Medicaid Section 1115 SUD Demonstrations Report (Part A) -State Demonstration Name SUD Demonstration Year (DY) (Format: DY1, DY2, DY3, etc.) Calendar Dates for SUD DY (Format: MM/DD/YYYY - MM/DD/YYYY) SUD Reporting Period (Format: Q1, Q2, Q3, Q4) Calendar Dates for SUD Reporting Period (Format: MM/DD/YYYY - MM/DD/YYYY)

Substance Use Disorder (SUD) Metrics

| # | Metric name |
|-------------------|---|
| EXAMPLE: 1 | EXAMPLE: |
| (Do not delete or | Assessed for SUD Treatment Needs |
| edit this row) | Using a Standardized Screening Tool |
| | |
| 1 | Assessed for SUD Treatment Needs Using a Standardized Screening Tool |
| 2 | Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis |
| 2 | |
| 3 | Medicaid Beneficiaries with SUD Diagnosis (monthly) |
| 4 | Medicaid Beneficiaries with SUD |
| 5 | Diagnosis (annually) Medicaid Beneficiaries Treated in an |
| | IMD for SUD |

| 6 | Any SUD Treatment |
|----|--|
| 7 | Early Intervention |
| 8 | Outpatient Services |
| 9 | Intensive Outpatient and Partial Hospitalization Services |
| 10 | Residential and Inpatient Services |
| 11 | Withdrawal Management |
| 12 | Medication-Assisted Treatment (MAT) |
| 13 | SUD Provider Availability |
| 14 | SUD Provider Availability - MAT |
| | |

| 15 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET- AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure] ^f | |
|-------|---|--|
| | | |
| | | |
| 16 | SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge, SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge [Joint Commission] | |
| 17(1) | Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) [NCQA; NQF #3488; Medicaid Adult Core Set; Adjusted HEDIS measure] ^{c,d} | |

| 17(2) | Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF #3489; Medicaid Adult Core Set; Adjusted HEDIS measure] ^{c,e} |
|-------|---|
| 18 | Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) [PQA, NQF #2940; Medicaid Adult Core Set] |
| 19 | Use of Opioids from Multiple Providers in Persons Without Cancer (OMP) |
| 20 | [PQA; NQF #2950] Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP) [PQA, NQF #2951] |
| 21 | Concurrent Use of Opioids and Benzodiazepines (COB-AD) [PQA, NQF #3389; Medicaid Adult Core Set] |
| 22 | Continuity of Pharmacotherapy for Opioid Use Disorder [USC: NOF #3175] |
| 23 | Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries |
| 24 | Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries |
| 25 | Readmissions Among Beneficiaries with SUD |
| 26 | Overdose Deaths (count) |

| 27 | Overdose Deaths (rate) | |
|----|--|--|
| | | |
| | | |
| 28 | SUD Spending | |
| 29 | SUD Spending within IMDs | |
| 30 | Per Capita SUD Spending | |
| 31 | Per Capita SUD Spending within IMDs | |
| 32 | Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD [Adjusted HEDIS measure] ^c | |
| 33 | Grievances Related to SUD Treatment Services | |
| 34 | Appeals Related to SUD Treatment Services | |
| 35 | Critical Incidents Related to SUD Treatment Services | |
| 36 | Average Length of Stay in IMDs | |
| Q1 | Project ECHO - OPIOID, ADDICTION, & PAIN ECHO | |
| Q2 | Online Provider Directories | |
| Q3 | MAT Continuity Models | |

State-specific metrics

Note: Licensee and states must prominently display the follow Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #1: Information Set (HEDIS®) measures that are owned and copy HEDIS measures and specifications are not clinical guidelines for all potential applications. The measures and specification. representations, warranties or endorsements about the quality otherwise identified as meeting the requirements of a HEDIS n warranties, or endorsement about the quality of any organizat has no liability to anyone who relies on HEDIS measures or s₁ and specifications.

