

Florida

UNIFORM APPLICATION

FY 2025 SUPTRS Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025
(generated on 11/26/2024 11.22.14 AM)

Center for Substance Abuse Prevention
Division of Primary Prevention

Center for Substance Abuse Treatment
Division of State and Community Systems (DSCS)

I: State Information

State Information

I. State Agency for the Block Grant

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III. Expenditure Period

State Expenditure Period

From 7/1/2023
To 6/30/2024

Block Grant Expenditure Period

From 10/1/2021
To 9/30/2023

IV. Date Submitted

Submission Date
Revision Date

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Footnotes:

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NOT FINAL

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Mobile Response Team Diversions

Priority Type:

Population(s):

Goal of the priority area:

Ensure Mobile Response Teams maintain prompt response times for acute call responses.

Objective:

Increase number of MRT providers who meet response time target values for acute call responses.

Strategies to attain the goal:

The Department will monitor performance on an ongoing basis and offer training and technical assistance resources as needed to maintain performance standards.

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The percentage of MRT providers that meet the target values for average response time for calls requiring an acute response.

Baseline Measurement: In FY 22-23, 86.7% of MRT providers met the target value for acute call response time.

First-year target/outcome measurement: At least 87% of MRT providers met the target value for acute call response time.

Second-year target/outcome measurement: At least 88% of MRT providers met the target value for acute call response time.

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

Data Source:

MRT Cumulative Data tracking spreadsheet.

New Data Source(if needed):

☐

Description of Data:

The numerator is the number of providers meeting the target value for acute call response time, and the denominator is the number of providers responding to calls requiring an acute response.

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):

The first-year actual is 94.3% which exceeds the target of 87%. Thirty-three (33) of the thirty-five MRT providers met the target value for acute call response time. The Florida Legislature provided funding that allowed MRT providers to increase the number of teams and expand the number of existing teams. The average wait time statewide was 41 minutes.

Priority #:

2

Priority Area:

Intensive Team-Based Services

Priority Type:

MHS, ESMI, BHCS

Population(s):

SMI, SED

Goal of the priority area:

Expand intensive, team-based services to children with SED and adults with SMI.

Objective:

Increase the number of children served by Community Action Treatment (CAT) teams and adults served by Florida Assertive Community Treatment (FACT) teams.

Strategies to attain the goal:

Department representatives will educate various community partners on the eligibility, goals, approach to treatment, and location of current CAT teams to help generate more referrals.

The Department recently implemented a statewide requirement for FACT teams to administer the Assertive Community Treatment Transition Readiness Scale (ATR). The ATR is a standardized measure developed to identify individuals receiving Assertive Community Treatment services who may be ready to transition to less intensive care. Use of the ATR could increase overall capacity for intensive services by transitioning individuals to community-based settings, when appropriate.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

The number of children served by Community Action Treatment (CAT) Teams

Baseline Measurement:

In FY 22-23, 3,576 children were served by CAT teams.

First-year target/outcome measurement:

The number of children served by CAT teams increased by 50 compared with the number served in FY 22-23.

Second-year target/outcome measurement:

The number of children served by CAT teams increased by 50 compared with the number served in FY 23-24.

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

Data Source:

The data source is the CAT team monthly supplemental data reports.

New Data Source(if needed):

Description of Data:

This is the total number of young people served, unduplicated across all CAT teams.

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:

In FY 23-24, 3444 children were served by CAT Teams. The number served was short of the target (3626) and less than the previous fiscal year. Many of the providers reported that the inability to maintain full compliance for staffing affected the number of clients admitted for services. In an effort to address performance deficits, the state has implemented increased engagement with the managing entities to ensure that they receive regular updates on policy and procedures and that programmatic issues are addressed earlier.

How first year target was achieved (optional):

☐

Indicator #:

2

Indicator:

The number of adults served by FACT teams.

Baseline Measurement:

In FY 22-23, 3,627 adults were served by FACT teams

First-year target/outcome measurement:

The number of adults served by FACT teams increased by 35 compared with the number served in FY 22-23.

Second-year target/outcome measurement:

The number of adults served by FACT teams increased by 35 compared with the number served in FY 23-24.

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

Data Source:

Quarterly contract reports.

New Data Source(if needed):

☐

Description of Data:

The Department collects a quarterly contract report with a total number of individuals served, as well as performance data. The total served will be calculated on an annual basis, based on admissions per team.

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):

The first-year actual is 3922 individuals served. This indicates that 295 additional individuals were served by FACT Teams. The target (3662) was exceeded due to the Florida Legislature increasing funding to the FACT program. With this funding, additional FACT teams

were established to serve Florida counties based on regional need.

Priority #: 3
Priority Area: Pregnant Women and Women with Dependent Children
Priority Type:
Population(s): PWWDC

Goal of the priority area:

Improve services for pregnant women receiving substance use treatment services.

Objective:

Increase the rate of successful treatment.

Strategies to attain the goal:

The Department will monitor discharges on an ongoing basis in coordination with regional Department representatives, Managing Entities, and Neonatal Abstinence Syndrome/Substance Exposed Newborn (NAS/SEN) Care Coordinators, and headquarters subject matter experts. Obstacles to successful completion will be described and analyzed. The Department will also identify and promote relevant training materials designed to improve retention and completion rates. The Women's Services Coordinator is responsible for reviewing data submitted by the Managing Entities, addressing discrepancies, completing quarterly reports, and sharing resources. Additionally, the Statewide NAS/SEN Care Coordinator is responsible for overseeing a statewide coordinated response across programs for families at risk of or with infants born substance exposed and for providing guidance to six regional NAS/SEN Care Coordinators. The Department also continues to contract with the Florida Association of Alcohol and Drug Abuse and the Florida Certification Board to provide online trainings and resources on evidence-based practices and treatment specific to pregnant women.

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

☐

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The percent of successful discharges from substance use treatment services among pregnant women.
Baseline Measurement: In FY 22-23, 41.5% of discharges from substance use treatment services among pregnant women were successful.
First-year target/outcome measurement: In FY 23-24, the percentage of successful discharges from substance use treatment services among pregnant women increased by 2 points compared to the previous year.
Second-year target/outcome measurement: In FY 24-25, the percentage of successful discharges from substance use treatment services among pregnant women increased by 2 points compared to the previous year.
New Second-year target/outcome measurement(if needed):

Data Source:

The Department's Financial and Services Accountability Management System (FASAMS)

New Data Source(if needed):

☐

Description of Data:

The numerator is the number of pregnant women discharges reflecting successful completion of substance use services. The denominator is the total number of pregnant women discharges.

The following discharge reasons are considered successful and included in the numerator: successfully completed treatment, successfully completed transfer to another program/facility.

The following discharge reasons are excluded from the calculation of this performance indicator: death, changes of eligibility or funding source, agency closure, or client moved and transferred to another provider.

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):**

The first-year actual is 48.2%, which exceeded the target of 43.5%. The Managing Entities and Providers have made several adjustments to serving the PPW population and accurately capturing the data. Some of the adjustments included providing outreach for individuals at risk for dropping out of treatment and offering technical assistance on data collection to providers.

Priority #:

4

Priority Area:

Coordinated Specialty Care for Early Serious Mental Illness (CSC-ESMI) and First Episodes of Psychosis (FEP)

Priority Type:

Population(s):

SED, ESMI

Goal of the priority area:

Improve functioning or symptom severity among individuals served by Coordinated Specialty Care for Early Serious Mental Illness programs.

Objective:

Achieve a high percent of individuals served that experience improvements in functioning or symptom severity.

Strategies to attain the goal:

The Department will monitor progress, periodically consult with the teams regarding obstacles, and secure any training/TA needed to address inadequate progress.

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

☐**Annual Performance Indicators to measure goal success**

Indicator #:

1

Indicator:

The percent of individuals served by CSC-ESMI teams that experience improvements in functioning or symptom severity.

Baseline Measurement:

77.9% of individuals served by CSC for ESMI programs experienced improvements in functioning or symptom severity (FY 22-23).

First-year target/outcome measurement:

At least 80% of individuals served by CSC for ESMI in FY 21-22 experience improvements in functioning or symptom severity.

Second-year target/outcome measurement:

At least 80% of individuals served by CSC for ESMI in FY 22-23 experience improvements in functioning or symptom severity.

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

Data Source:

Data is reported by the CSC-ESMI teams and based on various instruments measuring functional improvement, including the Brief Psychiatric Rating Scale and Basis-32.

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

The numerator is the unduplicated number of the most recent subsequent assessments showing improvements in functioning or symptom severity. The denominator is total number of most recent subsequent assessments conducted during the time period.

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):**

In FY 23-24, 81.6% of individuals served by CSC for ESMI experienced improvements in functioning or symptom severity. This exceeded the target of 80%.

Priority #:

5

Priority Area:

Infectious Disease Control

Priority Type:

MHS, ESMI, BHCS

Population(s):

EIS/HIV, TB

Goal of the priority area:

Ensure the cost-effectiveness of services and prevent the spread of infectious diseases through screening of individuals in substance use treatment at risk of contracting infectious diseases, such as HIV and tuberculosis.

Objective:

Ensure EIS/HIV funds are cost-effective by targeting service to maintain a minimum test positivity rate of at least 1%.

Maintain a low TB case rate.

Strategies to attain the goal:

The Department analyzes historical provider-level variation in test positivity rates to identify factors associated with both high and low performance, and share findings and recommendations with any underperforming providers. The Department also collaborates with the Department of Health regarding opportunity to convey behavioral health resources and training opportunities.

**Edit Strategies to attain the objective here:
(if needed)**☐**Annual Performance Indicators to measure goal success****Indicator #:**

1

Indicator:

The percent of HIV tests that are positive among providers reporting at least one positive test.

Baseline Measurement:

In FY 22-23, the percent of HIV-tests that were positive among providers reporting at least

one positive test was 1.47%.

First-year target/outcome measurement: In FY 23-24, the percent of HIV-tests that are positive among providers reporting at least one positive test is at least 0.10%.

Second-year target/outcome measurement: In FY 24-25, the percent of HIV-tests that are positive among providers reporting at least one positive test is at least 0.10%.

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

Data Source:

EIS/HIV service data reported on the Managing Entity Block Grant Data Reporting Template 2.

