

Texas

UNIFORM APPLICATION

FY 2024 SUPTRS Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025
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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Health and Human Services Commission

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III. Expenditure Period

State Expenditure Period

From 10/1/2022

To 9/30/2023

Block Grant Expenditure Period

From 10/1/2020

To 9/30/2022

IV. Date Submitted

Submission Date

Revision Date

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Footnotes:

NOT FINAL

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Prevention of Substance Abuse

Priority Type: SAP, MHS

Population(s): SMI, SED, PP, Other (Adolescents w/SA and/or MH, Students in College, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Focus on the prevention of substance abuse, SMI and SED by maximizing opportunities where individuals, families, communities, and systems are motivated and empowered to manage their overall emotional, behavioral, and physical health.

Objective:

1) SA Prevention programs (SAP): Maintain the number of youth and adults receiving prevention services.

2) Mental Health First Aid (MHFA) (MHS & SAP/SMI, SED, Other): Increase the number of school based and higher education personnel, the number of community members, and the number of veterans and veterans' immediate family members trained in MHFA. Increase the number of Local Mental Health Authority/Local Behavioral Health Authority personnel trained as trainers in MHFA.

Strategies to attain the goal:

1) SA Prevention programs: Provide targeted technical assistance to providers so that strategies are centered on funded priorities; identify barriers to consumer access of prevention services and the challenges of service delivery; and provide technical assistance that allows contractors to concentrate their efforts on enrolling more youth and adults in prevention education while stabilizing their efforts of other prevention strategies, such as alternative activities and ATOD presentations.

2) MHFA: Contract with LMHA/LBHAs to provide evidence-based MHFA training to public school and higher education personnel, community members, and veterans and veterans' immediate family members, and provide technical assistance support to providers.

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Prevention of Substance Use Disorder

Baseline Measurement: Adults: 306,330 Youth: 800,274

First-year target/outcome measurement: Return to Pre-Covid levels of Adults: 520,167 Youth: 1,636,415

Second-year target/outcome measurement: Return to Pre-Covid levels of Adults: 520,167 Youth: 1,636,415

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

Data Source:

CMBHS

New Data Source(if needed):

☐

Description of Data:

Number of youth and adults receiving substance abuse prevention services.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

Services include mental health prevention/promotion efforts. There is no current way to separate out these integrated programs. Program measures are aggregate reports and not based on individual level services for each strategy. For individuals who receive more than one service, there will be duplication in the total count.

New Data issues/caveats that affect outcome measures:

Adults: 399,923
Youth: 1, 084,934

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:

Workforce shortages internally and with contractors, various communities disparately impacted by waves of COVID and local restrictions. Media campaign delayed allowing more time for research, message development and capacity building. Texas is working to develop the workforce and strengthen retention, innovate ways to overcome challenges related to COVID and will be launching the statewide media campaign.

How first year target was achieved (optional):

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

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

PENDING

How second year target was achieved (optional):

☐

Priority #:

2

Priority Area:

Substance Use Disorder Treatment and Intervention

Priority Type:

SAT

Population(s):

PWWDC

Goal of the priority area:

Focus on health care and services coordination. Integration efforts seek to increase access to appropriate high- quality intervention and treatment.

Objective:

- 1) Maintain coordinated efforts between state agencies to create efficiencies and provide better services.
- 2) SAT/PWWDC,PWID): Increase the number of Pregnant Women and Women with Dependent Children (PWWDC) screened and admitted (within 72 hours) to treatment.
- 3) SAT ensure treatment services are not negated by other higher factors such as stable housing. Individuals in a stable and supported housing are more likely to be successful in continuing abstinence.
- 4)SAT/PADRE,PPI: Maintain the number of parenting and expecting couples at risk for involvement or currently involved with child welfare with a substance use disorder or who are at risk of developing a substance use disorder screened through existing Parenting Awareness and Drug Risk Education (PADRE) and Rural Border Intervention (RBI) programs.
- 5) SAT Maintain or increase the number of services and ensure each service is provided with a high standard.

Strategies to attain the goal:

- 1) Utilize the System Contract (SCOR) to see when agreements will expire. Work with partnering state agencies to ensure populations in need are served.
- 2) Utilize state general revenue to increase services/rates to ensure capacity meets the need. Maintain oversight of waitlist reporting and contact contractors to ensure coordination continues.
- 3) Provide oversight and communication with contractors not meeting Outcome Measures to ensure quality services are provided.
- 4) PADRE/RBI: Continue to provide PADRE services across the state and provide ongoing technical assistance and on-site monitoring to support the PADRE programs.
- 5) Provide oversight to ensure contractors are not over-extending stays or not performing appropriate screenings which result in extended or shortened lengths of treatment.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Priority Population Admission

Baseline Measurement: Pregnant, injecting women and pregnant women who were immediately admitted (72 hours) into treatment services - 42%

First-year target/outcome measurement: FY2022 – Increase by 10% to, at least, 52%

Second-year target/outcome measurement: FY2023 – Increase by 10% to, at least, 62%

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

Data Source:

CMBHS

New Data Source(if needed):

☐

Description of Data:

Numerator: The Number of eligible pregnant, injecting women and pregnant women who were immediately admitted into treatment services.

Denominator: The Number of eligible pregnant, injecting women and pregnant women who were screened and/or assessed for treatment.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

38%

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:

Substance use treatment providers are being impacted by staffing shortages and COVID-19 outbreaks within residential facilities which lead to a reduction in capacity, a freeze in admissions, and longer wait lists and with increased wait times. In 2022 HHSC implemented programs to help treatment providers mitigate the spread of COVID-19 in treatment settings through the distribution of resources such as personal protective equipment, cleaning supplies, and hygiene items. HHSC is also working to assist treatment providers with financial resources to offset costs and assist in staff retention.

How first year target was achieved (optional):

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

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

PENDING

How second year target was achieved (optional):

☐

Indicator #: 2

Indicator: Intervention Services Number Served

Baseline Measurement: FY2020 Numbers served in PADRE and RBI - 4,461

First-year target/outcome measurement: Return to Pre-Covid level of 9,217

Second-year target/outcome measurement: Return to Pre-Covid level of 9,217

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

Data Source:

CMBHS

New Data Source(if needed):

☐

Description of Data:

Contractual Performance Measures
PADRE
Number of adult clients screened for substance abuse risk factors
Number of youth clients screened for substance abuse risk factors
RBI -
Number of adults served
Number of youth served.

New Description of Data(if needed)

☐

Data issues/caveats that affect outcome measures:

Number served may be impacted by procurement with resulting contracts starting FY2021

New Data issues/caveats that affect outcome measures:

8,309

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:

Substance use intervention programs conduct outreach in various community settings including hospitals, jails, and treatment settings. Due to the COVID-19 pandemic many community settings were closed to the public, meaning substance intervention programs had fewer settings to conduct community outreach leading to a decrease program participants. However, in early 2022 community outreach settings began to open back up to the public allowing providers to resume outreach and begin increase their participant count. While some community outreach settings were closed substance use intervention programs expanded their outreach to find program participants in new settings like food banks and recovery support meetings. HHSC is hopeful that the opening up of previously closed out reach locations combined with the out reach being conducted in new locations will increase the number served for intervention services.

How first year target was achieved (optional):

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

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

PENDING

How second year target was achieved (optional):

☐

Indicator #:

3

Indicator:

Number of Adults served in Substance Use Disorder treatment services

Baseline Measurement:

Number of adult treatment program services - 30,769

First-year target/outcome measurement:

Return to Pre-Covid level of 34,450

Second-year target/outcome measurement:

Return to Pre-Covid level of 34,450

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

Data Source:

CMBHS

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

Number of adult Treatment (TRA) program services is a total served in TRA and LBHA-TRA services. This number may reflect the same individual served in multiple services.

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

Number served may be impacted by procurement, where new contracts will begin in FY2021 and will be affected by a rate increase if determined to be required.

New Data issues/caveats that affect outcome measures:

34,193

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:

Adults served 34,193. Substance use treatment providers across have been affected by workforce shortages. Residential and outpatient facilities are experiencing challenges retaining staff due to the inability to offer competitive salaries and benefits. HHSC is working to assist treatment providers with financial resources to offset costs and assist in staff retention. In addition, Medicaid has continued to extend coverage for pregnant and post-partum women allowing them to access services using their Medicaid instead of block grants funds.

How first year target was achieved (optional):

Second Year Target:

☒ Achieved

☐ Not Achieved (if not achieved, explain why)
Reason why target was not achieved, and changes proposed to meet target:☐**How second year target was achieved (optional):**

Goal: 34,450 Adults served

Actual: 34,757

Priority #:

3

Priority Area:

Recovery Support

Priority Type:

SAT, MHS

Population(s):

SMI, SED, PWWDC, PP, EIS/HIV, TB, Other (Criminal/Juvenile Justice, Homeless)

Goal of the priority area:

Focus on partnering with people in recovery from mental and substance use disorders and their family members, with an emphasis on person-centered planning, to guide the behavioral health system and promote individual, program, and system level approaches that foster health and resilience; increase housing to support recovery; reduce barriers to employment, education, and other life goals; and secure necessary social supports.