The measure specification methodology used by CMS is differe measure specifications but has granted CMS permission to adj that has not been certified via NCQA's Measure Certification called a "HEDIS rate" until it is audited and designated repor time, such measure rates shall be designated or referred to as

^a Report metrics that are one annual value for a demonstration

^b Enter any state-specific subpopulations that will be reported a ^c Rates for these metrics reflect Uncertified, Unaudited HEDIS ^d Rates 1 and 2 reported for Metric #17(1) correspond to rates 1115 Substance Use Disorder Demonstrations: Technical Spec ^e Rates 1 and 2 reported for Metric #17(2) correspond to rates 1115 Substance Use Disorder Demonstrations: Technical Spec **Checks:** Numerator in #4 should equal the denominator in #30

Numerator in #4 should equal the denominator in #30 The denominator in #23 should equal the denominator in #24 Numerator in #27 should equal the numerator in #26 Numerator in #30 should equal the numerator in #28 Denominator in #31 should equal the numerator in #5

Numerator in #31 should equal the numerator in #29

Counts for a subpopulation (e.g. pregnant, not pregnant) shoul-

Metrics (Version 5.1) UTPrimary Care Network

DY5

07/01/2021-06/30/2022

Q1

07/01/2021-09/30/2021

Metric description

EXAMPLE: Number of beneficiaries screened for SUD treatment needs using a standardized screening tool during the measurement

Number of beneficiaries screened for SUD treatment needs using a standardized screening tool during the measurement period

Number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period but not in the three months before the measurement period

Number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 11 months before the measurement period

Number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 12 months before the measurement period

Number of beneficiaries with a claim for residential or inpatient treatment for SUD in IMDs during the measurement period.

Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period

Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period

Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period

Number of beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period

Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period

Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period

Number of beneficiaries who have a claim for MAT for SUD during the measurement period

The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period and who meet the standards to provide buprenorphine or methadone as part of MAT Percentage of beneficiaries age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

Initiation of AOD Treatment—percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis
Engagement of AOD Treatment—percentage of beneficiaries who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit

The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.

- Initiation of AOD Treatment Alcohol abuse or dependence
- Initiation of AOD Treatment Opioid abuse or dependence
- Initiation of AOD Treatment Other drug abuse or dependence

• Initiation of AOD Treatment - Total AOD abuse of dependence

• Engagement of AOD Treatment - Alcohol abuse or dependence

• Engagement of AOD Treatment - Opioid abuse or dependence

•Engagement of AOD Treatment - Other drug abuse or dependence

• Engagement of AOD Treatment - Total AOD abuse of dependence

SUB-3: Patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment.

SUB-3a: Patients who are identified with alcohol or drug disorder who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment. Percentage of ED visits for beneficiaries age 18 and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence. Two rates are reported:

• Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).

• Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).

Percentage of ED visits for beneficiaries age 18 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:

• Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)

• Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).

Percentage of beneficiaries age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded.

The percentage of individuals ≥ 18 years of age who received prescriptions for opioids from ≥ 4 prescribers AND ≥ 4 pharmacies within ≤ 180 days.

The percentage of individuals ≥ 18 years of age who received prescriptions for opioids with an average daily dosage of ≥ 90 morphine milligram equivalents (MME) AND who received prescriptions for opioids from ≥ 4 prescribers AND ≥ 4 pharmacies. Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded.

Percentage of adults 18 years of age and older with pharmacotherapy for OUD who have at least 180 days of continuous treatment

Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period

Total number of inpatient stays per 1,000 beneficiaries in the measurement period

The rate of all-cause readmissions during the measurement period among beneficiaries with SUD.

Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. The state is encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid). Rate of overdose deaths during the measurement period among adult Medicaid beneficiaries living in a geographic area covered by the demonstration. The state is encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).

Total Medicaid SUD spending during the measurement period. Total Medicaid SUD spending on inpatient/residential treatment within IMDs during the measurement period.

Per capita SUD spending during the measurement period Per capita SUD spending within IMDs during the measurement period

The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period.

Number of grievances filed during the measurement period that are related to SUD treatment services

Number of appeals filed during the measurement period that are related to SUD treatment services

Number of critical incidents filed during the measurement period that are related to SUD treatment services

The average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD.

Utah will work with the University of Utah's Project ECHO program on Opioid, Addiction & Pain sessions. Utah will contact all Medicaid Prepaid Mental Health Plans (PMHP) will be required to implement online provider directories, updating annually to ensure that contact Utah will track MAT continuity with and without behavioral counseling therapy. Utah will identify high and low performing

ing notice on any display of Measure rates:

5, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and righted by the National Committee for Quality Assurance (NCQA). s, do not establish a standard of medical care and have not been tested s are provided "as is" without warranty of any kind. NCQA makes no of any product, test or protocol identified as numerator compliant or neasure or specification. NCQA makes no representations, ion or clinician who uses or reports performance measures and NCQA pecifications or data reflective of performance under such measures

ent from NCQA's methodology. NCQA has not validated the adjusted just. A calculated measure result (a "rate") from a HEDIS measure Program, and is based on adjusted HEDIS specifications, may not be rtable by an NCQA-Certified HEDIS Compliance Auditor. Until such "Adjusted, Uncertified, Unaudited HEDIS rates."