New Data Source(if needed):

☐

Description of Data:

The numerator is the number of positive HIV tests, and the denominator is the total number of tests administered by providers reporting at least one positive test. Of the 14,897 tests conducted with EIS/HIV funds in FY 22-23 by providers reporting at least one positive test, 220 tests were positive, resulting in a 1.47% positivity rate for the baseline measurement.

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):

In FY 23-24, providers reported 103 positive HIV tests out of 15,120 tests conducted, resulting in a positivity rate of .68%. This exceeded the target of .10%.

Indicator #: 2

Indicator: The TB case rate per 100,000.

Baseline Measurement: In FY 22-23, Florida's TB case rate is 2.4 per 100,000.

First-year target/outcome measurement: In FY 23-24, Florida's TB case rate is 2.5 per 100,000 or lower.

Second-year target/outcome measurement: In FY 24-25, Florida's TB case rate is 2.5 per 100,000 or lower.

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

Data Source:

Tuberculosis cases per 100,000 come from the Florida Department of Health and are published at www.flhealthcharts.com.

New Data Source(if needed):

☐

Description of Data:

The purpose of this indicator is to maintain a tuberculosis case rate at or below a specific threshold (i.e., 2.5 per 100,000). For the baseline (Calendar Year 2020), the numerator is 535 tuberculosis cases, and the denominator is 22,329,178 individuals, yielding a rate of 1.9 per 100,000.

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:

In calendar year 2023, the tuberculosis rate was 2.8 per 100,000. Although the tuberculosis rate increased slightly from the baseline of 2.4 per 100,000, the Department continues to ensure that providers follow the policies related to communicable diseases through contracts and independent peer review visits. The Department also continues to collaborate with the Florida Department of Health to convey behavioral health resources and training opportunities.

How first year target was achieved (optional):☐

Priority #:

6

Priority Area:

Primary Drug Prevention

Priority Type:

Population(s):

PP

Goal of the priority area:

Reduce accidental deaths caused by fentanyl and fentanyl analogs through prevention activities.

Objective:

Prevent nonmedical prescription drug misuse by increasing perceived risk of harm.

Strategies to attain the goal:

Collaborate with local prevention providers, coalitions, and other stakeholders to increase awareness of the dangers of taking prescription drugs without a doctor's orders.

**Edit Strategies to attain the objective here:
(if needed)**☐**Annual Performance Indicators to measure goal success**

Indicator #:

1

Indicator:

The percentage of middle and high school students that perceive great risk of harm in taking a prescription drug without a doctor's orders.

Baseline Measurement:

In FY 22-23, 67.8% of middle and high school students in Florida perceived great risk of harm in taking a prescription drug without a doctor's orders.

First-year target/outcome measurement:

In FY 23-24, at least 69% of middle and high school students in Florida perceived great risk of harm in taking a prescription drug without a doctor's orders.

Second-year target/outcome measurement:

In FY 24-25, at least 70% of middle and high school students in Florida perceived great risk of harm in taking a prescription drug without a doctor's orders.

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

Data Source:

Florida Youth Substance Abuse Survey (FYSAS)

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

The FYSAS is an annual survey administered to Florida's middle and high school students each spring. Surveys are administered to a statewide sample of students.

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:

The FY 23-24 actual is 67.4%, a slight drop from the baseline of 67.8%. While the target for this risk factor was not met, there were nonetheless continued improvements with respect to reductions in the ultimate outcome of the prevalence of prescription drug misuse. Of the students surveyed in 2024, 1.7% used prescription pain relievers at least once in their lifetime, compared to 2.4 % of the students surveyed in 2023. For Past 30-Day Prevalence in 2024, .6% of surveyed Florida students reported the use of prescription pain relievers compared to .9% in 2023.

There was a similar decrease in amphetamine use. Of the students surveyed in 2024, 1.8% used prescription amphetamines at least once in their lifetime, compared to 2.3 % of the students surveyed in 2023. For Past 30-Day Prevalence in 2024, .6% of surveyed Florida students reported the use of prescription amphetamines compared to .8% in 2023.

How first year target was achieved (optional):☐

Priority #: 7

Priority Area: Recovery Support Services and Recovery Oriented Systems of Care

Priority Type: MHS, ESMI, BHCS

Population(s): SMI, SED, ESMI, PWWDC, PWID, Other

Goal of the priority area:

Establish an integrated, value-based Recovery Oriented System of Care where recovery is expected and achieved through meaningful partnerships and shared decision making.

Objective:

- 1) Develop and pilot a statewide provider-level tracking system for recovery domain scores obtained during Recovery-Oriented Quality Improvement monitoring visits.
- 2) Establish a baseline score for each of the following domains of recovery from a sample of direct service providers: Strengths-Based Approach, Customization and Choice, Opportunity to Engage in Self-Determination, Network Supports/Community Integration, and Recovery Focus.
- 3) Analyze and publish a report on the use of recovery support service data codes to identify variations in use among network service providers and ensure reliable, accurate use.
- 4) Evaluate the Recovery management Practices Guidance Document 35 and publish a report describing the document's effectiveness with a focus on challenges related to communication and integration of service requirements.
- 5) Provide training from NAS/SEN Care Coordinators to RCOs on linking pregnant women with SUD receiving peer recovery services with resources for PWWDC with NAS/SEN.

Strategies to attain the goal:

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of objectives achieved.

Baseline Measurement: In FY 22-23, zero objectives were achieved.

First-year target/outcome measurement: FY 23-24, at least 1 of the 5 objectives is achieved.

Second-year target/outcome measurement: In FY 24-25, at least 3 of the 5 objectives are achieved.

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

Data Source:

All information regarding the completion of each objective will be reported by the Department's Statewide Coordinator of Integration and Recovery Services.

New Data Source(if needed):

☐

Description of Data:

The data vary from objective to objective, but it includes published reports, published analyses, and RCO development phase reports.

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):

The first-year target was achieved by completing objective 2 which is to establish a baseline score for each of the following domains of recovery from a sample of direct service providers: Strengths-Based Approach, Customization and Choice, Opportunity to Engage in Self-Determination, Network Supports/Community Integration, and Recovery Focus.

Thirty-nine (39) Community Behavioral Health Providers were assessed using the Recovery Oriented Monitoring (ROM) protocol to establish baseline scores for five recovery domains. As part of evolving statewide ROSC initiatives, a uniquely emerged – Quality Improvement Monitoring for Recovery-Oriented Systems of Care. This innovative program uses evidence-based measures of recovery principles and applies these measures to service provider organizations. A recovery-oriented quality improvement component was added to the State's traditional quality improvement monitoring practices for contracted mental health and substance use provider organizations. The desired end goal is a fully operationalized recovery-oriented system of care. Per the Department's Recovery Management Guidance Document #35, community provider organizations are expected to score 4 or higher on a 5-point scale.

Key findings: Strengths-Based Approach scored 3.67 (moderate integration of individual strengths, needs improvement); Customization and Choice scored 3.71 (substantial individualization efforts, but not consistent); Opportunity to Engage in Self-Determination scored 3.62 (reasonable involvement of individuals in planning, needs further encouragement); Network Supports and Community Integration scored 2.78 (minimal efforts to involve support networks, needs significant enhancement); Recovery Focus scored 2.88 (underperformance in long-term recovery planning, needs comprehensive recovery plans).

Recommendations: Increase integration of individual strengths, ensure true individualization of services, enhance individual involvement in planning, strengthen support network involvement, and develop comprehensive recovery plans for long-term goals.

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Footnotes:

NOT FINAL

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	\$87,227,553.00		\$0.00	\$93,216,317.00	\$129,201,585.00	\$0.00	\$0.00	\$0.00	\$47,511,454.00
a. Pregnant Women and Women with Dependent Children	\$2,272,937.00		\$0.00	\$0.00	\$9,661,618.00	\$0.00	\$0.00	\$0.00	\$0.00
b. Recovery Support Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
c. All Other	\$84,954,616.00		\$0.00	\$93,216,317.00	\$119,539,967.00	\$0.00	\$0.00	\$0.00	\$47,511,454.00
2. Substance Use Disorder Primary Prevention	\$30,972,353.00		\$0.00	\$4,673,427.00	\$730,602.00	\$0.00	\$0.00	\$0.00	\$12,945,530.00
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	\$6,113,973.00		\$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)	\$222,616.00		\$0.00	\$5,487,171.00	\$8,121,708.00	\$0.00	\$0.00	\$0.00	\$1,025,640.00
11. Total	\$124,536,495.00	\$0.00	\$0.00	\$103,376,915.00	\$138,053,895.00	\$0.00	\$0.00	\$0.00	\$61,482,624.00

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** 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:

Regarding 1b., Recovery Support Services, the State does not break down these expenditures to a reportable figure for the respective columns in Table 2. However, we are micro tracking Recovery Support Services within our covered service section of our database. KRG 10/23/2024

The State funding as reported in Table 2, column E includes both MOE eligible funds and State funds that are not eligible for MOE. KRG

NOT FINAL

III: Expenditure Reports

Table 3a – Syringe Services Program (SSP)

Expenditure Start Date: 10/01/2021 Expenditure End Date: 09/30/2023

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
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 **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** 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.

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.

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

The Department of Children and Families does not fund Syringe Services. NW

III: Expenditure Reports

Table 3b - Syringe Services Program

Expenditure Start Date: 10/1/2021 Expenditure End Date: 9/30/2023

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

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 **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** 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.

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:

The Department of Children and Families does not fund Syringe Services. NW

NOT FINAL

III: Expenditure Reports

Table 3c – Harm Reduction Activities

Expenditure Period Start Date: 10/01/2021 Expenditure Period End Date: 09/30/2023

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. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 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.

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Footnotes:

III: Expenditure Reports

Table 4 - State Agency SUPTRS BG Expenditure Compliance Report

This table is for the reporting of expenditures by category for the SUPTRS BG FY 2022 Award. States should complete this table and demonstrate compliance with SUPTRS BG statute and regulations during the two-year expenditure period for which the state was awarded. These include a minimum expenditure of no less than 20 percent for primary prevention, a capitation of 5 percent in SSA administration of the SUPTRS BG, and a required 5 percent for EIS/HIV in designated states during the award period. For detailed instructions, refer to those in WebBGAS.