Objective:

- 1) Supported Housing (MHS & SAT/SMI, SED, Homeless): SMI and all priority populations): Reduce the need for emergency care access by providing supportive housing rental assistance.
- 2) Enhance Texas's current behavioral health service delivery system through the use of client-driven practices.
- 3) Certified Mental Health Peer Specialists and Recovery Support Peer Specialists (SAT/All Priority Populations): Maintain the number of certified Peer Specialists and Recovery Coaches.

Strategies to attain the goal:

- 1) Supported Housing: Continue to provide level funding to SHR that provides rental assistance to individuals. Provide monthly supported housing

technical assistance calls and conduct site visits as needed to support providers.

2) Utilize current state expertise in addition to expert training and consultation to create a PCRP implementation workgroup and plan that addresses the needs of Texans.

3) Certified Mental Health Peer Specialists and Recovery Support Peer Specialists: Continue to contract with providers to offer training and certification for MHPS and RSPS in SFY 2020 and SFY 2021. Provide ongoing technical assistance to support Recovery Support Services provider (for persons with SUD) and LMHA/LBHA development and retention of certified MHPs and RSPs.

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number enrolled in long-term coaching

Baseline Measurement: Number of individuals enrolled in long-term coaching - 5,818

First-year target/outcome measurement: Maintain Baseline

Second-year target/outcome measurement: Maintain Baseline

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

Data Source:

CMBHS

New Data Source(if needed):

☐

Description of Data:

Performance Measure in contract
Number of individuals currently enrolled to receive long-term (12 months) coaching

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

Number served may be impacted by procurement. New contracts will begin in fiscal year 2021

New Data issues/caveats that affect outcome measures:

4,896

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:

Target was not met due to high number of participants who withdrew from services during the COVID-19 pandemic. HHSC will provide technical assistance to providers on outreach and engagement in the post-COVID environment.

How first year target was achieved (optional):

Second Year Target:

☐

Achieved

☒

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

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

PENDING

How second year target was achieved (optional):

☐

Indicator #: 2

Indicator: Youth Recovery

Baseline Measurement: Number of youth served 4,485

First-year target/outcome measurement: Maintain Baseline

Second-year target/outcome measurement: Maintain Baseline

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

Data Source:

CMBHS

New Data Source(if needed):

☐

Description of Data:

Performance Measure in contract
Total number of participants with open cases for the reporting month.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

8,852

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

Goal: Maintain Baseline-Number of Youth served 4,485

Actual: 8,852

Second Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

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

☐

How second year target was achieved (optional):

Goal: Maintain Baseline-Number of Youth served 4,485

Actual: 12,937

Priority #:

4

Priority Area:

Crisis Service Delivery

Priority Type:

SAT, MHS

Population(s):

SMI, SED, PP

Goal of the priority area:

Focus on the availability and accessibility of crisis services to individuals within the community.

Objective:

1. Maintain current levels of access to crisis services for individuals with mental health and/or substance use disorders.
2. Provide the appropriate crisis services to individuals in the community.
3. Reduce the need for psychiatric hospitalizations among those who have had a crisis event.

Strategies to attain the goal:

1. Continue providing crisis residential facilities across the state focusing on special populations and rural areas. Provide ongoing technical assistance and on-site monitoring to support the crisis programs.
2. Increase access to crisis response services for persons waiting for access to ongoing mental health care.
3. Provide services within the community to meet the needs of individuals.

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

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of Persons Receiving Crisis Residential Services Per Year

Baseline Measurement: 22,254 individuals received crisis residential services in state fiscal year 2020

First-year target/outcome measurement: Return to Pre-Covid level of 25,000

Second-year target/outcome measurement: Return to Pre-Covid level of 25,000

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

Data Source:

Consumer Analysis Data Warehouse

New Data Source(if needed):

☐

Description of Data:

Number of individuals with mental health and/or substance use disorder who received crisis residential services in a fiscal year

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

12,827

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:

There were fewer admissions to crisis residential services due to COVID-19. During the pandemic, facilities were forced to close temporarily or reduce capacity due to nursing and other workforce shortages; and positive COVID test results (of both staff and patients). The loss of federal DSRIP funding resulted in one permanent facility closure in fiscal year 2022. Fewer admissions were also the result of facilities serving patients with higher acuity and who required longer stays.

HHSC is working with contractors to address crisis services workforce challenges and continuing to monitor changes in admission and discharge practices--including lengths of stay, operating capacity changes, and limitations due to quarantine or other COVID-19 related challenges. HHSC will continue to provide statewide and individual technical assistance and guidance to address crisis service challenges.

How first year target was achieved (optional):

Second Year Target:

☐

Achieved

☒

Not Achieved (if not achieved, explain why)

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

PENDING

How second year target was achieved (optional):

☐

Indicator #: 2

Indicator: Number of persons receiving crisis outpatient services

Baseline Measurement: 89,901 persons received crisis outpatient services in state fiscal year 2020

First-year target/outcome measurement: Maintain Baseline

Second-year target/outcome measurement: Maintain Baseline

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

Data Source:

Consumer Analysis Data Warehouse

New Data Source(if needed):

☐

Description of Data:

Reflect the number of individuals who received crisis outpatient services in a fiscal year.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

83,317

Report of Progress Toward Goal Attainment

First Year Target:

☐

Achieved

☒

Not Achieved (if not achieved,explain why)

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

The number of persons receiving crisis outpatient services funded by general revenue has a slight decrease due to centers experiencing significant staffing shortages due to workforce challenges experienced during the pandemic.

HHSC is working with contractors to address crisis services workforce challenges and continuing to monitor changes and limitations due to COVID-19 related challenges. HHSC will continue to provide statewide and individual technical assistance and guidance to address crisis service challenges.

How first year target was achieved (optional):

Second Year Target:

☐

Achieved

☒

Not Achieved (if not achieved,explain why)

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

PENDING

How second year target was achieved (optional):

☐

Indicator #: 3

Indicator: Percentage of individuals receiving crisis services who avoid psychiatric hospitalization

Baseline Measurement: 97% of individuals avoid psychiatric hospitalization

First-year target/outcome measurement: Maintain baseline

Second-year target/outcome measurement: Maintain baseline

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

Data Source:

Consumer Analysis Date Warehouse

New Data Source(if needed):

☐

Description of Data:

The percentage of individuals who received crisis service, but did not receive psychiatric hospitalization.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

98%

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

Goal: Maintain Baseline-97% of individuals avoid psychiatric hospitalization

Actual: 98%

Second Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

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

☐

How second year target was achieved (optional):

Goal: Maintain Baseline-97% of individuals avoid psychiatric hospitalization

Actual: 97%

Priority #:

5

Priority Area:

Community Mental Health Services

Priority Type:

SAT, MHS

Population(s):

SMI, SED, PP

Goal of the priority area:

Community mental health services should be available and provided to individuals regardless of age or geographic location within the state.

Objective:

Provide mental health services to adults and children in the community.

Strategies to attain the goal:

Maintain or increase access to community mental health services across the state.

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

Number of adults receiving community mental health services per year

Baseline Measurement:

218,752 adults served

First-year target/outcome measurement: Maintain baseline

Second-year target/outcome measurement: Maintain baseline

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

Data Source:

Consumer Analysis Data Warehouse

New Data Source(if needed):

☐

Description of Data:

This reflects the number of adults who received a mental health service in the fiscal year

New Description of Data(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

230,941

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

Goal: Maintain baseline-218,752 adults served

Actual: 230,941

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

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

☐

How second year target was achieved (optional):

Goal: Maintain baseline-218,752 adults served

Actual: 233,125

Indicator #:

2

Indicator:

Number of children receiving community mental health services per year

Baseline Measurement:

66,733 children served

First-year target/outcome measurement:

maintain baseline

Second-year target/outcome measurement:

maintain baseline

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

Data Source:

Consumer Analysis Data Warehouse

New Data Source(if needed):

☐

Description of Data:

This reflects the number of children who received a mental health service in a fiscal year.

New Description of Data(if needed)

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

None

New Data issues/caveats that affect outcome measures:

69,845

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

Goal: Maintain baseline-66,733 children served

Actual: 69,845

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

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

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

Goal: Maintain baseline-66,733 children served

Actual: 71,907

Priority #:

6

Priority Area:

Mental Health Targeted Programs

Priority Type:

SAT, MHS

Population(s):

SMI, SED, PP

Goal of the priority area:

Guide the behavioral health system and promote individual, program, and system level approaches that foster health and resilience; increase housing to support recovery; reduce barriers to employment, education, and other life goals; and secure necessary social supports.

Objective:

- 1 & 2. Supported Housing Rental Assistance (SHR): Reduce the need for emergency care access by providing supportive housing rental assistance.
- 3 & 4. Certified Mental Health Peer Specialists (MHPS) and Recovery Support Peer Specialists (RSPS): Maintain the number of MHPSs and RSPSs.
5. Expand and maintain the number of individuals in the First Episode of Psychosis Program who access integrated services.

