer	F. Pansexual	G. Questioning	H. Asexual	I. Other	J. Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0
13-17 years	1,270	83	256	67	0	0	0	645	0
18-20 years	3,155	113	322	61	0	0	0	787	0
21-24 years	0	0	0	0	0	0	0	0	0
25-44 years	27,614	847	1,304	305	0	0	0	4,815	0
45-64 years	11,314	262	232	99	0	0	0	2,333	0
65-74 years	759	33	0	0	0	0	0	208	0
75+ years	0	0	0	0	0	0	0	0	0
TOTAL	44,112	1,338	2,114	532	0	0	0	8,788	0

Footnotes:

IV: Population and Services Reports

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

Expenditure Period Start Date: 7/1/2022 Expenditure Period End Date: 6/30/2023

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of EIS/HIV projects among SUPTRS BG sub-recipients in the state	Statewide: _____	Rural: _____
2. Total number of individuals tested through SUPTRS BG sub-recipient EIS/HIV projects:		
3. Total number of HIV tests conducted with SUPTRS BG EIS/HIV funds:		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
7. Total number of persons at risk for HIV/AIDS referred for PrEP services?		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

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Footnotes:

Washington is not an HIV designated state.

IV: Population and Services Reports

Table 13 - Charitable Choice – Required

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

Expenditure Period Start Date: 7/1/2022 Expenditure Period End Date: 6/30/2023

Notice to Program Beneficiaries - Check all that apply:

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

Referrals to Alternative Services - Check all that apply:

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

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

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

The current BHDS data system does not capture Charitable Choice as a value within the Program End Reason variable.

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Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	74	89
Total number of clients with non-missing values on employment/student status [denominator]	479	479
Percent of clients employed or student (full-time and part-time)	15.4 %	18.6 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		813
Number of CY 2022 discharges submitted:		1,003
Number of CY 2022 discharges linked to an admission:		848
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		775
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		479

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	3	2
Total number of clients with non-missing values on employment/student status [denominator]	28	28
Percent of clients employed or student (full-time and part-time)	10.7 %	7.1 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		73
Number of CY 2022 discharges submitted:		109
Number of CY 2022 discharges linked to an admission:		56
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		55

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	28
---	----

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	58	57
Total number of clients with non-missing values on employment/student status [denominator]	163	163
Percent of clients employed or student (full-time and part-time)	35.6 %	35.0 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	641
Number of CY 2022 discharges submitted:	1,561
Number of CY 2022 discharges linked to an admission:	612
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	385
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	163

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	36	28
Total number of clients with non-missing values on employment/student status [denominator]	131	131
Percent of clients employed or student (full-time and part-time)	27.5 %	21.4 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	288
Number of CY 2022 discharges submitted:	514
Number of CY 2022 discharges linked to an admission:	218
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	211

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):

131

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	110	103
Total number of clients with non-missing values on living arrangements [denominator]	297	297
Percent of clients in stable living situation	37.0 %	34.7 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		813
Number of CY 2022 discharges submitted:		1,003
Number of CY 2022 discharges linked to an admission:		848
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		775
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		297

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	20	14
Total number of clients with non-missing values on living arrangements [denominator]	32	32
Percent of clients in stable living situation	62.5 %	43.8 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		73
Number of CY 2022 discharges submitted:		109
Number of CY 2022 discharges linked to an admission:		56
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		55
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		32

Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	90	92
Total number of clients with non-missing values on living arrangements [denominator]	119	119
Percent of clients in stable living situation	75.6 %	77.3 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	641
Number of CY 2022 discharges submitted:	1,561
Number of CY 2022 discharges linked to an admission:	612
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	385
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	119

Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	71	70
Total number of clients with non-missing values on living arrangements [denominator]	100	100
Percent of clients in stable living situation	71.0 %	70.0 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	288
Number of CY 2022 discharges submitted:	514
Number of CY 2022 discharges linked to an admission:	218
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	211
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	100

Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		813
Number of CY 2022 discharges submitted:		1,003
Number of CY 2022 discharges linked to an admission:		848
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		775
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		73
Number of CY 2022 discharges submitted:		109
Number of CY 2022 discharges linked to an admission:		56
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		55

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
 [Records received through 5/1/2023]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		641
Number of CY 2022 discharges submitted:		1,561
Number of CY 2022 discharges linked to an admission:		612
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		389
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
 [Records received through 5/1/2023]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		288
Number of CY 2022 discharges submitted:		514
Number of CY 2022 discharges linked to an admission:		218
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		216