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Expenditure Category	FY 2022 SA Block Grant Award
1. Substance Use Prevention ¹ , Treatment, and Recovery	\$80,092,057.00
2. Substance Use Primary Prevention	\$27,800,861.00
3. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ²	\$0.00
4. Tuberculosis Services	\$3,800,410.00
5. Administration (excluding program/provider level)	\$627,359.00
Total	\$112,320,687.00

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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Footnotes:

The Department has submitted a corrective action plan (CAP) to address the EIS-HIV set-aside shortfall. 10/4/2024, KRG.

III: Expenditure Reports

SUPTRS BG Table 5a - Primary Prevention Expenditures

This table is for the reporting of expenditures on primary prevention activities and must demonstrate the state's compliance with the statutory minimum set-aside of no less than 20 percent of the SUPTRS BG 2022 Award during the two-year award period. The state or jurisdiction must complete SUPTRS BG Table 5a. The total reported on this table should be equal to that found in Table 4, Row 2 unless the state also reports expenditures in Table 6, Column B. In which case, the sum of Table 5a + Table 6, Column B should be equal to that reported on Table 4, Row 2. Expenditures within the six strategies should be directly associated with the cost of completing the activity or task. If a state used strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other."

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	Substance Use Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$269,570.00				
Information Dissemination	Indicated	\$89,857.00				
Information Dissemination	Universal	\$539,139.00				
Information Dissemination	Unspecified					
Information Dissemination	Total	\$898,566.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Selective	\$2,223,950.00				
Education	Indicated	\$741,316.00				
Education	Universal	\$4,447,899.00				
Education	Unspecified					
Education	Total	\$7,413,165.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Selective	\$269,570.00				
Alternatives	Indicated	\$89,857.00				
Alternatives	Universal	\$539,139.00				
Alternatives	Unspecified					
Alternatives	Total	\$898,566.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Selective	\$1,078,279.00				
Problem Identification and Referral	Indicated	\$359,426.00				
Problem Identification and Referral	Universal	\$2,156,557.00				
Problem Identification and Referral	Unspecified					

Problem Identification and Referral	Total	\$3,594,262.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Selective	\$2,763,088.00				
Community-Based Process	Indicated	\$921,030.00				
Community-Based Process	Universal	\$5,526,178.00				
Community-Based Process	Unspecified					
Community-Based Process	Total	\$9,210,296.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Selective	\$134,785.00				
Environmental	Indicated	\$44,927.00				
Environmental	Universal	\$269,570.00				
Environmental	Unspecified					
Environmental	Total	\$449,282.00	\$0.00	\$0.00	\$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					
Other	Universal Indirect					
Other	Selective					
Other	Indicated					
Other	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Grand Total	\$22,464,137.00				

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 SUPTRS BG 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-SUPTRS BG 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:

The Substance Use total on Table 5a, plus the SUPTRS BG Prevention amount on Table 6 equals the Substance Use Primary Prevention amount on Table 4. KRG 11/15/2024

NOT FINAL

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 2022 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: 10/1/2021 Expenditure Period End Date: 9/30/2023

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

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

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Footnotes:

NOT FINAL

III: Expenditure Reports

Table 6 - Non Direct Services/System Development

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Activity	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated ¹
1. Information Systems	\$1,143,013.00	\$308,483.00	\$0.00
2. Infrastructure Support	\$525,639.00	\$512,581.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$295,736.00	\$2,065,220.00	\$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$125,676.00	\$878,043.00	\$0.00
6. Research and Evaluation	\$204,118.00	\$73,864.00	\$0.00
7. Training and Education	\$80,367.00	\$1,498,533.00	\$0.00
8. Total	\$2,374,549.00	\$5,336,724.00	\$0.00

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

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Footnotes:


The Substance Use total on Table 5a, plus the SUPTRS BG Prevention amount on Table 6 equals the Substance Use Primary Prevention amount on Table 4. KRG 11/25/2024

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: 10/01/2021 Expenditure Period End Date: 09/30/2023

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)
230715301	FL108831	✓	Southeast	211 Palm Beach/Treasure Coast Inc	415 Gator Drive	Lantana	FL	33462	\$104,560.00	\$104,560.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
593087085	FL108581	✓	Northeast	Ability Housing of NE Florida Inc	76 South Laura Street Suite 303	Jacksonville	FL	32202	\$14,157.00	\$14,157.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
591479658	FL112525	✓	Central	Advent Health Hope and Healing Center	212 Eslinger Way	Sanford	FL	32773	\$1,959.00	\$1,959.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
591860626	FL902581	✓	Suncoast	Agency for Community Treatment Servs	4612 North 56th Street	Tampa	FL	33610 -7123	\$3,354,555.00	\$2,887,584.00	\$0.00	\$109,652.00	\$357,319.00	\$0.00	\$0.00	\$0.00
591162148	FL751459	✓	Northwest	Apalachee Center Inc	2634 Capital Circle NE P.O. Box 1782	Tallahassee	FL	32302 -1782	\$320,871.00	\$320,871.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
592341993	FL126009	✓	Southeast	Archways Inc	919 NE 13th Street	Fort Lauderdale	FL	33304	\$174,732.00	\$174,732.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
592301233	FL904041	✓	Central	Aspire Health Partners	1800 Mercy Drive	Orlando	FL	32808	\$4,279,214.00	\$3,356,699.00	\$0.00	\$565,319.00	\$357,196.00	\$0.00	\$0.00	\$0.00
591371752	FL102192	✓	Northeast	BayCare Behavioral Health	15311 Cortez Boulevard	Brooksville	FL	34613	\$517,105.00	\$425,793.00	\$0.00	\$91,312.00	\$0.00	\$0.00	\$0.00	\$0.00
591371752	FL104968	✓	Suncoast	BayCare Behavioral Health	14527 7th Street	Dade City	FL	33523	\$878,803.00	\$748,696.00	\$0.00	\$32,086.00	\$98,021.00	\$0.00	\$0.00	\$0.00
59-1697458	FL111832	✓	Southern	Behavioral Counseling	8374 SW 8th Street	Miami	FL	33144	\$527,636.00	\$132,244.00	\$0.00	\$395,392.00	\$0.00	\$0.00	\$0.00	\$0.00
592462933	FL109039	✓	Southern	Better Way of Miami Inc	800 NW 28th Street	Miami	FL	33127	\$773,252.00	\$773,252.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
030042315600	FL103109	✓	Northwest	Big Bend Community Based Care	525 North Martin Luther King Jr Boulevard	Tallahassee	FL	32301	\$2,237,456.00	\$2,074,049.00	\$0.00	\$163,407.00	\$0.00	\$0.00	\$0.00	\$0.00
59-1278085	FL108268	✓	Northwest	Bridgeway Center Inc	205 Shell Avenue Building A	Fort Walton Beach	FL	32548	\$229,261.00	\$229,261.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
596000531	FL104337	✓	Southeast	Broward Addiction Recovery Center	1000 SW 2nd Street	Fort Lauderdale	FL	33312	\$2,214,430.00	\$2,214,430.00	\$758,152.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FL100500	FL100500	✓	Southeast	Broward Behavioral Health Coalition	1715 SE 4th Avenue	Fort Lauderdale	FL	33316	\$3,453,302.00	\$3,340,474.00	\$739,457.00	\$0.00	\$112,828.00	\$0.00	\$0.00	\$0.00
59624402	FL100761	✓	Southeast	Broward County Commission on SA	1300 South Andrews Avenue	Fort Lauderdale	FL	33316	\$2,754,648.00	\$27,962.00	\$0.00	\$2,726,686.00	\$0.00	\$0.00	\$0.00	\$0.00
596000524	FL100716	✓	Southeast	Broward County Sheriffs Office	1351 NW 27th Avenue	Pompano Beach	FL	33069	\$599,625.00	\$599,625.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
590108649	FL100848	✓	Suncoast	C E Mendez Foundation Inc	600 North Willow Avenue Suite 301	Tampa	FL	33606	\$15,024.00	\$0.00	\$0.00	\$15,024.00	\$0.00	\$0.00	\$0.00	\$0.00
650032862	FL112238	✓	Southern	Camillus House	1603 NW 7th Avenue	Miami	FL	33136	\$483,174.00	\$483,174.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
593380599	FL101669	✓	Southeast	Care Resource Comm Health Ctrs	3510 Biscayne Boulevard	Miami	FL	33157	\$469,808.00	\$375,882.00	\$0.00	\$0.00	\$93,926.00	\$0.00	\$0.00	\$0.00
591279497	FL100152	✓	Southern	Catholic Charities of Miami	7707 NW 2nd Avenue	Miami	FL	33150	\$554,730.00	\$554,730.00	\$81,019.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