Strategies to attain the goal:

- 1 & 2. Supported Housing Rental Assistance (SHR): Expand SHR availability in Texas. Provide monthly supported housing technical assistance calls and conduct site visits as needed to support providers.
- 3 & 4. Certified Mental Health Peer Specialists and Recovery Support Peer Specialists : Continue to contract with providers to offer training and certification for MHPS and RSPS in SFY 2020 and SFY 2021. Provide ongoing technical assistance to support Recovery Support Services provider (for persons with SUD) and LMHA/LBHA development and retention of certified MHPSs and RSPSs.
5. First Episode of Psychosis Program: Monitor and support current and future First Episode of Psychosis pilot programs to establish and maintain access to integrated care for participants.

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

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

Indicator #: 1

Indicator: Reduce crisis services for individuals receiving supportive housing rental assistance (SHR)

Baseline Measurement: 50% crisis services reduction

First-year target/outcome measurement: Maintain baseline

Second-year target/outcome measurement: Maintain baseline

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

Data Source:

CMBHS/MBOW

New Data Source(if needed):

☐

Description of Data:

Data compares crisis service utilization 180 days before clients' first SHR payment to utilization 180 days after first SHR payment.

New Description of Data(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

59%

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

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

How first year target was achieved (optional):

Goal: Maintain baseline-50% crisis services reduction

Actual: 59%

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

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

PENDING

How second year target was achieved (optional):

☐

Indicator #: 2

Indicator: Reduce psychiatric hospitalizations for individuals receiving supportive housing rental assistance (SHR)

Baseline Measurement: 50% Psychiatric Hospitalization Reduction

First-year target/outcome measurement: Maintain Baseline

Second-year target/outcome measurement: Maintain Baseline

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

Data Source:

CMBHS/MBOW

New Data Source(if needed):

☐

Description of Data:

Data compares psychiatric hospital admissions 180 days before clients' first SHR payment to admissions 180 days after first SHR payment.

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

None

New Data issues/caveats that affect outcome measures:

68%

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Goal: Maintain baseline-50% Psychiatric Hospitalization Reduction
Actual: 68%

Second Year Target:



Achieved



Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:☐**How second year target was achieved (optional):**

Goal: Maintain baseline-50% Psychiatric Hospitalization Reduction
Actual: 73%

Indicator #:

3

Indicator:

Number of certified Mental Health Peer Specialists (MHPS)

Baseline Measurement:

884 MHPS

First-year target/outcome measurement:

Maintain Baseline

Second-year target/outcome measurement:

Maintain Baseline

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

Data Source:

Texas's peer certifying organizations: The Texas Certification Board and Wales Counseling DBA Texas Peers

New Data Source(if needed):

Texas Certification Board

Description of Data:

Number of individuals who have received MHPS training and have applied for and been granted certification.

New Description of Data:(if needed)

Number of people granted certification.

Data issues/caveats that affect outcome measures:

In 2017, the Texas Legislature enacted a statute requiring the certification process be separated from organizations that provide training. The full implications of this new legislation on the number of MHPS and RSPS are currently unknown.

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:

Number of certified MH Peer Specialists = 592. As the result of state legislative changes, some MHPS did not recertify which affected the total number. HHSC has a team dedicated to the expansion of the peer workforce, who will continue their expansion efforts through additional technical assistance and outreach.

How first year target was achieved (optional):

Indicator #: 4

Indicator: Number of certified Recovery Support Peer Specialists (RSPS)

Baseline Measurement: 463 RSPS

First-year target/outcome measurement: Maintain Baseline

Second-year target/outcome measurement: Maintain Baseline

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

Data Source:

Texas' peer certifying organizations: The Texas Certification Board and Wales Counseling DBA Texas Peers

New Data Source(if needed):

Texas Certification Board

Description of Data:

Number of individuals who have received RSPS training and have applied for and been granted certification.

New Description of Data:(if needed)

Number of people granted certification.

Data issues/caveats that affect outcome measures:

In 2017, the Texas Legislature enacted statute requiring the certification process be separated from organizations that provide training. The full implications of this new legislation on the number of MHPS and RSPS are currently unknown.

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):

Number of certified Recovery Peer Specialists = 628

Indicator #: 5

Indicator: Number of individuals served in the First Episode of Psychosis program

Baseline Measurement: 981 individuals served in state fiscal year 2020

First-year target/outcome measurement: maintain baseline

Second-year target/outcome measurement: maintain baseline

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

Data Source:

CMBHS/MBOW

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

Number of persons served in the early onset psychosis level of care.

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

New programs have started in spring 2019 that will need time for ramp-up. These sites are also in more rural locations so targets may need to be adjusted after initial assessment of implementation of new program sites.

New Data issues/caveats that affect outcome measures:

1,251

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

Goal: Maintain baseline-981 individuals served in state fiscal year 2020

Actual: 1,251

Second Year Target:



Achieved



Not Achieved (if not achieved,explain why)

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

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

Goal: Maintain baseline-981 individuals served in state fiscal year 2020

Actual: 1,289

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

Footnotes:

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	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
a. Pregnant Women and Women with Dependent Children	\$0.00		\$0.00	\$0.00	\$0.00	\$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	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Substance Use Disorder Primary Prevention	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ⁴	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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 No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

²The expenditure period for ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

³Prevention other than primary prevention

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

Please indicate the expenditures are actual or estimated.

☐ Actual ☐ Estimated

Please identify which of the information in is estimated rather than actual:

Identify the date by when all estimates can be replaced with actual expenditures:

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Footnotes:

III: Expenditure Reports

Table 3a – Syringe Services Program (SSP)

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

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

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

² The expenditure period for The ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

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III: Expenditure Reports

Table 3b - Syringe Services Program

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

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

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

² The expenditure period for ARP supplemental funding is September 1, 2021 – September 30, 2025, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

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Footnotes:

NOT FINAL

III: Expenditure Reports

Table 3c – Harm Reduction Activities

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

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

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

²The expenditure period for ARP supplemental funding is September 1, 2021 - September 30, 2025, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 - June 30, 2025.
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Footnotes:

NOT FINAL

III: Expenditure Reports

Table 4 - State Agency SUPTRS BG Expenditure Compliance Report

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

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

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

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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III: Expenditure Reports

SUPTRS BG Table 5a - Primary Prevention Expenditures

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

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	Substance Use Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective					
Information Dissemination	Indicated					
Information Dissemination	Universal					
Information Dissemination	Unspecified					
Information Dissemination	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Selective					
Education	Indicated					
Education	Universal					
Education	Unspecified					
Education	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Selective					
Alternatives	Indicated					
Alternatives	Universal					
Alternatives	Unspecified					
Alternatives	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Selective					
Problem Identification and Referral	Indicated					
Problem Identification and Referral	Universal					
Problem Identification and Referral	Unspecified					
Problem Identification and Referral	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Community-Based Process	Selective					
Community-Based Process	Indicated					
Community-Based Process	Universal					
Community-Based Process	Unspecified					
Community-Based Process	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal					
Environmental	Unspecified					
Environmental	Total	\$0.00	\$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					

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

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

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Footnotes:

III: Expenditure Reports

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

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

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

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

African American	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input checked="" type="checkbox"/>
Rural	<input checked="" type="checkbox"/>
Other Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>

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Footnotes:

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	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$0.00	\$0.00	\$0.00
7. Training and Education	\$0.00	\$0.00	\$0.00
8. Total	\$0.00	\$0.00	\$0.00

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

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Footnotes:

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

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. Opioid Treatment Programs (OTPs)	H. Office-based opioid treatment (OBOTs)
17279	X	✗	Northwest Texas	ABILENE REGIONAL COUNCIL ON ALCOHOL AND	104 Pine Street, Suite 210	Abilene	TX	79601	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TX101726	TX101726	✓	Northwest Texas	Abilene Regional MH/MR Center	2616 South Clack Street	Abilene	TX	79606	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3995	TX100785	✓	Gulf Coast	ADAPT Foundation Inc	P.O. Box 474	Angleton	TX	77516-0474	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3352	TX104040	✓	Gulf Coast	Adapt Programs LLC	P.O. Box 474	Angleton	TX	77515	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	None	✗	Upper East Texas	ADD LIFE RECOVERY CENTER	1909 RICKETY LANE	Tyler	TX	75703	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TX103993	TX103993	✓	Metroplex	Addiction Services LLC	1103 University Drive East Suite 100	College Station	TX	77840	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42	TX909683	✓	Southeast Texas	Adult Rehabilitation Services Inc	6612 Hornwood Drive Suite C	Houston	TX	77074	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17260	TX904007	✗	West Texas	ALCOHOL & DRUG ABUSE COUNCIL FOR THE CONCHO VALLEY	P.O. Box 3805	San Angelo	TX	76902	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29680	TX104818	✗	Southeast Texas	ALCOHOL AND DRUG ABUSE COUNCIL OF DEEP E	304 N RAGUET ST	Lufkin	TX	75904	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15692	TX100787	✗	Upper Rio Grande	ALIVIANE NO/AD INC - ADMINISTRATIVE OFFICE	1626 Medical Center Drive Suite 100	El Paso	TX	79902	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17333	TX751259	✓	Upper South Texas	ALPHA HOME INC	P.O. Box 15440	San Antonio	TX	78212	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17276	TX904692	✓	Upper East Texas	ANDREWS CENTER	2323 West Front Street	Tyler	TX	75701	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4670	TX105074	✓	Central	ANEWENTRY Inc	900 Blackson Avenue Suite 14765	Austin	TX	78752	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30122	X	✗	Metroplex	ASSOCIATION OF PERSONS AFFECTED BY ADDIC	APAA, 3116 Martin Luther King Blvd	Dallas	TX	75215	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17341	TX301808	✗	Central	AUSTIN RECOVERY INC	8402 Cross Park Dr	Austin	TX	78754	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17348	TX100044	✗	Central	AUSTIN TRAVIS COUNTY MHMR CENTER	1631 East 2nd Street Buildings C and E	Austin	TX	78702	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17250	TX116230	✗	Upper East Texas	AZLEWAY INC	15892 CR 26	Tyler	TX	75707	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17325	TX903421	✗	Gulf Coast	BAY AREA COUNCIL ON DRUGS & ALCOHOL INC	2911 S. Shore Blvd, Suite 150	Houston	TX	77058	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4533	TX104163	✓	Central	Bee Cave Recovery	1114 Lost Creek Boulevard Suite G-40	Austin	TX	78746	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4449	TX104844	✓	Lower South Texas	Behavioral Health Solutions of	5510 North Cage Boulevard Suite C	Pharr	TX	78577	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	32241	TX102145	✗	Upper South Texas	BILLY T CATTAN RECOVERY OUTREACH INC	4011 Halsey Street	Victoria	TX	77901	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17300	TX100219	✗	Upper South Texas	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	1009 North Georgetown Street	Round Rock	TX	78664	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17300	TX100219	✗	Central	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	1009 North Georgetown Street	Round Rock	TX	78664	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	4115	TX102569	✓	Lower South Texas	Border Region Behavioral Health Center	1500 Pappas street	Laredo	TX	78041	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	14272	X	✗	Metroplex	BOYS & GIRLS CLUBS OF GREATER FORT WORTH	3218 E. Belknap St	Fort Worth	TX	76111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17310	TX103105	✗	Central	BRAZOS VALLEY COUNCIL ON ALCOHOL & SUBST	P.O. Box 873	Bryan	TX	77806	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17265	TX101422	✗	Southeast Texas	BURKE CENTER	2001 S. Medford Drive	Lufkin	TX	75901	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17356	TX100515	✓	Gulf Coast	CAREER AND RECOVERY RESOURCES INC	2525 San Jacinto Street	Houston	TX	77002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	24822	TX750764	✗	Gulf Coast	CENIKOR FOUNDATION	11111 Katy FWY STE 500	Houston	TX	77079	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	24822	TX750764	✗	Central	CENIKOR FOUNDATION	11111 Katy FWY STE 500	Houston	TX	77079	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	24822	TX750764	✗	Lower South Texas	CENIKOR FOUNDATION	11111 Katy FWY STE 500	Houston	TX	77079	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	24822	TX750764	✗	High Plains	CENIKOR FOUNDATION	11111 Katy FWY STE 500	Houston	TX	77079	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	24822	TX750764	✗	Upper East Texas	CENIKOR FOUNDATION	11111 Katy FWY STE 500	Houston	TX	77079	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	3463	TX104139	✓	Southeast Texas	Center for Success and Independence	3722 Pinemont Drive	Houston	TX	77018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17273	TX908602	✗	High Plains	CENTRAL PLAINS CENTER FOR MHMR	2700 Yonkers Street	Plainview	TX	79072	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17272	TX101723	✗	Northwest Texas	CENTRAL TEXAS MHMR DBA CENTER FOR LIFE RESOURCES	P.O. Box 250	Brownwood	TX	76804	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	14196	X	✗	Gulf Coast	CHANGE HAPPENS!	3353 Elgin Street	Houston	TX	77004	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	28250	TX106702	✗	Gulf Coast	CHEYENNE CENTER INC	10525 Eastex Freeway	Houston	TX	77093	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	27733	TX105746	✗	Central	CHRISTIAN FARMS-TREEHOUSE INC	3804 Riverside Trail	Temple	TX	76502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	16561	TX111264	✗	High Plains	CITY OF LUBBOCK	1314 Ave K	Lubbock	TX	79401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1981A	TX102258	✓	Central	Clean Investments Inc	1212 East Anderson Lane Suite 300	Austin	TX	78752	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17286	X	✗	Gulf Coast	CLEAR CREEK ISD	2425 E. Main	League City	TX	77573	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	15689	X	✗	Lower South Texas	COASTAL BEND WELLNESS FOUNDATION INC	5633 S STAPLES ST STE 700	Corpus Christi	TX	78411	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	32509	TX101299	✗	Metroplex	COLLIN COUNTY MHMR CENTER	PO BOX 828	McKinney	TX	75070	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	14410	X	✗	Gulf Coast	COMMUNITY FAMILY CENTERS	7524 Avenue E	Houston	TX	77012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	25631	X	✗	Central	CONNECTIONS INDIVIDUAL&FAMILY SERVICES	P.O. Box 311268	New Braunfels	TX	78131	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	25631	X	✗	Lower South Texas	CONNECTIONS INDIVIDUAL&FAMILY SERVICES	P.O. Box 311268	New Braunfels	TX	78131	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	25631	X	✗	Upper South Texas	CONNECTIONS INDIVIDUAL&FAMILY SERVICES	P.O. Box 311268	New Braunfels	TX	78131	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	3884	TX100439	✓	High Plains	Dailey Recovery Services	P.O. Box 33046	Amarillo	TX	79120	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17248	X	✗	Metroplex	DALLAS CHALLENGE INC	7777 Forest Lane, B-410	Dallas	TX	75230	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
						700 South											

	1823A	TX000551	✓	99	Deborah Judith Inc	Zamora Street Suites 208 and 209	San Antonio	TX	78207	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	25569	TX101736	✗	Gulf Coast	DEPELCHIN CHILDREN'S CENTER	4950 Memorial Dr	Houston	TX	77007	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	29664	TX102541	✗	Southeast Texas	DRUG & ALCOHOL ABUSE RECOVERY CENTER	4675 WASHINGTON BLVD STE C	Beaumont	TX	77707	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17280	X	✗	Metroplex	DRUG PREVENTION RESOURCES INC	1200 W Walnut Hill Lane, Suite 2100	Irving	TX	75038	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17225	X	✗	Upper East Texas	EAST TEXAS COUNCIL ON ALCOHOLISM & DRUG	708 Glencrest Ln	Longview	TX	75601	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	32618	X	✗	Gulf Coast	EL DORADO TEXAS COMMUNITY SERVICE CENTER	26460 Summit Circle	Santa Clarita	TX	91350	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	32618	X	✗	Lower South Texas	EL DORADO TEXAS COMMUNITY SERVICE CENTER	26460 Summit Circle	Santa Clarita	TX	91350	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17343	X	✗	Upper Rio Grande	EMERGENCE HEALTH NETWORK	201 E MAIN STE 60	El Paso	TX	79995	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17282	TX000320	✗	Metroplex	FAMILY AND CHILD GUIDANCE CENTERS	8915 Harry Hines Blvd	Dallas	TX	75235	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17358	X	✗	Upper South Texas	FAMILY SERVICE ASSOCIATION OF SAN ANTONI	702 San Pedro	San Antonio	TX	78212	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	29643	X	✗	Southeast Texas	FAMILY SERVICES OF SOUTHEAST TEXAS INC	3550 Fannin St.	Beaumont	TX	77701	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	14116	X	✗	High Plains	FAMILY SUPPORT SERVICES OF AMARILLO	1001 S. Polk Street	Amarillo	TX	79101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	29852	N/A	✗	99	Fleishman Hillard Inc.	828 W 6th St	Austin	TX	78703	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	14837	TX904775	✗	Gulf Coast	FORT BEND REGIONAL COUNCIL ON SUBS/ABUSE	10435 GREENBOUGH DR STE 250	Stafford	TX	77477	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	29175	TX103945	✓	Upper South Texas	GUADALUPE REGIONAL MEDICAL CENTER	1215 East Court Street	Seguin	TX	78155	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	16170	TX104533	✗	Gulf Coast	GULF COAST REGIONAL MHMR CENTER	1000 Emmett F Lowrey Suite 1220	Texas City	TX	77591	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17337	TX902993	✗	Central	HEART OF TEXAS REGION MHMR CENTER	110 South 12th Street	Waco	TX	76703	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	15244	TX302921	✗	Northwest Texas	HELEN FARABEE CENTERS	P.O. Box 8266	Wichita Falls	TX	76307	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17315	TX102870	✓	Metroplex	HOMEWARD BOUND INC	P.O. Box 222194	Dallas	TX	75222	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17315	TX103976	✓	Upper Rio Grande	HOMEWARD BOUND INC	P.O. Box 222194	Dallas	TX	75222	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17355	TX000306	✗	Gulf Coast	HOUSTON COUNCIL ON ALCOHOLISM AND DRUG A	303 Jackson Hill	Houston	TX	77007	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	xx	X	✗	Southeast Texas	Houston Recovery Center	P.O. Box 1068	Houston	TX	77251	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	XXX	X	✗	High Plains	Hub City Outreach Center	#4 Briercroft Office Park	Lubbock	TX	79412	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	16468	X	✗	Upper South Texas	JOVEN - JUVENILE OUTREACH AND VOCATIONAL	102 W. White	San Antonio	TX	78214	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17287	X	✗	Upper South Texas	KARNES COUNTY	101 N. Panna Maria	Karnes City	TX	78118	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17230	TX103750	✗	Upper East Texas	LAKES REGIONAL MHMR CENTER	400 Airport Road	Terrell	TX	75160	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17230	TX103750	✗	Metroplex	LAKES REGIONAL MHMR CENTER	400 Airport Road	Terrell	TX	75160	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	12875	TX752067	✗	Southeast Texas	LAND MANOR	P.O. Box 7250	Beaumont	TX	77726	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	31923	TX102503	✗	Metroplex	LENA POPE HOME INC	3131 Sanguinet St.	Fort Worth	TX	76107	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2382A	TX104843	✓	Lower South Texas	Liberty Lodge	P.O. Box 3915	Alice	TX	78333	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