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

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Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	380	362
All clients with non-missing values on at least one substance/frequency of use [denominator]	633	633
Percent of clients abstinent from alcohol	60.0 %	57.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	253	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		362
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	380	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.3 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	813
Number of CY 2022 discharges submitted:	1,003
Number of CY 2022 discharges linked to an admission:	848
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	775
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	633

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	20	20
All clients with non-missing values on at least one substance/frequency of use [denominator]	29	29
Percent of clients abstinent from alcohol	69.0 %	69.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	9	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		20
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	20	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	73
Number of CY 2022 discharges submitted:	109
Number of CY 2022 discharges linked to an admission:	56
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	55
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	29

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	159	129
All clients with non-missing values on at least one substance/frequency of use [denominator]	244	244
Percent of clients abstinent from alcohol	65.2 %	52.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	85	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		129
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	159	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		81.1 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	641
Number of CY 2022 discharges submitted:	1,561
Number of CY 2022 discharges linked to an admission:	612
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	389
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	244

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	102	93
All clients with non-missing values on at least one substance/frequency of use [denominator]	146	146
Percent of clients abstinent from alcohol	69.9 %	63.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	44	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		93
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	102	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.2 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	288
Number of CY 2022 discharges submitted:	514
Number of CY 2022 discharges linked to an admission:	218
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	216
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	146

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file [Records received through 5/1/2023]

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Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	159	140
All clients with non-missing values on at least one substance/frequency of use [denominator]	633	633
Percent of clients abstinent from drugs	25.1 %	22.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		20
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	474	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		4.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		120
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	159	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		75.5 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	813
Number of CY 2022 discharges submitted:	1,003
Number of CY 2022 discharges linked to an admission:	848
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	775
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	633

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	9	9
All clients with non-missing values on at least one substance/frequency of use [denominator]	29	29
Percent of clients abstinent from drugs	31.0 %	31.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	20	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		9
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	9	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	73
Number of CY 2022 discharges submitted:	109
Number of CY 2022 discharges linked to an admission:	56
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	55
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	29

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	119	81
All clients with non-missing values on at least one substance/frequency of use [denominator]	244	244
Percent of clients abstinent from drugs	48.8 %	33.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		6
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	125	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		4.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		75
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	119	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		63.0 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	641
Number of CY 2022 discharges submitted:	1,561
Number of CY 2022 discharges linked to an admission:	612
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	389
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	244

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	65	51
All clients with non-missing values on at least one substance/frequency of use [denominator]	146	146
Percent of clients abstinent from drugs	44.5 %	34.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		2
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	81	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		2.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		49
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	65	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		75.4 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	288
Number of CY 2022 discharges submitted:	514
Number of CY 2022 discharges linked to an admission:	218
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	216
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	146

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
 [Records received through 5/1/2023]

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Footnotes:

V: Performance Data and Outcomes

Table 19 – State Description of Social Support of Recovery Data Collection

Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	127	104
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	437	437
Percent of clients participating in self-help groups	29.1 %	23.8 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-5.3 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		813
Number of CY 2022 discharges submitted:		1,003
Number of CY 2022 discharges linked to an admission:		848
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		775
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		437

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	11	8
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	31	31
Percent of clients participating in self-help groups	35.5 %	25.8 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-9.7 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		73
Number of CY 2022 discharges submitted:		109

Number of CY 2022 discharges linked to an admission:	56
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	55
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	31

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	37	36
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	126	126
Percent of clients participating in self-help groups	29.4 %	28.6 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-0.8 %	

Notes (for this level of care):

Number of CY 2022 admissions submitted:	641
Number of CY 2022 discharges submitted:	1,561
Number of CY 2022 discharges linked to an admission:	612
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	389
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	126

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	34	36
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	93	93
Percent of clients participating in self-help groups	36.6 %	38.7 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	2.2 %	

Notes (for this level of care):

Number of CY 2022 admissions submitted:	288
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Number of CY 2022 discharges submitted:	514
Number of CY 2022 discharges linked to an admission:	218
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	216
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	93

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

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Footnotes:

V: Performance Data and Outcomes

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

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	9	2	3	7
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	19	8	20	27
5. Long-term (over 30 days)	60	12	27	83
AMBULATORY (OUTPATIENT)				
6. Outpatient	143	30	98	190
7. Intensive Outpatient	89	22	59	113
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification ¹	3	2	3	4
10. OUD Medication-Assisted Treatment Outpatient ²	219	54	136	301

Level of Care	2022 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	686	290
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	85	0
4. Short-term (up to 30 days)	1003	848

5. Long-term (over 30 days)	109	56
AMBULATORY (OUTPATIENT)		
6. Outpatient	1561	390
7. Intensive Outpatient	514	218
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification ¹		8
10. OUD Medication-Assisted Treatment Outpatient ²		222

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

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

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

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Footnotes:

V: Performance Data and Outcomes

Table 21 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: 30-Day Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	<p>Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]"</p> <p>Outcome Reported: Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. 30-day Cigarette Use	<p>Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]"</p> <p>Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
3. 30-day Use of Other Tobacco Products	<p>Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]^[1]?[Response option: Write in a number between 0 and 30.]"</p> <p>Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
4. 30-day Use of Marijuana	<p>Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]"</p> <p>Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
5. 30-day Use of Illicit Drugs Other Than Marijuana	<p>Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illicit drug]?^[2]"</p> <p>Outcome Reported: Percent who reported having used illicit drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).</p>		
	Age 12 - 17 - CY 2020 - 2021		

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

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

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Footnotes:

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Table 22 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Risk/Harm of Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

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Table 23 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Age of First Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	<p>Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]"</p> <p>Outcome Reported: Average age at first use of alcohol.</p>		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. Age at First Use of Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]"</p> <p>Outcome Reported: Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product]^[1]?[Response option: Write in age at first use.]"</p> <p>Outcome Reported: Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
4. Age at First Use of Marijuana or Hashish	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]"</p> <p>Outcome Reported: Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
5. Age at First Use Heroin	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.]"</p> <p>Outcome Reported: Average age at first use of heroin.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever]^[2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]"</p> <p>Outcome Reported: Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.</p>		

	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

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

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

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Table 24 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Disapproval/Attitudes

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
2. Perception of Peer Disapproval of Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2020 - 2021		
3. Disapproval of Using Marijuana Experimentally	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
4. Disapproval of Using Marijuana Regularly	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
5. Disapproval of Alcohol	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2020 - 2021		

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**Table 25 – Substance Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use
Measure: Perception of Workplace Policy**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	<p>Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]"</p> <p>Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 15 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

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Table 26 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	<p>Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp.</p> <p>Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2020		

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Table 27 – Substance Use Disorder Primary Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol Related Fatalities

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2021		

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Table 28 – Substance Use Disorder Primary Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol and Drug-Related Arrests

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol- and Drug-Related Arrests	<p>Source: Federal Bureau of Investigation Uniform Crime Reports</p> <p>Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.</p>		
	CY 2021		

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Table 29 – Substance Use Disorder Primary Prevention NOMs Domain: Social Connectedness Measure: Family Communications Around Drug and Alcohol Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	<p>Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you." [Response options: Yes, No]</p> <p>Outcome Reported: Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2020 - 2021		
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p>Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?" ^[1][Response options: 0 times, 1 to 2 times, a few times, many times]</p> <p>Outcome Reported: Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2020 - 2021		

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

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Table 30 – Substance Use Disorder Primary Prevention NOMs Domain: Retention Measure: Percentage of Youth Seeing, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ?" Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2020 - 2021		

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

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

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2022	12/31/2022
2. Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2022	12/31/2022
3. Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2022	12/31/2022
4. Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention	1/1/2022	12/31/2022
5. Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies	1/1/2022	12/31/2022

General Questions Regarding Prevention NOMS Reporting

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

The reported data is from Minerva 2.0 and SAPISP reporting systems in which the State and sub-recipients utilize to capture Primary Prevention services. Minerva 2.0 and SAPISP is inclusive of all funding sources, IOM, and CSAP categories.

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

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

Minerva 2.0 allows for data entry of participants receiving prevention services. Race and ethnicity are required entry fields. Race and ethnicity are separate data fields for entry. More than one race and ethnicity can be selected. Race is reported as race alone and in "more than one race" for individuals identifying as more than one race.