590143525	FL109021	✓	Northeast	CDS Family/Behavioral Health Servs	3615 SW 13th Street Suite 4	Gainesville	FL	32608	\$799,735.00	\$116,867.00	\$0.00	\$682,868.00	\$0.00	\$0.00	\$0.00	\$0.00
590100953	FL106985	✓	Suncoast	Centerstone of Florida Inc	P.O. Box 9478	Bradenton	FL	34206	\$682,010.00	\$640,846.00	\$0.00	\$35,043.00	\$6,121.00	\$0.00	\$0.00	\$0.00
FL106023	FL106023	✓	Suncoast	Central Florida Behavioral Health	719 U.S. Highway 301 South	Tampa	FL	33619	\$1,147,525.00	\$581,093.00	\$0.00	\$566,432.00	\$0.00	\$0.00	\$0.00	\$0.00
FL100609	FL100609	✓	Central	Central Florida Cares Health System	707 Mendham Boulevard Suite 104	Orlando	FL	32825	\$426,231.00	\$294,860.00	\$0.00	\$0.00	\$131,371.00	\$0.00	\$0.00	\$0.00
592912345	FL106324	✓	Northwest	Chemical Addictions Recovery Effort	4000 East 3rd Street	Panama City	FL	32404	\$1,923,853.00	\$1,075,848.00	\$0.00	\$818,257.00	\$29,748.00	\$0.00	\$0.00	\$0.00
591101553	FL102697	✓	Central	Circles of Care Inc	400 East Sheridan Road	Melbourne	FL	32901	\$1,330,691.00	\$941,855.00	\$0.00	\$242,407.00	\$146,429.00	\$0.00	\$0.00	\$0.00
591865751	FL904231	✓	Southern	Citrus Health Network Inc	4175 West 20th Avenue	Hialeah	FL	33012	\$1,429,176.00	\$840,098.00	\$0.00	\$589,078.00	\$0.00	\$0.00	\$0.00	\$0.00
592219317	FL110564	✓	Northeast	Clay Behavioral Health Center	1726 Kingsley Avenue Suite 2	Orange Park	FL	32073	\$532,268.00	\$266,555.00	\$0.00	\$265,713.00	\$0.00	\$0.00	\$0.00	\$0.00
590305289200	FL122115	✓	Suncoast	Coalition For A Drug Free Lee County	2161 McGrer Boulevard Suite G	Fort Myers	FL	33902	\$5,726.00	\$0.00	\$0.00	\$5,726.00	\$0.00	\$0.00	\$0.00	\$0.00
260402611	FL108837	✓	Northeast	Community Coalition Alliance Inc	435 Citrona Drive	Fernandina Beach	FL	32034	\$2,245,976.00	\$0.00	\$0.00	\$2,245,976.00	\$0.00	\$0.00	\$0.00	\$0.00
591380927	FL110805	✓	Northwest	Community Drug and Alcohol Council	803 North Palafox Street	Pensacola	FL	32501	\$2,046,964.00	\$460,827.00	\$0.00	\$1,465,194.00	\$120,943.00	\$0.00	\$0.00	\$0.00
591372690	FL750907	✓	Southern	Community Health of South Florida Inc	10300 SW 216th Street	Miami	FL	33190	\$318,552.00	\$299,391.00	\$0.00	\$19,161.00	\$0.00	\$0.00	\$0.00	\$0.00
237063810	FL100178	✓	Southern	Concept Health Systems Inc	4850 NE 2nd Avenue	Miami	FL	33137	\$1,758,612.00	\$960,604.00	\$0.00	\$676,150.00	\$121,858.00	\$0.00	\$0.00	\$0.00
650988051	FL000581	✓	Southeast	Counseling and Recovery Center Inc	P.O. Box 1257	Fort Pierce	FL	34954	\$13,608.00	\$0.00	\$0.00	\$0.00	\$13,608.00	\$0.00	\$0.00	\$0.00
591514993	FL100566	✓	Suncoast	Cove Behavioral Health	4422 East Columbus Drive	Tampa	FL	33605	\$1,429,110.00	\$1,005,646.00	\$0.00	\$346,243.00	\$77,221.00	\$0.00	\$0.00	\$0.00
592323607	FL102117	✓	Southeast	Covenant House Florida	733 Breakers Avenue	Fort Lauderdale	FL	33304	\$33,580.00	\$21,446.00	\$0.00	\$0.00	\$12,134.00	\$0.00	\$0.00	\$0.00
59-1785265	FL100149	✓	Suncoast	Crisis Center of Tampa Bay	One Crisis Center Plaza	Tampa	FL	33613	\$47,245.00	\$47,245.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
592206025	FL112637	✓	Suncoast	David Lawrence Center	6075 Bathey Lane	Naples	FL	34116	\$859,392.00	\$749,153.00	\$0.00	\$110,239.00	\$0.00	\$0.00	\$0.00	\$0.00
46093829500	FL111815	✓	Northeast	DBWPC Inc	40 East Adams Street Suite 130	Jacksonville	FL	32202	\$21,784.00	\$21,784.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
592092715	FL124673	✓	Suncoast	Directions for Living	1437 South Belcher Road	Clearwater	FL	33764	\$40.00	\$40.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
591491338	FL112744	✓	Northwest	DISC Village Inc	3333 West Pensacola Street Building 300	Tallahassee	FL	32304	\$3,403,543.00	\$1,488,245.00	\$0.00	\$1,863,990.00	\$51,308.00	\$0.00	\$0.00	\$0.00
230707462	FL108844	✓	Southeast	Drug Abuse Foundation of Palm Beach Co	400 South Swinton Avenue	Delray Beach	FL	33444	\$4,267,284.00	\$4,154,426.00	\$0.00	\$0.00	\$112,858.00	\$0.00	\$0.00	\$0.00
591363887	FL105814	✓	Southeast	Drug Abuse Treatment Association Inc	1016 North Clemons Street Suite 300	Jupiter	FL	33477	\$5,722,312.00	\$4,464,076.00	\$0.00	\$1,199,354.00	\$58,882.00	\$0.00	\$0.00	\$0.00
47-3817677	FL106170	✓	Suncoast	Drug Free DeSoto Coalition	530 LaSolona Avenue	Arcadia	FL	34266	\$3,723.00	\$0.00	\$0.00	\$3,723.00	\$0.00	\$0.00	\$0.00	\$0.00
592844663	FL103139	✓	Suncoast	Drug Prevention Resource Center	621 South Florida Avenue	Lakeland	FL	33801	\$67,370.00	\$0.00	\$0.00	\$67,370.00	\$0.00	\$0.00	\$0.00	\$0.00
592551416	FL123568	✓	Central	Eckerd Youth Alternatives Inc	201 Culbreath Road	Brooksville	FL	34602	\$132,007.00	\$88,481.00	\$0.00	\$43,526.00	\$0.00	\$0.00	\$0.00	\$0.00

	590255141	FL123568	✓	Northeast	Eckerd Youth Alternatives Inc	201 Culbreath Road	Brooksville	FL	34602	\$505,466.00	\$398,468.00	\$0.00	\$106,998.00	\$0.00	\$0.00	\$0.00	\$0.00
	371445610	FL102630	✓	Southern	Elijah Network Family and Community Al	10658 SW 186th Street	Miami	FL	33157	\$260,899.00	\$0.00	\$0.00	\$260,899.00	\$0.00	\$0.00	\$0.00	\$0.00
	591466709	FL101777	✓	Southern	Fellowship House	5711 South Dixie Highway	Miami	FL	33143	\$6,798.00	\$6,798.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	591304472	FL105581	✓	Suncoast	First Step of Sarasota Inc	4613 North Washington Boulevard	Sarasota	FL	34234	\$1,502,249.00	\$1,233,343.00	\$0.00	\$233,508.00	\$35,398.00	\$0.00	\$0.00	\$0.00
	202630595	FL105315	✓	Southern	Gang Alternative	12000 Biscayne Boulevard	North Miami	FL	33181	\$661,849.00	\$0.00	\$0.00	\$661,849.00	\$0.00	\$0.00	\$0.00	\$0.00
	591881828	FL110457	✓	Northeast	Gateway Community Services Inc	555 Stockton Street	Jacksonville	FL	32204	\$2,825,345.00	\$2,516,857.00	\$0.00	\$247,625.00	\$60,863.00	\$0.00	\$0.00	\$0.00
	591458324	FL108258	✓	Southern	Guidance Care Center Inc	3000 41st Ocean	Marathon	FL	33050	\$1,404,415.00	\$1,143,618.00	\$0.00	\$260,797.00	\$0.00	\$0.00	\$0.00	\$0.00
	59-1205079	FL104475	✓	Southeast	Gulf Coast Jewish Fam/Comm Servs	201 NE 40th Court	Oakland Park	FL	33334	\$52,113.00	\$52,113.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	591229354	FL102747	✓	Suncoast	Gulf Coast Jewish Family Services Inc	14041 Icot Boulevard	Clearwater	FL	33760	\$49,009.00	\$27,668.00	\$0.00	\$21,341.00	\$0.00	\$0.00	\$0.00	\$0.00
	202871945	FL108894	✓	Southeast	Hanley Center Foundation Inc	900 54th Street	West Palm Beach	FL	33407	\$591,761.00	\$0.00	\$0.00	\$591,761.00	\$0.00	\$0.00	\$0.00	\$0.00
	202871945	FL108894	✓	Suncoast	Hanley Center Foundation Inc	900 54th Street	West Palm Beach	FL	33407	\$57,008.00	\$0.00	\$0.00	\$57,008.00	\$0.00	\$0.00	\$0.00	\$0.00
	200287194	FL108894	✓	Northeast	Hanley Center Foundation Inc	900 54th Street	West Palm Beach	FL	33407	\$1,005,811.00	\$426,791.00	\$0.00	\$579,020.00	\$0.00	\$0.00	\$0.00	\$0.00
	59-0711167	FL103327	✓	Southeast	Henderson Behavioral Health	4700 North State Road 7 Building A	Fort Lauderdale	FL	33319	\$562,712.00	\$562,712.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	590129806	FL902763	✓	Southern	Heres Help Inc	9016 SW 152nd Street	Miami	FL	33157	\$912,231.00	\$912,231.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	591298067	FL100236	✓	Southeast	Heres Help Inc	15100 NW 27th Avenue	Opa Locka	FL	33054	\$43,537.00	\$43,537.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	475135700	FL112742	✓	Southern	Hialeah Community Coalition	4708 East 9th Lane	Hialeah	FL	33013	\$325,920.00	\$0.00	\$0.00	\$325,920.00	\$0.00	\$0.00	\$0.00	\$0.00
	710950579	FL751483	✓	Suncoast	Hillsborough County Crisis Center Inc	2214 East Henry Avenue	Tampa	FL	33610 -4497	\$14,536.00	\$0.00	\$0.00	\$14,536.00	\$0.00	\$0.00	\$0.00	\$0.00
	591675284	FL108806	✓	Northeast	House Next Door	804 North Woodland Boulevard	Deland	FL	32720	\$145,167.00	\$101,869.00	\$0.00	\$43,298.00	\$0.00	\$0.00	\$0.00	\$0.00
	593084953	FL123584	✓	Central	House of Freedom Inc	P.O. Box 42-3202	Kissimmee	FL	34744	\$10,180.00	\$10,180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	237014595	FL902946	✓	Southeast	House of Hope	908 SW 1st Street	Fort Lauderdale	FL	33312	\$1,456,309.00	\$1,456,309.00	\$3,066.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	592704597	FL102707	✓	Southeast	Housing Partnership Inc	2001 Blue Heron Boulevard	Riviera Beach	FL	33404	\$605,741.00	\$604,858.00	\$0.00	\$0.00	\$883.00	\$0.00	\$0.00	\$0.00
	65-0439778	FL110573	✓	Central	IMPOWER	2290 North Ronald Reagan Boulevard Suite 116	Longwood	FL	32750	\$536,776.00	\$253,108.00	\$0.00	\$283,668.00	\$0.00	\$0.00	\$0.00	\$0.00
	FL106465	FL106465	✓	Suncoast Region	Impower	1239 East Main Street	Bartow	FL	33830	\$1,300.00	\$1,300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	592231894	FL105462	✓	Central	Informed Families	2490 Coral Way	Miami	FL	33145	\$6,021.00	\$0.00	\$0.00	\$6,021.00	\$0.00	\$0.00	\$0.00	\$0.00
	592231894	FL105462	✓	Southern	Informed Families	2490 Coral Way	Miami	FL	33145	\$122,588.00	\$0.00	\$0.00	\$122,588.00	\$0.00	\$0.00	\$0.00	\$0.00
	83-1762729	FL113037	✓	Northeast	Inspire to Rise Inc	5927 Old Timuquana Road	Jacksonville	FL	32210	\$333,341.00	\$333,341.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	590866060	FL103541	✓	Southern	Institute for Child and Family Health	15490 NW 7th Avenue	Miami	FL	33169 -6231	\$183,028.00	\$0.00	\$0.00	\$183,028.00	\$0.00	\$0.00	\$0.00	\$0.00
	591713947	FL110446	✓	Southern	Jackson Memorial Hospital	15055 NW 27th Avenue	Opa Locka	FL	33054	\$448,180.00	\$448,180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	591235617	FL115275	✓	Southern	Jessie Trice Community Health Ctr	2985 NW 54th Street	Miami	FL	33142	\$590,363.00	\$531,441.00	\$531,441.00	\$0.00	\$58,922.00	\$0.00	\$0.00	\$0.00