17320	TX901821	✗	Central	LIFESTEPS COUNCIL ON ALCOHOL AND DRUGS	707 1/2 Main Street P.O. Box 1279	Georgetown	TX	78627-1279	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16216	TX103962	✓	Upper East Texas	LONGVIEW WELLNESS CENTER INC	1107 East Marshall Avenue	Longview	TX	75606	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16561	TX111264	✗	High Plains	LUBBOCK REGIONAL MHMR CENTER	1602 10TH ST	Lubbock	TX	79401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TX100203	TX100203	✓	Metroplex	MedMark Treatment Centers	5201 McCart Street Suite H	Fort Worth	TX	76115	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17278	TX909675	✗	Metroplex	MHMR OF TARRANT COUNTY	P.O. Box 2603	Fort Worth	TX	76113	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17305	TX118228	✗	Upper South Texas	MID-COAST FAMILY SERVICES INC	1801 North Laurent Street Suite 200	Victoria	TX	77901	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17317	TX905012	✗	Gulf Coast	MONTROSE COUNSELING CENTER INC	401 Branard Street 2nd Floor	Houston	TX	77006-5015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17240	X	✗	Metroplex	MOSAIC FAMILY SERVICES INC	4144 N. Central Expressway, Suite 530	Dallas	TX	75204	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25275	X	✗	Metroplex	MY SECOND CHANCE INC	1657 S. Corinth Street Road	Dallas	TX	75204	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17247	TX303937	✗	Upper East Texas	NEXT STEP COMMUNITY SOLUTIONS	305 S Broadway Ave, Ste 603	Tyler	TX	75702	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17362	TX902647	✗	Metroplex	NEXUS RECOVERY CENTER INC	8733 La Prada Drive	Dallas	TX	75228	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17234	TX109060	✗	Metroplex	NORTH TEXAS ADDICTION COUNSELING & ED IN	124 W PIONEER PKWY, Suite 120	Arlington	TX	76010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15187	X	✗	Metroplex	NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	9441 LYNDON B JOHNSON FWY STE	Dallas	TX	75243	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
xxxx	X	✗	Lower South Texas	Nueces Center for Mental Health and Intellectual Disabilities	1630 S. Brownlee Blvd.	Corpus Christi	TX	78404	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28206	X	✗	99	OXFORD HOUSE INC	1010 Wayne Ave STE 300	Silver Spring	TX	20910	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17267	TX302962	✗	West Texas	PERMIAN BASIN COMMUNITY CENTERS FOR MHMR	3701 North Big Spring	Midland	TX	79701	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26489	X	✗	West Texas	PERMIAN BASIN REGIONAL COADA	120 E. 2nd Street	Odessa	TX	79761	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17363	TX102514	✗	Metroplex	PHOENIX HOUSES OF TEXAS INC	2345 Reagan Street	Dallas	TX	75219	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17363	TX102514	✗	Gulf Coast	PHOENIX HOUSES OF TEXAS INC	2345 Reagan Street	Dallas	TX	75219	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17363	TX102514	✗	Central	PHOENIX HOUSES OF TEXAS INC	2345 Reagan Street	Dallas	TX	75219	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17249	TX104072	✓	High Plains	PLAINVIEW SERENITY CENTER INC	P.O. Box 278	Plainview	TX	79073-0278	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17252	X	✗	Metroplex	RAINBOW DAYS INC	8150 N CENTRAL EXPY STE 1600	Dallas	TX	75206	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17243	TX104582	✗	Metroplex	REACH-MIDLOTHIAN INC	P.O. Box 598	Midlothian	TX	76065	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
xxxxx	X	✗	Central	Recovery Alliance of Austin	1818 E 12th St	Austin	TX	78702	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17361	TX001342	✓	Lower South Texas	RECOVERY CENTER OF CAMERON COUNTY	P.O. Box 8585	Brownsville	TX	78526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17226	TX750616	✓	Metroplex	RECOVERY RESOURCE COUNCIL	1701 West Freeway Suite 1	Fort Worth	TX	76102	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32265	X	✗	Upper South Texas	RISE RECOVERY	PO Box 782155	San Antonio	TX	78278	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17256	TX103112	✗	Upper East Texas	SABINE VALLEY REGIONAL MHMR CENTER	106 Martin Luther King Street	Longview	TX	75608	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

17353	X	✗	Upper South Texas	SAN ANTONIO COUNCIL ON ALCOHOL & DRUG AB	AT and T Building, Suite 100, 7500 Hwy 90 West	San Antonio	TX	78227	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17350	TX102216	✗	Upper South Texas	SAN ANTONIO LIFETIME RECOVERY INC	10290 Southton Road	San Antonio	TX	78223	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17332	TX106736	✗	Gulf Coast	SANTA MARIA HOSTEL	807 Paschall Street	Houston	TX	77055	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26359	TX902811	✗	Northwest Texas	SERENITY FOUNDATION OF TEXAS	1546 NORTH 2ND STREET	Abilene	TX	79601	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17314	TX109177	✗	Upper South Texas	SERVING CHILDREN AND ADULTS IN NEED INC	2387 East Saunders Street	Laredo	TX	78041	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17314	TX109177	✗	Lower South Texas	SERVING CHILDREN AND ADULTS IN NEED INC	2387 East Saunders Street	Laredo	TX	78041	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
XXXXX	X	✗	Metroplex	Sigma Counseling Services, Inc	1902 Country Club Drive, Ste 120	Carrollton	TX	75006	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15750	TX112676	✗	Upper South Texas	SOUTH TEXAS RURAL HEALTH SERVICES INC	PO Box 599	Cotulla	TX	78014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15696	TX100622	✗	Lower South Texas	SOUTH TEXAS SUBSTANCE ABUSE RECOVERY SERVICES, INC.	P.O. Box 2745	Corpus Christi	TX	78403	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29331	TX102909	✗	Southeast Texas	SPINDLETOP MHMR CENTER	655 S. 8th Street	Beaumont	TX	77701	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17254	TX111504	✗	Metroplex	STAR COUNCIL ON SUBSTANCE ABUSE	P.O. Box 976	Stephenville	TX	76401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17245	X	✗	Metroplex	TARRANT COUNTY CHALLENGE INC	226 Bailey Avenue, Suite 105	Fort Worth	TX	76107	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12910	TX104772	✗	Metroplex	TARRANT COUNTY HOSPITAL DISTRICT	1500 S MAIN ST	Fort Worth	TX	76104	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14182	X	✗	99	TEXAS A&M UNIVERSITY	Research Services, 1260 TAMU	College Station	TX	77843	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17345	TX103604	✗	Upper South Texas	THE CENTER FOR HEALTH CARE SERVICES	601 North Frio Street Building 1	San Antonio	TX	78207	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17330	TX752265	✗	Lower South Texas	THE COUNCIL ON ALCOHOL AND DRUG ABUSE	1801 S. Alameda, Suite 150	Corpus Christi	TX	78404	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17302	-	✗	Metroplex	THE FREESTYLE FOUNDATION	6710 Virginia Parkway STE 215-7	McKinney	TX	75071	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17342	X	✗	Gulf Coast	THE HARRIS CENTER FOR MENTAL HEALTH AND	Po Box 25381	Houston	TX	77265	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
XX	X	✗	Southeast Texas	The Women's Home	607 Westheimer Rd.	Houston	TX	77006	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17223	TX750343	✗	Gulf Coast	TRI-COUNTY BEHAVIORAL HEALTHCARE	PO Box 3067	Conroe	TX	77305	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17346	TX100248	✗	Lower South Texas	TROPICAL TEXAS BEHAVIORAL HEALTH	601 West 6th Street	Edinburg	TX	78539	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3979	TX100551	✓	Southeast Texas	Turning Point	P.O. Box 951	Tomball	TX	77377	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
264A	TX750459	✓	Metroplex	Turtle Creek Recovery Center	2820 Swiss Avenue	Dallas	TX	75204	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24228	X	✗	Metroplex	UNIVERSITY OF TEXAS AT ARLINGTON	PO BOX 19136	Arlington	TX	76019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2576	X	✗	99	UNIVERSITY OF TEXAS AT AUSTIN	Office of Accounting, PO Box 7159	Austin	TX	78713	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17214	TX113658	✓	Gulf Coast	UNLIMITED VISIONS AFTERCARE INC	1126 Hub Street	Houston	TX	77023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31762	X	✗	99	UT HEALTH SCIENCE CENTER AT SAN ANTONIO	7703 FLOYD CURL DRIVE	San Antonio	TX	78229	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				VIALE OPTIONS IN												