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Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	13,913
0-5	305
6-12	3,460
13-17	7,220
18-20	528
21-24	105
25-44	800
45-64	367
65-74	70
75 and Over	0
Age Not Known	1,058
B. Gender	13,913
Male	6,439
Female	7,272
Trans man	15
Trans woman	0
Gender non-conforming	11
Other	176
C. Race	13,913
White	9,070
Black or African American	856
Native Hawaiian/Other Pacific Islander	139

Asian	461
American Indian/Alaska Native	991
More Than One Race (not OMB required)	982
Race Not Known or Other (not OMB required)	1,414
D. Ethnicity	13,913
Hispanic or Latino	3,539
Not Hispanic or Latino	8,487
Ethnicity Unknown	1,887

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Footnotes:

"Our current data collecting system collects age categories using historical categories request by SAMHSA. Data was input into the table as best we could align things. The data below is the data reported in our system, Minerva, for Age, Gender, Race and Ethnicity.

"

Age

- 305 age_0to4
- 3,460 age_5to11
- 4,683 age_12to14
- 2,537 age_15to17
- 528 age_18to20
- 105 age_21to24
- 800 age_25to44
- 367 age_45to64
- 70 age_65up
- 1,058 age_unknown
- 13,913 Total

Gender

- 6,439 gender_male
- 7,272 gender_female
- 14 Gender Fluid
- 44 Non-binary
- 15 Transgender
- 11 Gender Neutral/non conforming
- 100 Unknown
- 18 Refuse to state
- 7,474 Total

Race

- 8,860 White- non-specified
- 772 Black/African American- non-specified
- 239 Asian- non-specified
- 955 American Indian/Alaskan Native- non-specified
- 101 Native Hawaiian/Other Pacific Islander- non-specified
- 958 Two or more races- non-specified
- 1,295 Some Other Race- non-specified
- 12 Black- Ethiopian
- 55 Black- Somalian
- 2 Black- Nigerian
- 1 Black- West Indian
- 10 Black- Other Sub-Saharan African
- 20 Asian- Asian Indian
- 24 Asian- Chinese

63 Asian- Filipino
14 Asian- Japanese
22 Asian- Korean
60 Asian- Vietnamese
4 Native Hawaiian/Other Pacific Islander- Native Hawaiian
17 Native Hawaiian/Other Pacific Islander- Guamanian or Chamorro
15 Native Hawaiian/Other Pacific Islander- Samoan
36 American Indian/Alaskan Native- Specify
19 Asian- Specify
4 Black- Specify
210 White- Specify
2 Native Hawaiian/Other Pacific Islander- Specify
24 Two or more races- Specify
119 Some Other Race- Specify
13,913 Total

8,487 Not Hispanic, Latino(a) or Spanish Origin
1,360 Hispanic, Latino(a) or Spanish Origin non-specified
1,887 Ethnicity Unknown
1,656 Mexican, Mexican American or Chicano
31 Puerto Rican
5 Cuban
487 Other Hispanic, Latino(a) or Spanish Origin
13,913 Total

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Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	9038475
0-5	436750
6-12	643992
13-17	677518
18-20	396705
21-24	486296
25-44	2339902
45-64	2173488
65-74	1217193
75 and Over	0
Age Not Known	666631
B. Gender	9038475
Male	4306466
Female	3924624
Trans man	28
Trans woman	0
Gender non-conforming	0
Other	807357
C. Race	9038475
White	6975448
Black or African American	259251
Native Hawaiian/Other Pacific Islander	38642

Asian	246976
American Indian/Alaska Native	245187
More Than One Race (not OMB required)	300547
Race Not Known or Other (not OMB required)	972424
D. Ethnicity	9038475
Hispanic or Latino	1151908
Not Hispanic or Latino	7046518
Ethnicity Unknown	840049

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Footnotes:

Our current data collecting system collects age categories using historical categories request by SAMHSA. Data was entered into the provided fields and aligned as best as possible. The data below is the data reported in our system, Minerva, for Age, Gender, Race and Ethnicity.