590156150	FL113940	✓	Central	Lifestream Behavioral Center	300 Huey Street	Wildwood	FL	34785	\$72,941.00	\$72,941.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
591561501	FL110456	✓	Northeast	LifeStream Behavioral Center Inc	P.O. Box 491000	Leesburg	FL	34749	\$1,881,632.00	\$1,881,632.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
590219891100	FL107103	✓	Northeast	Lutheran Services Florida	9428 Baymeadows Road Building 3, Suite 320	Jacksonville	FL	32256	\$6,473,839.00	\$5,559,047.00	\$0.00	\$914,768.00	\$24.00	\$0.00	\$0.00	\$0.00
590816448	FL112741	✓	Southeast	Mental Health America of Southeast FL	7145 West Oakland Park Boulevard	Lauderhill	FL	33313	\$150,941.00	\$150,941.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
591906214	FL114070	✓	Northeast	Meridian Behavioral Healthcare Inc	4300 SW 13th Street	Gainesville	FL	32608-4006	\$2,694,588.00	\$2,525,721.00	\$0.00	\$125,669.00	\$43,198.00	\$0.00	\$0.00	\$0.00
596000573	FL107793	✓	Southern	Miami Dade CAHSD	3140 NW 76th Street	Miami	FL	33147	\$1,072,231.00	\$1,072,231.00	\$5,713.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
596000573	FL112743	✓	Southern	Miami Dade County	701 NW 1st Court 10th Floor	Miami	FL	33136	\$130,827.00	\$130,827.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
263021098	FL114138	✓	Southern	Monroe County	5855 College Road	Key West	FL	33040	\$192,167.00	\$0.00	\$0.00	\$192,167.00	\$0.00	\$0.00	\$0.00	\$0.00
650440678	FL114245	✓	Southern	New Hope CORPS	1020 North Krome Avenue	Homestead	FL	33030	\$1,510,853.00	\$733,246.00	\$0.00	\$0.00	\$777,607.00	\$0.00	\$0.00	\$0.00
592055751	FL104709	✓	Southern	New Horizons Community MH Ctr	1469 NW 36th Street	Miami	FL	33142	\$115,758.00	\$115,758.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
596153749	FL114351	✓	Southeast	New Horizons of the Treasure Coast Inc	4500 West Midway Road	Fort Pierce	FL	34981	\$2,081,723.00	\$1,746,548.00	\$0.00	\$206,711.00	\$128,464.00	\$0.00	\$0.00	\$0.00
591349234	FL102900	✓	Northeast	Operation PAR Inc	6150 150th Avenue North Suite Maps	Clearwater	FL	33760	\$34,384.00	\$0.00	\$0.00	\$0.00	\$34,384.00	\$0.00	\$0.00	\$0.00
591349234	FL110223	✓	Suncoast	Operation Par Inc	6720 54th Avenue North	Saint Petersburg	FL	33709	\$2,453,647.00	\$2,181,720.00	\$0.00	\$95,207.00	\$176,720.00	\$0.00	\$0.00	\$0.00
FL591677912	FL112533	✓	Northeast	Osceola Mental Health Inc	206 Park Place Boulevard	Kissimmee	FL	34741	\$293,020.00	\$290,595.00	\$0.00	\$0.00	\$2,425.00	\$0.00	\$0.00	\$0.00
592897172	FL112650	✓	Northeast	Outreach Community Care Network	240 North Frederick Avenue	Daytona Beach	FL	32114	\$359,791.00	\$95,331.00	\$0.00	\$0.00	\$264,460.00	\$0.00	\$0.00	\$0.00
591677912	FL102631	✓	Central	Park Place Behavioral Healthcare	206 Park Place Boulevard	Kissimmee	FL	34741	\$416,391.00	\$341,628.00	\$0.00	\$0.00	\$74,763.00	\$0.00	\$0.00	\$0.00
593192240	FL104500	✓	Northeast	Partnership for Strong Families	5950 NW 1st Place	Gainesville	FL	32607	\$6,915.00	\$6,915.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
590818924	FL102528	✓	Suncoast	Peace River Center	P.O. Box 1559	Bartow	FL	33831	\$41,465.00	\$41,465.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
593153549	FL110448	✓	Suncoast	Personal Enrichment Through MH Servs	11254 58th Street North	Pinellas Park	FL	33782	\$34,196.00	\$34,196.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
593172948	FL111239	✓	Northeast	Phoenix Houses of Florida	510 Vonderburg Drive Suite 301	Brandon	FL	33511	\$426,210.00	\$426,210.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
593172948	FL111239	✓	Suncoast	Phoenix Houses of Florida	510 Vonderburg Drive Suite 301	Brandon	FL	33511	\$209,381.00	\$209,381.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
596000809	FL101181	✓	Suncoast	Polk County Drug Court Treatment Prog	P.O. Box 9000 Drawer J-138	Bartow	FL	33831	\$39,874.00	\$39,874.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
815190566	FL108840	✓	Southeast	Rebel Recovery Lake Worth	1893 Prairie Road	West Palm Beach	FL	33406	\$95,291.00	\$95,291.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
591952727	FL102142	✓	Northeast	River Region Human Services Inc	2055 Reyko Road Building 4700 Suite 101	Jacksonville	FL	32207	\$165,641.00	\$159,032.00	\$0.00	\$0.00	\$6,609.00	\$0.00	\$0.00	\$0.00
591287693	FL102538	✓	Suncoast	SalusCare	3763 Evans Avenue	Fort Myers	FL	33901	\$1,352,976.00	\$1,352,976.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	596000552	FL111808	✓	Northeast	School District of Clay County	900 Walnut Street	Green Cove Springs	FL	32043	\$52,427.00	\$52,427.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	591519622	FL903258	✓	Southeast	South County Mental Health Center	16158 South Military Trail	Delray Beach	FL	33484	\$52,821.00	\$52,821.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	FL105314	FL105314	✓	Southern	South FL Behavioral Health Network	7205 NW 19th Street Suite 200	Miami	FL	33126	\$5,217,058.00	\$4,803,440.00	\$0.00	\$413,618.00	\$0.00	\$0.00	\$0.00
	592471230	FL000311	✓	Southern	South Florida Jail Ministries	22790 SW 112th Avenue	Miami	FL	33170	\$579,355.00	\$579,355.00	\$154,090.00	\$0.00	\$0.00	\$0.00	\$0.00
	596014973	FL111179	✓	Southeast	South Florida Wellness Center	4100 South Hospital Drive Suite 102	Plantation	FL	33317	\$261,471.00	\$261,471.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	851103815	FL106251	✓	Southern	South Miami Recovery Inc	7520 SW 57th Avenue Suite K	South Miami	FL	33143-5330	\$132,244.00	\$132,244.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	FL100502	FL100502	✓	Southeast	Southeast Florida Behav Health Network	140 Intracoastal Pointe Drive Suite 211	Jupiter	FL	33477	\$422,247.00	\$163,843.00	\$0.00	\$258,404.00	\$0.00	\$0.00	\$0.00
	230706196	FL750196	✓	Central	Space Coast Recovery Inc	1215 Lake Drive	Cocoa	FL	32922	\$82,087.00	\$82,087.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	593029469	FL101869	✓	Northeast	Starting Point Behavioral Healthcare	463142 State Road 200	Yulee	FL	32097	\$579,736.00	\$347,785.00	\$0.00	\$231,745.00	\$206.00	\$0.00	\$0.00
	650202835	FL101169	✓	Southeast	Substance Abuse Council of IRC	2501 27th Avenue Suite A-7	Vero Beach	FL	32960	\$441,696.00	\$256,091.00	\$0.00	\$168,987.00	\$16,618.00	\$0.00	\$0.00
	650695313	FL118832	✓	Southeast	Sunset House Inc	8800 Sunset Drive	Palm Beach Gardens	FL	33410	\$92,824.00	\$92,824.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	371445612	FL111807	✓	Southeast	Sunshine Social Services Inc	2312 Wilton Drive Suite 3	Wilton Manors	FL	33305	\$101,774.00	\$38,013.00	\$0.00	\$0.00	\$63,761.00	\$0.00	\$0.00
	593208913	FL110095	✓	Central	Transition House Inc	3501 West Vine Street Suite 319	Kissimmee	FL	34741	\$267,212.00	\$267,212.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	591708182	FL124426	✓	Suncoast	Tri County Human Services Inc	4683 East County Road 540 A	Lakeland	FL	33813	\$1,903,035.00	\$1,704,114.00	\$0.00	\$112,265.00	\$86,656.00	\$0.00	\$0.00
	650570899	FL104327	✓	Southeast	Tykes and Teens Inc	3577 SW Corporate Parkway	Palm City	FL	34990-8153	\$126,027.00	\$0.00	\$0.00	\$126,027.00	\$0.00	\$0.00	\$0.00
	591590644	FL752291	✓	Southeast	Wayside House Inc	378 NE 6th Avenue	Delray Beach	FL	33483	\$1,148,314.00	\$1,137,977.00	\$0.00	\$0.00	\$10,337.00	\$0.00	\$0.00
	593714627	FL106403	✓	Suncoast	Westcare Gulfcoast Florida Inc	2525 South First Avenue	Saint Petersburg	FL	33712	\$148,334.00	\$58,048.00	\$0.00	\$33,945.00	\$56,341.00	\$0.00	\$0.00
	591545990	FL124608	✓	Suncoast	Youth and Family Alternatives Inc	5126 School Road	Land O Lakes	FL	34639	\$239,396.00	\$0.00	\$0.00	\$239,396.00	\$0.00	\$0.00	\$0.00
Total										\$103,982,012.00	\$77,717,500.00	\$2,272,938.00	\$22,464,102.00	\$3,800,410.00	\$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: 03/02/2022 Expires: 03/31/2025

Footnotes:

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.