	17257	X	✗	Central	COMMUNITY ENDEAVORS	P.O. Box 687	Corsicana	TX	75151	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17257	X	✗	Metroplex	VIALE OPTIONS IN COMMUNITY ENDEAVORS	P.O. Box 687	Corsicana	TX	75151	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17257	X	✗	Upper East Texas	VIALE OPTIONS IN COMMUNITY ENDEAVORS	P.O. Box 687	Corsicana	TX	75151	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	25226	X	✗	Central	VOLUNTEERS AT THE CREEK	9063 Bee Caves Road	Austin	TX	78733	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	16733	TX902928	✗	Metroplex	VOLUNTEERS OF AMERICA TEXAS INC	6500 Shadydell Drive	Euless	TX	76039	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	4527	TX104603	✓	West Texas	West Texas Centers	319 Runnels Street	Big Spring	TX	79720	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	14189	TX903074	✗	Central	WORKERS ASSISTANCE PROGRAM INC	2525 Wallingwood Building 5	Austin	TX	78746	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1000051	TX102937	✓	Northwest Texas	WTCR Abilene Inc	212 South Leggett Drive	Abilene	TX	79605	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	20	TX107759	✓	High Plains	WTCR Amarillo	2300 Line Avenue	Amarillo	TX	79106	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1000014	TX101671	✓	Metroplex	WTCR Dallas	1808 Market Center Boulevard	Dallas	TX	75207-3315	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	29589	X	✗	Metroplex	YOUTH ADVOCATE PROGRAMS INC	2007 N 3RD ST	Harrisburg	TX	17102	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	17324	TX121644	✗	Upper Rio Grande	YSLETA DEL SUR PUEBLO	9314 Jaunchido	El Paso	TX	79907	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total										\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* Indicates the imported record has an error.

Note: ¹42 CFR 8.12: Federal Opioid Treatment Standards (OTP) providers only
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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. Dates given are for the FFY 2024 SUPTRS BG Report. For the FFY 2025 SUPTRS BG report, please increase each year by one. For detailed instructions, see those in BGAS.

Expenditure Period Start Date: Expenditure Period End Date:

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2021) + B2(2022)</u> 2 (C)
SFY 2021 (1)	\$17,189,165.14	
SFY 2022 (2)	\$40,982,883.18	\$29,086,024.16
SFY 2023 (3)	\$0.00	

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

SFY 2021	Yes	No	X
SFY 2022	Yes	No	X
SFY 2023	Yes	No	

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

Yes No

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

If yes, SFY:

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

Yes No

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

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

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

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Footnotes:

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: Expenditure Period End Date:

Base

Period	Total Women's Base (A)
SFY 1994	\$ 13,987,893.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2021		\$ 20,963,011.08	
SFY 2022		\$ 25,689,865.00	
SFY 2023			<input checked="" type="radio"/> Actual <input type="radio"/> Estimated
Enter the amount the State plans to expend in SFY 2024 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women’s Base (A) for Period of (SFY 1994)): \$;			

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).

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Footnotes:

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

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

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

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Pregnant women/teens	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	2. Resources directories	
	3. Media campaigns	
	4. Brochures	
	5. Radio and TV public service announcements	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	2. Education	
	1. Parenting and family management	
	4. Education programs for youth groups	
	3. Alternatives	
	7. Wide array of alternatives for participants and community stakeholders	
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	
	2. Student Assistance Programs	
	3. Driving while under the influence/driving while intoxicated education programs	
	4. Community Resources	
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	
	2. Systematic planning	
	3. Multi-agency coordination and collaboration/coalition	
	4. Community team-building	
	5. Accessing services and funding	

Violent and delinquent behavior	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	
	3. Modifying alcohol and tobacco advertising practices	
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	2. Resources directories	
	3. Media campaigns	
	4. Brochures	
	5. Radio and TV public service announcements	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	2. Education	
	1. Parenting and family management	
	2. Ongoing classroom and/or small group sessions	
	4. Education programs for youth groups	
	3. Alternatives	
	7. Wide array of alternatives for participants and community stakeholders	
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	
	2. Student Assistance Programs	
	3. Driving while under the influence/driving while intoxicated education programs	
	4. Community Resources	
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	
	2. Systematic planning	
	3. Multi-agency coordination and collaboration/coalition	
	5. Accessing services and funding	

Mental health problems	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	
	3. Modifying alcohol and tobacco advertising practices	
	4. Product pricing strategies	
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	2. Resources directories	
	3. Media campaigns	
	4. Brochures	
	5. Radio and TV public service announcements	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	2. Education	
	1. Parenting and family management	
	2. Ongoing classroom and/or small group sessions	
	4. Education programs for youth groups	
	3. Alternatives	
	7. Wide array of alternatives for participants and community stakeholders	
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	
	2. Student Assistance Programs	
	3. Driving while under the influence/driving while intoxicated education programs	
	4. Community Resources	
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	
	2. Systematic planning	
	3. Multi-agency coordination and collaboration/coalition	

	4. Community team-building	
	5. Accessing services and funding	
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	
	3. Modifying alcohol and tobacco advertising practices	
	4. Product pricing strategies	
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	2. Resources directories	
Economically disadvantaged	3. Media campaigns	
	4. Brochures	
	5. Radio and TV public service announcements	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	2. Education	
	1. Parenting and family management	
	2. Ongoing classroom and/or small group sessions	
	4. Education programs for youth groups	
	3. Alternatives	
	7. Wide array of alternatives for participants and community stakeholders	
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	
	2. Student Assistance Programs	
	3. Driving while under the influence/driving while intoxicated education programs	
	4. Community Resources	
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	

	2. Systematic planning	
	3. Multi-agency coordination and collaboration/coalition	
	4. Community team-building	
	5. Accessing services and funding	
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	
	3. Modifying alcohol and tobacco advertising practices	
	4. Product pricing strategies	
Already using substances	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	2. Resources directories	
	3. Media campaigns	
	4. Brochures	
	5. Radio and TV public service announcements	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	8. Information lines/Hot lines	
	2. Education	
	1. Parenting and family management	
	2. Ongoing classroom and/or small group sessions	
	4. Education programs for youth groups	
	3. Alternatives	
	7. Wide array of alternatives for participants and community stakeholders	
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	
	2. Student Assistance Programs	
	3. Driving while under the influence/driving while intoxicated education programs	
	4. Community Resources	
	5. Community-Based Process	

	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	
	2. Systematic planning	
	3. Multi-agency coordination and collaboration/coalition	
	4. Community team-building	
	5. Accessing services and funding	
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	
	3. Modifying alcohol and tobacco advertising practices	
	4. Product pricing strategies	
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	2. Resources directories	
	3. Media campaigns	
Children of People who Misuse Substances	4. Brochures	
	5. Radio and TV public service announcements	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	2. Education	
	2. Ongoing classroom and/or small group sessions	
	4. Education programs for youth groups	
	3. Alternatives	
	7. Wide array of alternatives for participants and community stakeholders	
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	
	2. Student Assistance Programs	
	3. Driving while under the influence/driving while intoxicated education programs	

	4. Community Resources	
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	
	2. Systematic planning	
	3. Multi-agency coordination and collaboration/coalition	
	4. Community team-building	
	5. Accessing services and funding	
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	
	3. Modifying alcohol and tobacco advertising practices	
	4. Product pricing strategies	
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	2. Resources directories	
	3. Media campaigns	
	4. Brochures	
	5. Radio and TV public service announcements	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	2. Education	
	1. Parenting and family management	
	2. Ongoing classroom and/or small group sessions	
	4. Education programs for youth groups	
	3. Alternatives	
	7. Wide array of alternatives for participants and community stakeholders	
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	
	2. Student Assistance Programs	
People Who End High School Pre-Graduation		