Age

436,750 age_0to4
643,992 age_5to11
337,848 age_12to14
339,670 age_15to17
396,705 age_18to20
486,296 age_21to24
2,339,902 age_25to44
2,173,488 age_45to64
1,217,193 age_65up
666,631 age_unknown
9,038,475 Total

Total_Reach Gender

4,306,466 gender_male
3,924,624 gender_female
25 Gender Fluid
15 Non-binary
28 Transgender
0 Gender Neutral/non-conforming
2 Two Spirit
458,614 Unknown
348,701 Refuse to state
4,732,009 Total

Total_Reach Race

6,975,448 White- non-specified
259,251 Black/African American- non-specified
246,976 Asian- non-specified
245,187 American Indian/Alaskan Native- non-specified
38,642 Native Hawaiian/Other Pacific Islander- non-specified
300,547 Two or more races- non-specified
961,456 Some Other Race- non-specified
24 Black- Ethiopian
21 Black- Somalian
0 Black- Kenyan
5 Black- Nigerian
5 Black- West Indian

35 Black- Other Sub-Saharan African
22 Asian- Asian Indian
0 Asian- Chinese
40 Asian- Filipino
2 Asian- Japanese
30 Asian- Korean
6 Asian- Vietnamese
36 Native Hawaiian/Other Pacific Islander- Native Hawaiian
2 Native Hawaiian/Other Pacific Islander- Guamanian or Chamorro
15 Native Hawaiian/Other Pacific Islander- Samoan
6,067 Asian- Specify
4,658 Unknown
9,038,475 Total

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Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	12,278	N/A
2. Universal Indirect	N/A	\$8,788,484.00
3. Selective	979	N/A
4. Indicated	637	N/A
5. Total	13,894	\$8,788,484.00
Number of Persons Served¹	13,913	9,038,475

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Footnotes:

19 individuals reached through universal indirect; 246,475 reached through Universal Direct, 3,512 reached through Selective, and 4 reached Indicated

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Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention

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

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

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

1. Washington State had developed a process for establishing a state list for EBPs which is available online at www.theAthenaForum.org/EBP. Washington State’s process to ensure evidence-based programs and strategies are implemented by grantees is aligned with the standards outlined in the evidence-based program registry, Blueprints for Healthy Youth Development, and supported with consultation by the State’s Evidence-Based workgroup. The State’s Evidence Based workgroup is composed of representatives from academic partners (University of Washington and Washington State University), the Prevention Research Sub-Committee, and the Washington State for Public Policy (WSIPP). The criteria for evidence based prevention services center on the availability of high-quality research evidence showing consistently positive and no harmful impacts for a given program or strategy. These can be direct impacts on substance use or mental health as well as indirect impacts on relevant risk and protective factors. To receive a designation of evidence-based or research-based (EBP or RBP) on our evidence-based lists, in addition to supporting evaluations meeting guidelines, the program or strategy must also have specific descriptions of its components and be ‘dissemination ready,’ meaning training and technical assistance materials are currently available. To assess programs’ evaluation evidence, we rely on several evidence-based registries for prevention programs, including the Blueprints for Healthy Youth Development registry, the California Evidence Based Clearinghouse, CrimeSolutions, and the Washington State Institute for Public Policy’s inventories of EBP, RBP and Promising practices for children’s services. When a program/strategy is not captured on any of these registries, we use a tool developed under a contract with Washington State University to analyze the quality of the available research studies’ methodology, outcomes, intervention specificity, and dissemination readiness. These criteria align with the Blueprints for Healthy Youth Development registry’s standards for certification of Promising Programs. Grantees are required by contract to ensure that at least 60% of their implemented programs are evidence-based according to our evidence-based lists; the most updated list of evidence-based programs and strategies is available through our state’s website The Athena Forum.

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

2. The reported data is from Minerva 2.0 and SAPISP reporting systems in which the State and sub-recipients utilize to capture Primary Prevention services. Minerva 2.0 and SAPISP is inclusive of all funding sources, IOM, and CSAP categories. Contracted Prevention Providers submit data directly using this online reporting system.

Table 34 - SUBSTANCE USE DISORDER PRIMARY PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	520	75	595	34	165	794
2. Total number of Programs and Strategies Funded	758	313	1071	40	165	1276
3. Percent of Evidence-Based Programs and Strategies	68.60 %	23.96 %	55.56 %	85.00 %	100.00 %	62.23 %

Footnotes:

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Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total Substance Use Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 520	\$7,140,920.85
Universal Indirect	Total # 75	\$58,648.53
Selective	Total # 34	\$2,736,247.35
Indicated	Total # 165	\$212,544.68
Unspecified	Total # 0	\$32,183.33
	Total EBPs: 794	Total Dollars Spent: \$10,180,544.74

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Prevention Attachments

Submission Uploads

FFY 2024 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category D:		
File	Version	Date Added

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