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(2022) + B2(2023)</u> 2 (C)
SFY 2022 (1)	\$106,197,244.00	
SFY 2023 (2)	\$110,339,193.00	\$108,268,218.50
SFY 2024 (3)	\$109,773,982.00	

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

SFY 2022	Yes	X	No
SFY 2023	Yes	X	No
SFY 2024	Yes	X	No

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

Yes	No	X
-----	----	---

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

If yes, SFY:

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

Yes	No
-----	----

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

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

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

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Footnotes:

2023/24 SAPT MOE Summary

Funding Source	OCA	OCA Name	Expenditure Total
State General Revenue	MS000	ME SA SVCS & SUPPORT	\$73,169,172
	MS081	ME EXPAND SA SVCS PREG WOM, MOTHERS & THEIR FAM	\$10,000,000
	MS091	ME SA FAMILY INTENSIVE TREATMENT (FIT)	\$17,701,002
	MS0CN	ME SA CARE COORDINATION DIRECT CLIENT SERVICES	\$1,650,000
	MS925	ME MCKINSEY SETTLEMENT	\$4,667,851
	MSTRV	ME TRANSITIONS VOUCHERS	\$1,000,000
	PRV00	SA PREVENTION SVCS	\$480,799
	SP904	ALCOHOL AND OPIOID DEPENDENCY	\$1,105,158
Total SAPT MOE Expenditures			\$109,773,982

In addition to coding for funding source, the Department also uses coding called Other Cost Accumulators (OCA) to budget funding for specific programs for which program eligible expenditures can be charged. These OCAs are reviewed annually for eligibility toward meeting MOE or match for local, state, and federal grants.

1. Only includes expenditures funded by State General Revenue for SUPTRS eligible populations and services;
2. Does not include proviso projects in the MOE calculation as these are non-recurring from year to year;
3. Only includes direct service expenditures;
4. Does not include any expenditures for administration

The state accounting system does not currently allow for capturing individual covered service expenditures. However, the number of service units under a covered service code is captured in our services data system (FASAMS). The accompanying document displays the covered services eligible for SUPTRS MOE under the OCAs listed above and the total number and percentage of units of service connected to the specified OCAs for the reporting period.

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	\$ 9,327,217.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2022		\$ 11,464,249.00	
SFY 2023		\$ 10,801,387.00	
SFY 2024		\$ 11,934,555.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated
Enter the amount the State plans to expend in SFY 2025 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)): \$ 10,000,000.00;			

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).

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Pregnant and Parenting Women Expenditures		
State Fiscal Year 2023/24		
SFY Quarter	Reporting Period	MS027 (Federal)
1st	July 1 - Sept 30	\$326,625
2nd	Oct 1 - Dec 31	\$321,772
3rd	Jan 1 - March 31	\$653,892
4th	April 01 - June 30	\$970,648
YTD Total Federal		\$2,272,937
State General Revenue for Pregnant and Parenting Women under OCA MS081 YTD Total		\$9,661,618
Total State and Federal for PWWDC:		\$11,934,555

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: 10/1/2021 Expenditure Period End Date: 9/30/2023

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Mental health problems	1. Information Dissemination	
	1. Clearinghouse/information resources centers	8
	2. Resources directories	19
	3. Media campaigns	33
	4. Brochures	32
	5. Radio and TV public service announcements	22
	6. Speaking engagements	52
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	55
	8. Information lines/Hot lines	11
	9. Trainings, meetings and marketing	31
	2. Education	
	1. Parenting and family management	37
	2. Ongoing classroom and/or small group sessions	60
	3. Peer leader/helper programs	13
	4. Education programs for youth groups	53
	5. Mentors	14
	6. Preschool ATOD prevention programs	3
	7. Lessons and webinars	35
	3. Alternatives	
	1. Drug free dances and parties	28
	2. Youth/adult leadership activities	23
	3. Community drop-in centers	2
	4. Community service activities	20
	5. Outward Bound	1
	6. Recreation activities	26
	7. Meetings with clients, preparation for groups	41
	4. Problem Identification and Referral	

1. Employee Assistance Programs	1
2. Student Assistance Programs	12
3. Driving while under the influence/driving while intoxicated education programs	9
4. Referrals to programs	12
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	64
2. Systematic planning	55
3. Multi-agency coordination and collaboration/coalition	67
4. Community team-building	45
5. Accessing services and funding	26
6. Virtual meetings, trainings, preparation	34
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	29
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	22
3. Modifying alcohol and tobacco advertising practices	16
4. Product pricing strategies	3
5. Travel, preparation, distribution of materials	26

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

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	0	0	0	0	0	0									
2. Free-Standing Residential	14,221	12,477			605	586									
REHABILITATION/RESIDENTIAL															
3. Hospital Inpatient	0	0	0	0	0	0									
4. Short-term (up to 30 days)	1,334	1,307	0	0	213	212									
5. Long-term (over 30 days)	9,964	9,224	0	0	2,005	1,949									
AMBULATORY (OUTPATIENT)															
6. Outpatient	31,389	30,171	0	0	2,959	2,842									
7. Intensive Outpatient	40	40	11	11	0	0									
8. Detoxification	126	126	15	15	0	0									
OUD MEDICATION ASSISTED TREATMENT															
9. MOUD Medication-Assisted Detoxification	6,812	6,366	0	0	171	169									
10. MOUD Medication-Assisted Treatment Outpatient	2,301	2,252	0	0	12	12									

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)

All data reported were retrieved from the Financial and Services Accountability Management System (FASAMS), the Department's official database for behavioral health records.

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 Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 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 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.

³In 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:

All data reported were retrieved from the Financial and Services Accountability Management System (FASAMS), the Department's official database for behavioral health records.

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. For detailed instructions, see those in WebBGAS.

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	1	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	5	4	0	0	0	0	0	52	52	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	7	11	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	10	9	0	0	0	0	0	22	14	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	208	94	0	0	0	0	0	2,026	1,894	0	0	0	0	0
Peer-Led Support Group	30	23	0	0	0	0	0	402	476	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	93	43	0	0	0	0	0	1,360	1,264	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	608	1,087	0	0	0	0	0	42	75	0	0	0	0	0
Peer-Led Support Group	135	283	0	0	0	0	0	13	21	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	460	822	0	0	0	0	0	48	66	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	6	6	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	2	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	1	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	2,947	3,213	0	0	0	0	0
Peer-Led Support Group	589	814	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	1,993	2,219	0	0	0	0	0
Comments on Data (Age):							
Comments on Data (Gender):	The Department of Children and Families does not collect data on gender identity beyond male and female.						
Comments on Data (Overall):	The Department of Children and Families does not collect data at the level requested in the table.						

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Footnotes:
All data reported was retrieved from the Financial and Services Accountability Management System (FASAMS), the Department's official database for behavioral health records.

NOT FINAL

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	231	309	0	0	0	0	0	540	1	0	0	0	0	0	0
13-17 years	2,769	4,084	0	0	0	0	0	6,853	5	5	0	0	0	0	0
18-20 years	831	1,248	0	0	0	0	0	2,079	2	2	0	0	0	0	0
21-24 years	1,292	1,444	0	0	0	0	0	2,736	6	7	0	0	0	0	0
25-44 years	13,879	17,694	0	0	0	0	0	31,573	51	58	0	0	0	0	0
45-64 years	5,318	10,353	0	0	0	0	0	15,671	26	45	0	0	0	0	0
65-74 years	542	1,214	0	0	0	0	0	1,756	1	4	0	0	0	0	0
75+ years	49	94	0	0	0	0	0	143	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	24,911	36,440	0	0	0	0	0	61,351	92	121	0	0	0	0	0
Pregnant Women	685								4						
Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period		10491													
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10		38917													

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)	Data related to gender identity beyond the categories of male and female are not currently collected in the PBPS system.
Comments on Data (Overall)	

¹ Age 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	2	1	0	0	0	0	0	76	99	0	0	0	0	0
13-17 years	21	20	0	0	0	0	0	956	1,696	0	0	0	0	0
18-20 years	4	1	0	0	0	0	0	227	431	0	0	0	0	0
21-24 years	7	4	0	0	0	0	0	303	387	0	0	0	0	0
25-44 years	35	50	0	0	0	0	0	2,196	3,456	0	0	0	0	0
45-64 years	20	33	0	0	0	0	0	760	2,191	0	0	0	0	0
65-74 years	2	1	0	0	0	0	0	80	356	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	2	29	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	91	110	0	0	0	0	0	4,600	8,645	0	0	0	0	0
Pregnant Women	2							133						

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	1	0	0	0	0	0	125	162	0	0	0	0	0
13-17 years	3	5	0	0	0	0	0	1,393	1,757	0	0	0	0	0
18-20 years	4	2	0	0	0	0	0	457	604	0	0	0	0	0
21-24 years	2	4	0	0	0	0	0	776	779	0	0	0	0	0
25-44 years	30	35	0	0	0	0	0	10,171	11,806	0	0	0	0	0
45-64 years	17	19	0	0	0	0	0	4,078	7,069	0	0	0	0	0
65-74 years	1	2	0	0	0	0	0	421	773	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	43	61	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	57	68	0	0	0	0	0	17,464	23,011	0	0	0	0	0
Pregnant Women	2							461						