3. Driving while under the influence/driving while intoxicated education programs	
4. Community Resources	
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	
2. Systematic planning	
3. Multi-agency coordination and collaboration/coalition	
4. Community team-building	
5. Accessing services and funding	
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	
3. Modifying alcohol and tobacco advertising practices	
4. Product pricing strategies	
1. Information Dissemination	
1. Clearinghouse/information resources centers	
2. Resources directories	
3. Media campaigns	
4. Brochures	
5. Radio and TV public service announcements	
6. Speaking engagements	
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
8. Information lines/Hot lines	
2. Education	
1. Parenting and family management	
2. Ongoing classroom and/or small group sessions	
4. Education programs for youth groups	
3. Alternatives	
7. Wide array of alternatives for participants and community stakeholders	

People with Differing Physical Abilities

	4. Problem Identification and Referral	
	1. Employee Assistance Programs	
	2. Student Assistance Programs	
	3. Driving while under the influence/driving while intoxicated education programs	
	4. Community Resources	
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	
	2. Systematic planning	
	3. Multi-agency coordination and collaboration/coalition	
	4. Community team-building	
	5. Accessing services and funding	
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	
	3. Modifying alcohol and tobacco advertising practices	
	4. Product pricing strategies	
People Who Experience Abuse	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	2. Resources directories	
	3. Media campaigns	
	4. Brochures	
	5. Radio and TV public service announcements	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	8. Information lines/Hot lines	
	2. Education	
	1. Parenting and family management	
	2. Ongoing classroom and/or small group sessions	
	4. Education programs for	

	youth groups	
	3. Alternatives	
	7. Wide array of alternatives for participants and community stakeholders	
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	
	2. Student Assistance Programs	
	3. Driving while under the influence/driving while intoxicated education programs	
	4. Community Resources	
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	
	2. Systematic planning	
	3. Multi-agency coordination and collaboration/coalition	
	4. Community team-building	
	5. Accessing services and funding	
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	
	3. Modifying alcohol and tobacco advertising practices	
	4. Product pricing strategies	
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	2. Resources directories	
	3. Media campaigns	
	4. Brochures	
	5. Radio and TV public service announcements	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	2. Education	
	1. Parenting and family	
People With Housing Insecurity	1. Information Dissemination	
	1. Clearinghouse/information resources centers	
	2. Resources directories	
	3. Media campaigns	
	4. Brochures	
	5. Radio and TV public service announcements	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	2. Education	
	1. Parenting and family	

management	
2. Ongoing classroom and/or small group sessions	
4. Education programs for youth groups	
3. Alternatives	
7. Wide array of alternatives for participants and community stakeholders	
4. Problem Identification and Referral	
1. Employee Assistance Programs	
2. Student Assistance Programs	
3. Driving while under the influence/driving while intoxicated education programs	
4. Community Resources	
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	
2. Systematic planning	
3. Multi-agency coordination and collaboration/coalition	
4. Community team-building	
5. Accessing services and funding	
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	
3. Modifying alcohol and tobacco advertising practices	
4. Product pricing strategies	

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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															
2. Free-Standing Residential	8,345	6,420	66	66	2	2	1,256.00	1,172.00	517.00	1,083.00	1,172.00	431.00	1,406.00	1,406.00	332.00
REHABILITATION/RESIDENTIAL															
3. Hospital Inpatient															
4. Short-term (up to 30 days)	9,158	7,934	235	231	48	47	1,864.00	1,808.00	1,189.00	2,089.00	2,260.00	1,053.00	2,297.00	2,826.00	1,106.00
5. Long-term (over 30 days)	4,328	3,841	174	172	43	42	6,094.00	4,973.00	4,038.00	4,788.00	4,182.00	2,551.00	5,556.00	4,521.00	2,697.00
AMBULATORY (OUTPATIENT)															
6. Outpatient	21,635	19,050	2,144	2,095	260	257	809.00	463.00	1,181.00	886.00	711.00	765.00	946.00	763.00	739.00
7. Intensive Outpatient	2,853	2,749	311	311	19	19	1,633.00	1,459.00	1,185.00	2,196.00	2,188.00	1,181.00	2,434.00	2,925.00	1,203.00
8. Detoxification	94	90					1,336.00	1,334.00	843.00						
MOUD MEDICATION ASSISTED TREATMENT															
9. MOUD Medication-Assisted Detoxification	3,347	2,403	24	24			1,263.00	1,172.00	579.00	1,094.00	1,172.00	547.00			
10. MOUD Medication-Assisted Treatment Outpatient	44	43					1,338.00	1,379.00	898.00						

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

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

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

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:

IV: Population and Services Reports

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

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

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

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

¹Age category 0-5 years is not applicable.

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

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

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

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

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

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

Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0
Comments on Data (Age):	<div></div>						
Comments on Data (Gender):	<div></div>						
Comments on Data (Overall):	<div></div>						

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Footnotes:

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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0								0						
Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period															
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10															

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

☐ Yes ☐ No

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

¹Age category 0-5 years is not applicable.

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

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

6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

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

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

¹Age category 0-5 years is not applicable.

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

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

75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

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

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

¹Age category 0-5 years is not applicable.

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

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

¹Age category 0-5 years is not applicable.

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

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

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

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

²Age category 0-5 years is not applicable.

Comments on Data (Race)

Comments on Data (Gender)

Comments on Data (Overall)

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

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

¹Age category 0-5 years is not applicable.

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

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

¹Age category 0-5 years is not applicable.

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

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

¹Age category 0-5 years is not applicable.

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

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

18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

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

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

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 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

Footnotes:

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

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Footnotes:

N/A for Texas

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.

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.

0

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

The current contract provides guidance for organizations using faith-based or religious curricula. Guidance includes the following: • Use of religious names and references in mission statements; • Use of block-grant funds for religious activities; • Voluntary client participation in religious activities; • Discrimination against current or prospective participants based upon religion or refusal to actively participate in a religious practice; and • Referrals to alternative providers.

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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]	625	655
Total number of clients with non-missing values on employment/student status [denominator]	2,872	2,872
Percent of clients employed or student (full-time and part-time)	21.8 %	22.8 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		7,482
Number of CY 2022 discharges submitted:		2,945
Number of CY 2022 discharges linked to an admission:		2,944
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,944
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		2,872

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

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	40	63
Total number of clients with non-missing values on employment/student status [denominator]	269	269
Percent of clients employed or student (full-time and part-time)	14.9 %	23.4 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		255
Number of CY 2022 discharges submitted:		272
Number of CY 2022 discharges linked to an admission:		272
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		272

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	269
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Outpatient (OP)

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]	4,989	5,221
Total number of clients with non-missing values on employment/student status [denominator]	8,259	8,259
Percent of clients employed or student (full-time and part-time)	60.4 %	63.2 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		11,786
Number of CY 2022 discharges submitted:		9,142
Number of CY 2022 discharges linked to an admission:		9,002
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		8,358
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		8,259

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

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	923	1,040
Total number of clients with non-missing values on employment/student status [denominator]	1,668	1,668
Percent of clients employed or student (full-time and part-time)	55.3 %	62.4 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		4,508
Number of CY 2022 discharges submitted:		4,141
Number of CY 2022 discharges linked to an admission:		3,706
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,679

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	1,668
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

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Footnotes:

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]	1,479	1,872
Total number of clients with non-missing values on living arrangements [denominator]	2,151	2,151
Percent of clients in stable living situation	68.8 %	87.0 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		7,482
Number of CY 2022 discharges submitted:		2,945
Number of CY 2022 discharges linked to an admission:		2,944
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,944
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		2,151

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

Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	144	193
Total number of clients with non-missing values on living arrangements [denominator]	200	200
Percent of clients in stable living situation	72.0 %	96.5 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		255
Number of CY 2022 discharges submitted:		272
Number of CY 2022 discharges linked to an admission:		272
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		272
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		200

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]	5,253	5,277
Total number of clients with non-missing values on living arrangements [denominator]	5,371	5,371
Percent of clients in stable living situation	97.8 %	98.2 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		11,786
Number of CY 2022 discharges submitted:		9,142
Number of CY 2022 discharges linked to an admission:		9,002
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		8,358
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		5,371

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

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]	1,229	1,237
Total number of clients with non-missing values on living arrangements [denominator]	1,265	1,265
Percent of clients in stable living situation	97.2 %	97.8 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		4,508
Number of CY 2022 discharges submitted:		4,141
Number of CY 2022 discharges linked to an admission:		3,706
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,679
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		1,265

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

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]	2,532	2,928
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,944	2,944
Percent of clients without arrests	86.0 %	99.5 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		7,482
Number of CY 2022 discharges submitted:		2,945
Number of CY 2022 discharges linked to an admission:		2,944
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,944
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		2,944