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	9	23	0	0	0	0	0	18	23	0	0	0	0	0
13-17 years	194	328	0	0	0	0	0	197	273	0	0	0	0	0
18-20 years	79	126	0	0	0	0	0	58	82	0	0	0	0	0
21-24 years	126	149	0	0	0	0	0	72	114	0	0	0	0	0
25-44 years	804	1,271	0	0	0	0	0	592	1,018	0	0	0	0	0
45-64 years	258	605	0	0	0	0	0	159	391	0	0	0	0	0
65-74 years	24	44	0	0	0	0	0	13	34	0	0	0	0	0

75+ years	3	2	0	0	0	0	0	1	2	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1,497	2,548	0	0	0	0	0	1,110	1,937	0	0	0	0	0
Pregnant Women	40							43						

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	194	256	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	2,094	3,067	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	670	959	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	1,101	1,088	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	12,269	14,617	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	4,826	8,743	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	489	1,040	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	41	74	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	21,684	29,844	0	0	0	0	0
Pregnant Women	0							593						

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	37	53	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	670	1,005	0	0	0	0	0	5	12	0	0	0	0	0
18-20 years	159	287	0	0	0	0	0	2	2	0	0	0	0	0
21-24 years	180	348	0	0	0	0	0	11	8	0	0	0	0	0
25-44 years	1,507	2,933	0	0	0	0	0	103	144	0	0	0	0	0
45-64 years	479	1,545	0	0	0	0	0	13	65	0	0	0	0	0
65-74 years	51	170	0	0	0	0	0	2	4	0	0	0	0	0
75+ years	8	20	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	3,091	6,361	0	0	0	0	0	136	235	0	0	0	0	0
Pregnant Women	79							13						

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	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
18-20 years	7	1	0	0	0	0	0	8	0	0	0	0	0	0	0
21-24 years	23	4	0	0	0	0	0	27	0	0	0	0	0	0	0
25-44 years	129	71	0	0	0	0	0	200	0	0	0	0	0	0	0
45-64 years	15	43	0	0	0	0	0	58	0	0	0	0	0	0	0
65-74 years	1	7	0	0	0	0	0	8	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	176	126	0	0	0	0	0	302	0	0	0	0	0	0	0
Pregnant Women	19								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. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 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.

²Age category 0-5 years is not applicable.

Comments on Data (Race)

Comments on Data (Gender)

Data related to gender identity beyond the categories of male and female are not currently collected in the PBPS system.

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	2	1	0	0	0	0	0
21-24 years	0	1	0	0	0	0	0	3	2	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	26	14	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	1	14	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	3	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	1	0	0	0	0	0	32	34	0	0	0	0	0
Pregnant Women	0							4						

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	1	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	5	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	12	1	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	84	44	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	10	24	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	1	3	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	113	72	0	0	0	0	0
Pregnant Women	0							12						

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	5	0	0	0	0	0	0	3	0	0	0	0	0	0
25-44 years	9	9	0	0	0	0	0	10	4	0	0	0	0	0
45-64 years	3	3	0	0	0	0	0	1	2	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	1	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	17	12	0	0	0	0	0	14	7	0	0	0	0	0
Pregnant Women	2							1						

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	1	0	0	0	0	0	0

18-20 years	0	0	0	0	0	0	0	6	1	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	27	2	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	114	55	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	15	42	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	1	6	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	164	106	0	0	0	0	0
Pregnant Women	0							18						

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	1	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	1	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	9	11	0	0	0	0	0	1	0	0	0	0	0	0
45-64 years	0	1	0	0	0	0	0	6	6	0	0	0	0	0
65-74 years	0	1	0	0	0	0	0	0	1	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	10	14	0	0	0	0	0	7	7	0	0	0	0	0
Pregnant Women	1							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

Sexual Orientation									
A. Age	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	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0

TOTAL	0	0	0	0	0	0	0	0	0
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¹Age category 0-5 years is not applicable.
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Footnotes:
All data reported were retrieved from the Financial and Services Accountability Management System (FASAMS), the Department's official database for behavioral health records.

NOT FINAL

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: 45	Rural: 5
2. Total number of individuals tested through SUPTRS BG sub-recipient EIS/HIV projects:	14,810	
3. Total number of HIV tests conducted with SUPTRS BG EIS/HIV funds:	15,120	
4. Total number of tests that were positive for HIV	103	
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection	45	
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period	73	
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: Some of the barriers to providing HIV testing services reported include fear and stigma, a lack of interest in being tested, longer than desired wait for results, lack of contact information to provided follow-up, shortages in certified HIV Counselors/Testers, and lack of mobile ability to test.		

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Footnotes:

The State of Florida does not currently track the number of individuals referred for PrEP services.

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.

One Managing Entity (Central Florida Cares Health System, Inc. reports informing patients and staff of rights to be transferred or referred to other programs due to religious objection.

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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]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0%	0.0%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		0
Number of CY 2023 discharges submitted:		0
Number of CY 2023 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 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 11/15/2024]

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]	533	487
Total number of clients with non-missing values on employment/student status [denominator]	3,745	3,745
Percent of clients employed or student (full-time and part-time)	14.2%	13.0%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		3,858
Number of CY 2023 discharges submitted:		4,362
Number of CY 2023 discharges linked to an admission:		4,252
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	3,745
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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]	8,702	5,017
Total number of clients with non-missing values on employment/student status [denominator]	17,399	17,399
Percent of clients employed or student (full-time and part-time)	50.0%	28.8%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		28,841
Number of CY 2023 discharges submitted:		20,787
Number of CY 2023 discharges linked to an admission:		19,750
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		17,399

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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]	222	225
Total number of clients with non-missing values on employment/student status [denominator]	898	898
Percent of clients employed or student (full-time and part-time)	24.7%	25.1%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		884
Number of CY 2023 discharges submitted:		1,003
Number of CY 2023 discharges linked to an admission:		990
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	898
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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Footnotes:

NOT FINAL

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]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0%	0.0%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		0
Number of CY 2023 discharges submitted:		0
Number of CY 2023 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 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 11/15/2024]

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]	2,302	2,505
Total number of clients with non-missing values on living arrangements [denominator]	3,357	3,357
Percent of clients in stable living situation	68.6%	74.6%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		3,858
Number of CY 2023 discharges submitted:		4,362
Number of CY 2023 discharges linked to an admission:		4,252
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		3,357

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]	14,102	14,354
Total number of clients with non-missing values on living arrangements [denominator]	15,811	15,811
Percent of clients in stable living situation	89.2%	90.8%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		28,841
Number of CY 2023 discharges submitted:		20,787
Number of CY 2023 discharges linked to an admission:		19,750
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		15,811

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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]	606	619
Total number of clients with non-missing values on living arrangements [denominator]	851	851
Percent of clients in stable living situation	71.2%	72.7%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		884
Number of CY 2023 discharges submitted:		1,003
Number of CY 2023 discharges linked to an admission:		990
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		851

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Footnotes:

NOT FINAL

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 2023 admissions submitted:		0
Number of CY 2023 discharges submitted:		0
Number of CY 2023 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 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 11/15/2024]

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]	3,335	3,498
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,696	3,696
Percent of clients without arrests	90.2%	94.6%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		3,858
Number of CY 2023 discharges submitted:		4,362
Number of CY 2023 discharges linked to an admission:		4,252
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	3,696
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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]	14,647	15,858
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	17,098	17,098
Percent of clients without arrests	85.7%	92.7%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		28,841
Number of CY 2023 discharges submitted:		20,787
Number of CY 2023 discharges linked to an admission:		19,750
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		17,098

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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]	697	705
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	746	746
Percent of clients without arrests	93.4%	94.5%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		884
Number of CY 2023 discharges submitted:		1,003
Number of CY 2023 discharges linked to an admission:		990
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	746
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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Footnotes:

NOT FINAL

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]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from alcohol	0.0%	0.0%

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

Notes (for this level of care):

Number of CY 2023 admissions submitted:	0
Number of CY 2023 discharges submitted:	0
Number of CY 2023 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

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]	3,181	3,472
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,229	4,229
Percent of clients abstinent from alcohol	75.2%	82.1%

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]		466
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,048	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		44.5%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		3,006
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,181	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.5%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	3,858
Number of CY 2023 discharges submitted:	4,362
Number of CY 2023 discharges linked to an admission:	4,252
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	4,229

Outpatient (OP)

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]	16,042	16,572
All clients with non-missing values on at least one substance/frequency of use [denominator]	18,734	18,734
Percent of clients abstinent from alcohol	85.6%	88.5%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		1,099
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,692	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		40.8%

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]		15,473
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	16,042	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.5%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	28,841
Number of CY 2023 discharges submitted:	20,787
Number of CY 2023 discharges linked to an admission:	19,750
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	18,734

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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]	639	748
All clients with non-missing values on at least one substance/frequency of use [denominator]	970	970
Percent of clients abstinent from alcohol	65.9%	77.1%

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]		130
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	331	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		39.3%

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]		618
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	639	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.7%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	884
Number of CY 2023 discharges submitted:	1,003
Number of CY 2023 discharges linked to an admission:	990
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	970

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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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]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from drugs	0.0%	0.0%

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

Notes (for this level of care):

Number of CY 2023 admissions submitted:	0
Number of CY 2023 discharges submitted:	0
Number of CY 2023 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

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]	2,040	2,669
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,229	4,229
Percent of clients abstinent from drugs	48.2%	63.1%

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]		950
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,189	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		43.4%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,719
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,040	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		84.3%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	3,858
Number of CY 2023 discharges submitted:	4,362
Number of CY 2023 discharges linked to an admission:	4,252
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	4,229

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]	12,404	13,735
All clients with non-missing values on at least one substance/frequency of use [denominator]	18,734	18,734
Percent of clients abstinent from drugs	66.2%	73.3%

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]		2,401
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,330	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		37.9%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		11,334
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	12,404	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		91.4%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	28,841
Number of CY 2023 discharges submitted:	20,787
Number of CY 2023 discharges linked to an admission:	19,750
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	18,734

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]**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]	485	597
All clients with non-missing values on at least one substance/frequency of use [denominator]	970	970
Percent of clients abstinent from drugs	50.0%	61.5%

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]		151
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	485	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		31.1%

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]		446
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	485	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		92.0%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	884
Number of CY 2023 discharges submitted:	1,003
Number of CY 2023 discharges linked to an admission:	990
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	970