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

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	266	271
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	272	272
Percent of clients without arrests	97.8 %	99.6 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		255
Number of CY 2022 discharges submitted:		272
Number of CY 2022 discharges linked to an admission:		272
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		272

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	272
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	7,935	8,257
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	8,358	8,358
Percent of clients without arrests	94.9 %	98.8 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		11,786
Number of CY 2022 discharges submitted:		9,142
Number of CY 2022 discharges linked to an admission:		9,002
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		8,358
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		8,358

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

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,578	1,664
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,679	1,679
Percent of clients without arrests	94.0 %	99.1 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		4,508
Number of CY 2022 discharges submitted:		4,141
Number of CY 2022 discharges linked to an admission:		3,706
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,679

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	1,679
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 5/1/2023]

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Footnotes:

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]	1,882	1,784
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,944	2,944
Percent of clients abstinent from alcohol	63.9 %	60.6 %

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]		6
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,062	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.6 %

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]		1,778
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,882	
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 2022 admissions submitted:	7,482
Number of CY 2022 discharges submitted:	2,945
Number of CY 2022 discharges linked to an admission:	2,944
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,944
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	2,944

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]	208	197
All clients with non-missing values on at least one substance/frequency of use [denominator]	272	272
Percent of clients abstinent from alcohol	76.5 %	72.4 %

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
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	64	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		1.6 %

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]		196
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	208	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.2 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	255
Number of CY 2022 discharges submitted:	272
Number of CY 2022 discharges linked to an admission:	272
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	272
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	272

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]	6,840	6,285
All clients with non-missing values on at least one substance/frequency of use [denominator]	8,358	8,358
Percent of clients abstinent from alcohol	81.8 %	75.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		14
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,518	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.9 %

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]		6,271
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,840	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.7 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	11,786
Number of CY 2022 discharges submitted:	9,142
Number of CY 2022 discharges linked to an admission:	9,002
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	8,358
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	8,358

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

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,316	1,206
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,679	1,679
Percent of clients abstinent from alcohol	78.4 %	71.8 %

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]		5
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	363	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		1.4 %

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]		1,201
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,316	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.3 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	4,508
Number of CY 2022 discharges submitted:	4,141
Number of CY 2022 discharges linked to an admission:	3,706
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,679
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	1,679

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

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Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	877	783
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,944	2,944
Percent of clients abstinent from drugs	29.8 %	26.6 %

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]		68
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,067	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		3.3 %

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]		715
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	877	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		81.5 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	7,482
Number of CY 2022 discharges submitted:	2,945
Number of CY 2022 discharges linked to an admission:	2,944
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,944
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	2,944

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]	154	128
All clients with non-missing values on at least one substance/frequency of use [denominator]	272	272
Percent of clients abstinent from drugs	56.6 %	47.1 %

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]		12
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	118	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		10.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		116
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	154	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		75.3 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	255
Number of CY 2022 discharges submitted:	272
Number of CY 2022 discharges linked to an admission:	272
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	272
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	272

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]	5,484	4,609
All clients with non-missing values on at least one substance/frequency of use [denominator]	8,358	8,358
Percent of clients abstinent from drugs	65.6 %	55.1 %

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]		91
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,874	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		3.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		4,518
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,484	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		82.4 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	11,786
Number of CY 2022 discharges submitted:	9,142
Number of CY 2022 discharges linked to an admission:	9,002
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	8,358
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	8,358

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

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,135	916
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,679	1,679
Percent of clients abstinent from drugs	67.6 %	54.6 %

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]		23
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	544	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		4.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		893
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,135	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		78.7 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	4,508
Number of CY 2022 discharges submitted:	4,141
Number of CY 2022 discharges linked to an admission:	3,706
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,679
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	1,679

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

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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]	925	2,175
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,944	2,944
Percent of clients participating in self-help groups	31.4 %	73.9 %
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]	42.5 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		7,482
Number of CY 2022 discharges submitted:		2,945
Number of CY 2022 discharges linked to an admission:		2,944
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,944
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		2,944

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

Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	223	218
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	272	272
Percent of clients participating in self-help groups	82.0 %	80.1 %
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]	-1.8 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		255
Number of CY 2022 discharges submitted:		272

Number of CY 2022 discharges linked to an admission:	272
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	272
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	272

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

Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	1,871	2,566
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	8,358	8,358
Percent of clients participating in self-help groups	22.4 %	30.7 %
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]	8.3 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		11,786
Number of CY 2022 discharges submitted:		9,142
Number of CY 2022 discharges linked to an admission:		9,002
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		8,358
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		8,358

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

Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	577	897
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,679	1,679
Percent of clients participating in self-help groups	34.4 %	53.4 %
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]	19.1 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:	4,508	

Number of CY 2022 discharges submitted:	4,141
Number of CY 2022 discharges linked to an admission:	3,706
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,679
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	1,679

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

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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	6	4	5	7
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	45	27	33	56
5. Long-term (over 30 days)	47	29	42	60
AMBULATORY (OUTPATIENT)				
6. Outpatient	133	80	108	158
7. Intensive Outpatient	235	88	138	303
8. Detoxification	44	38	45	54
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification ¹	0	0	0	0
10. OUD Medication-Assisted Treatment Outpatient ²	244	83	151	363

Level of Care	2022 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	378	378
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	2945	2944

5. Long-term (over 30 days)	272	272
AMBULATORY (OUTPATIENT)		
6. Outpatient	9142	8358
7. Intensive Outpatient	4141	3706
8. Detoxification	14	14
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification ¹		0
10. OUD Medication-Assisted Treatment Outpatient ²		644

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

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

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

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

	Age 18+ - CY 2020 - 2021		<input type="checkbox"/>
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[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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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 2020 - 2021		<input type="checkbox"/>
	Age 21+ - CY 2020 - 2021		<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 2020 - 2021		<input type="checkbox"/>
	Age 18+ - CY 2020 - 2021		<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 2020 - 2021		<input type="checkbox"/>
	Age 18+ - CY 2020 - 2021		<input type="checkbox"/>

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

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

	Age 12 - 17 - CY 2020 - 2021		<input type="checkbox"/>
	Age 18+ - CY 2020 - 2021		<input type="checkbox"/>

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.
[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.
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Table 24 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Disapproval/Attitudes

A. Measure	B. Question/Response	C. Pre-populated Data	D. 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 2020 - 2021		<input type="checkbox"/>
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 2020 - 2021		<input type="checkbox"/>
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 2020 - 2021		<input type="checkbox"/>
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 2020 - 2021		<input type="checkbox"/>
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 2020 - 2021		<input type="checkbox"/>

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

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

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. 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 2020		<input type="text"/>

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. 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="text"/>

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. 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"/>

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. 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 2020 - 2021		<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 2020 - 2021		<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.
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Table 30 – Substance Use Disorder Primary Prevention NOMs Domain: Retention Measure: Percentage of Youth Seeing, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre-populated Data	D. 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 2020 - 2021		<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
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Reporting Period Start and End Dates for Information Reported on SUPTRS BG Tables 31, 32, 33, 34 and 35

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

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

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

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).

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.

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

Category	Total
A. Age	0
0-5	
6-12	
13-17	
18-20	
21-24	
25-44	
45-64	
65-74	
75 and Over	
Age Not Known	
B. Gender	0
Male	
Female	
Trans man	
Trans woman	
Gender non-conforming	
Other	
C. Race	0
White	
Black or African American	
Native Hawaiian/Other Pacific Islander	

Asian	
American Indian/Alaska Native	
More Than One Race (not OMB required)	
Race Not Known or Other (not OMB required)	
D. Ethnicity	0
Hispanic or Latino	
Not Hispanic or Latino	
Ethnicity Unknown	

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

Category	Total
A. Age	0
0-5	
6-12	
13-17	
18-20	
21-24	
25-44	
45-64	
65-74	
75 and Over	
Age Not Known	
B. Gender	0
Male	
Female	
Trans man	
Trans woman	
Gender non-conforming	
Other	
C. Race	0
White	
Black or African American	
Native Hawaiian/Other Pacific Islander	

Asian	
American Indian/Alaska Native	
More Than One Race (not OMB required)	
Race Not Known or Other (not OMB required)	
D. Ethnicity	0
Hispanic or Latino	
Not Hispanic or Latino	
Ethnicity Unknown	

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

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		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

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

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

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

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

Only evidence-based curricula that were listed in NREPP are used for individual-based programs. Most universal indirect programs use evidence-based methods, but some are regional resource centers.

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

Data is entered directly into CMBHS by program type and contract ID for individual programs.

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	57	43	100	49	40	189
2. Total number of Programs and Strategies Funded	57	43	100	49	40	189
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %

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

Total Number of Evidence-Based Programs/Strategies for IOM Category Below		Total Substance Use Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 57	
Universal Indirect	Total # 43	
Selective	Total # 49	
Indicated	Total # 40	
Unspecified	Total # 0	
	Total EBPs: 189	Total Dollars Spent: \$0.00

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Prevention Attachments

Submission Uploads

FFY 2024 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category D:		
File	Version	Date Added

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