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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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]	0	0
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0%	0.0%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0%	
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		0
Number of CY 2023 discharges submitted:		0
Number of CY 2023 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 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 11/15/2024]

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]	886	1,873
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	3,281	3,281
Percent of clients participating in self-help groups	27.0%	57.1%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	30.1%	
Notes (for this level of care):		
Number of CY 2023 admissions submitted:	3,858	
Number of CY 2023 discharges submitted:	4,362	

Number of CY 2023 discharges linked to an admission:	4,252
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	3,281

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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]	3,186	4,250
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	15,457	15,457
Percent of clients participating in self-help groups	20.6%	27.5%
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]	6.9%	
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		28,841
Number of CY 2023 discharges submitted:		20,787
Number of CY 2023 discharges linked to an admission:		19,750
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		15,457

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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]	165	213
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	864	864
Percent of clients participating in self-help groups	19.1%	24.7%
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]	5.6%	
Notes (for this level of care):		
Number of CY 2023 admissions submitted:	884	

Number of CY 2023 discharges submitted:	1,003
Number of CY 2023 discharges linked to an admission:	990
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	864

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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Footnotes:

NOT FINAL

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	7	2	4	6
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	0	0	0	0
5. Long-term (over 30 days)	73	18	50	98
AMBULATORY (OUTPATIENT)				
6. Outpatient	94	18	54	130
7. Intensive Outpatient	68	2	6	91
8. Detoxification	211	163	191	261
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification ¹	0	0	0	0
10. OUD Medication-Assisted Treatment Outpatient ²	276	90	222	413

Level of Care	2023 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	5963	5853
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	0	0

5. Long-term (over 30 days)	4362	4252
AMBULATORY (OUTPATIENT)		
6. Outpatient	20787	18877
7. Intensive Outpatient	1003	990
8. Detoxification	10	9
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification ¹		0
10. OUD Medication-Assisted Treatment Outpatient ²		873

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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. Supplemental Data, if any
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 2021 - 2022		<input type="text"/>
	Age 21+ - CY 2021 - 2022		<input type="text"/>
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 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>
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 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>

4. 30-day Use of Marijuana	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.]" Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>
5. 30-day Use of Illicit Drugs Other Than Marijuana	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] " 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).		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>

[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:
Table was not prepopulated at the time this report was submitted.

V: Performance Data and Outcomes

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. Supplemental Data, if any
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 2021 - 2022		<input type="checkbox"/>
	Age 21+ - CY 2021 - 2022		<input type="checkbox"/>
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 2021 - 2022		<input type="checkbox"/>
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>
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 2021 - 2022		<input type="checkbox"/>
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>

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Footnotes:

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V: Performance Data and Outcomes

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. Supplemental Data, if any
1. Age at First Use of Alcohol	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.]" Outcome Reported: Average age at first use of alcohol.		
	Age 12 - 20 - CY 2021 - 2022		<input type="checkbox"/>
	Age 21+ - CY 2021 - 2022		<input type="checkbox"/>
2. Age at First Use of Cigarettes	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.]" Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	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.]" Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>

4. Age at First Use of Marijuana or Hashish	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.]" Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>
5. Age at First Use Heroin	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used heroin?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of heroin.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	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.]" Outcome Reported: Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>

[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.

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

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V: Performance Data and Outcomes

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. Supplemental Data, if any
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"		

	Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2021 - 2022		

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

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V: Performance Data and Outcomes

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. Supplemental Data, if any
Perception of Workplace Policy	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]" Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

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V: Performance Data and Outcomes

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. Supplemental Data, if any
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 2021		<input type="text"/>

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

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V: Performance Data and Outcomes

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. Supplemental Data, if any
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		<input type="checkbox"/>

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

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V: Performance Data and Outcomes

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. Supplemental Data, if any
Alcohol- and Drug-Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2021		<input type="text"/>

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

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V: Performance Data and Outcomes

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. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	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] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	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] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>

[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.
 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

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V: Performance Data and Outcomes

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. Supplemental Data, if any
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 2021 - 2022		<input type="checkbox"/>

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context
0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

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V: Performance Data and Outcomes

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	10/1/2021	9/30/2023

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).

Providers and coalitions who provide prevention services using SUPTRS funds are required to enter their services information into the Department's Performance Based Prevention System (PBPS). Some of the data submitted into PBPS includes demographics, types of services, outcomes, group sizes, program descriptions and activities, and strategic planning materials. These submitted data are used to track and monitor utilization and performance of prevention services. These data are also used to compile Block Grant reports which describe the services being provided throughout the state. The Department contracts with Collaborative Planning Group Systems, Inc. for the maintenance of the system.

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

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

Providers must select one of the racial categories identified in Table 31 when entering data into Florida's Performance Based Prevention System (PBPS). One of the categories available in PBPS is "More Than One Race". When the data is retrieved from the system, individuals submitted under "More Than One Race" are only counted under that category.

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

V: Performance Data and Outcomes

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

The reporting period for Tables 31 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Category	Total
A. Age	1,225,575
0-5	
6-12	
13-17	
18-20	25,668
21-24	22,756
25-44	199,668
45-64	144,432
65-74	
75 and Over	
Age Not Known	833,051
B. Gender	1,225,575
Male	440,173
Female	653,136
Trans man	
Trans woman	
Gender non-conforming	
Other	132,266
C. Ethnicity	1,225,575
Hispanic or Latino	415,760
Not Hispanic or Latino	671,203
Ethnicity Unknown	138,612
D. Race	1,225,575
White	624,687
Black or African American	344,653
Native Hawaiian/Other Pacific Islander	1,884
Asian	14,206
American Indian/Alaska Native	3,430

More Than One Race (not OMB required)	72,750
Race Not Known or Other (not OMB required)	163,965

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Florida's Performance Based Prevention System (PBPS) collects age demographics using different age categories. Therefore, reporting is not consistent with Table 31. For the purpose of completing the table, data that fell outside of the identified age categories were added to the "age not known" category. The complete data set as reported out of the PBPS system is listed below.

0-4: 9509
5-11: 155828
12-14: 363785
15-17: 221287
18-20: 25668
21-24: 22756
25-44: 199668
45-64: 144432
65+: 69144
Unknown: 13498

Data related to gender identity beyond the categories of male and female are not currently collected in the PBPS system. Other was selected for individuals whose gender identity is unknown.

V: Performance Data and Outcomes

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

The reporting period for Tables 32 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Category	Total
A. Age	14001400
0-5	
6-12	
13-17	
18-20	741641
21-24	1235828
25-44	3809754
45-64	3599960
65-74	
75 and Over	
Age Not Known	4614217
B. Gender	14001400
Male	6819027
Female	7123854
Trans man	
Trans woman	
Gender non-conforming	
Other	58519
C. Race	14001400
White	9428349
Black or African American	1938216
Native Hawaiian/Other Pacific Islander	7628
Asian	325371
American Indian/Alaska Native	43968
More Than One Race (not OMB required)	1671318
Race Not Known or Other (not OMB required)	586550
D. Ethnicity	14001400
Hispanic or Latino	4499528

Not Hispanic or Latino	9440823
Ethnicity Unknown	61049

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Florida's Performance Based Prevention System (PBPS) collects age demographics using different age categories. Therefore, reporting is not consistent with Table 32. For the purpose of completing the table, data that fell outside of the identified age categories were added to the "age not known" category. The complete data set as reported out of the PBPS system is listed below.

- 0-4: 659618
- 5-11: 1031591
- 12-14: 556184
- 15-17: 605447
- 18-20: 741641
- 21-24: 1235828
- 25-44: 3809754
- 45-64: 3599960
- 65+: 1703896
- Unknown: 57481

Data related to gender identity beyond the categories of male and female are not currently collected in the PBPS system. Other was selected for individuals whose gender identity is unknown.

V: Performance Data and Outcomes

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

The reporting period for Tables 33 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

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		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	0	\$0.00
Number of Persons Served ¹	0	0

¹Number of Persons Served is populated from Table 31 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity and Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

V: Performance Data and Outcomes

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

The reporting period for Tables 34 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

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.

Florida implements SAMHSA's EBP guidelines using the following process. These guidelines are included within each Managing Entity contract through Guidance Document 1 (Evidence-Based Guidelines). This guidance document identifies SAMHSA's Evidence-Based Practices Resource Center, Blueprints for Healthy Youth Development, OJJDP's Model Programs, the California Evidence-Based Clearinghouse for Child Welfare, and the University of Washington Alcohol and Drug Abuse Institute's EBP Substance Use Database, as approved registries for identifying and selecting EBPs. Providers who wish to implement a program that is not in one of these registries must document the following: The theory of change and logic model • How the content and structure is similar to programs or strategies that do appear in the approved registries or in the peer-reviewed literature (or how it is based on sound scientific principles of community prevention or public health) • The number of times it was implemented in the past, the fidelity with which it was implemented, and the results of any outcome evaluations • A review by a panel of informed experts. The Department reviews prevention programs with inconclusive, mixed, or limited findings to determine if they should be added to the list of EBPs in PBPS. To be considered evidence-based, prevention programs must have been evaluated through a peer-reviewed publication, with an experimental or quasi-experimental research design and found to produce statistically significant reductions in substance use outcomes. An example of three such reviews are included as documentation to support the performance indicator updates.

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

Data used to populate this report were retrieved from the ME Reporting Templates (Contract Template 2)

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	75965	6647	82612	9406	23898	115916
2. Total number of Programs and Strategies Funded	82882	17780	100662	10276	25157	136095
3. Percent of Evidence-Based Programs and Strategies	91.65%	37.38%	82.07%	91.53%	95.00%	85.17%

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

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V: Performance Data and Outcomes

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

The reporting period for table 35 is the 24- month expenditure period of the FFY 2022 SUPTRS BG award.

Reporting Period Start Date: 10/01/2021 Reporting Period End Date: 09/30/2023

	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 # 8,988	\$7,143,596.00
Universal Indirect	Total # 180	\$6,334,887.00
Selective	Total # 1,301	\$6,739,241.00
Indicated	Total # 175	\$2,246,414.00
Unspecified	Total #	
	Total EBPs: 10,644	Total Dollars Spent: \$22,464,138.00

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

V: Performance Data and Outcomes

Prevention Attachments

Submission Uploads

FFY 2025 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2025 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2025 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2025 Prevention Attachment Category D:		
File	Version	Date Added

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

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