year only in the report specified in the reporting schedule

after column AU; create new columns as needed rates 2 and 3 for Metric #17 from Version 1.1 of the the Medicaid Section cifications for Monitoring Metrics 1 and 2 for Metric #17 from Version 1.1 of the the Medicaid Section cifications for Monitoring Metrics

d sum approximately to counts for the overall demonstration

| Milestone or reporting topic EXAMPLE: Assessment of need and qualification for SUD treatment services | Reporting category <i>EXAMPLE:</i> <i>Other monthly and</i> <i>quarterly metrics</i> | Metric type EXAMPLE: CMS-constructed |
|--|--|--|
| Assessment of need and qualification for SUD treatment services | Other monthly and quarterly metrics | CMS-constructed |
| Assessment of need and qualification for SUD treatment services | Other monthly and quarterly metrics | CMS-constructed |
| Assessment of need and qualification for SUD treatment services | Other monthly and quarterly metrics | CMS-constructed |
| Assessment of need and qualification for SUD treatment services | Other annual metrics | CMS-constructed |
| Milestone 2 | Other annual metrics | CMS-constructed |

| Milestone 1 | Other monthly and quarterly metrics | CMS-constructed |
|-------------|-------------------------------------|-----------------|
| Milestone 1 | Other monthly and quarterly metrics | CMS-constructed |
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| Milestone 1 | Other monthly and quarterly metrics | CMS-constructed |
| Milestone 1 | Other monthly and quarterly metrics | CMS-constructed |
| Milestone 4 | Other annual metrics | CMS-constructed |
| Milestone 4 | Other annual metrics | CMS-constructed |

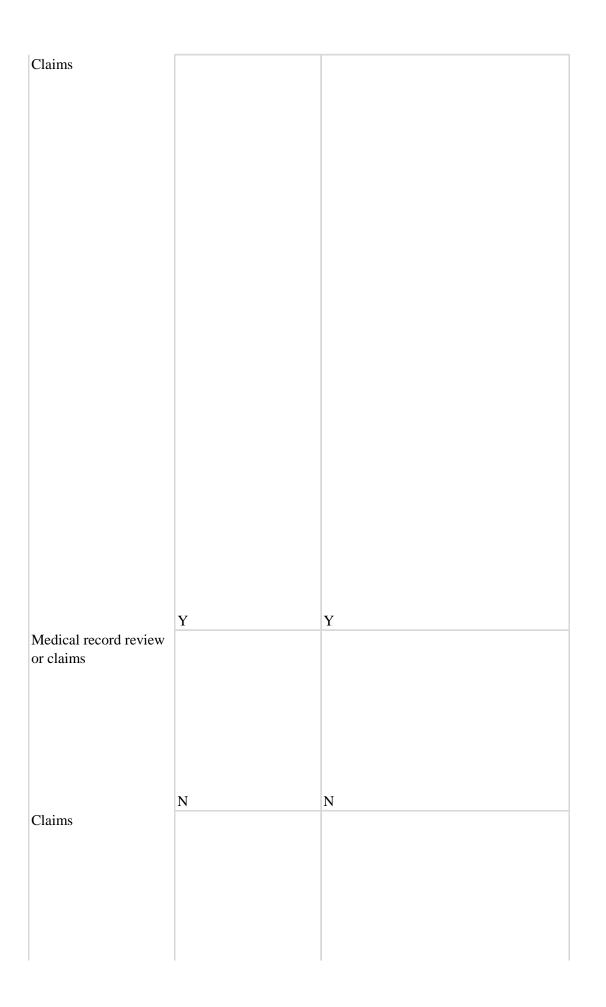
| Milestone 6 | Annual metrics that are established quality measures | Established quality measure |
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| Milestone 6 | Annual metrics that are established quality measures | Established quality measure |
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| Milestone 5 | Other annual metrics | CMS-constructed |
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| Other SUD-related metrics | Other annual metrics | CMS-constructed |
| Other SUD-related metrics | Other annual metrics | CMS-constructed |
| Other SUD-related metrics | Other annual metrics | CMS-constructed |
| Other SUD-related metrics | Other annual metrics | CMS-constructed |
| Other SUD-related metrics | Annual metrics that are established quality measures | Established quality measure |
| Other SUD-related metrics | Grievances and appeals | CMS-constructed |
| Other SUD-related metrics | Grievances and appeals | CMS-constructed |
| Other SUD-related metrics | Grievances and appeals | CMS-constructed |
| Milestone 2 | Other annual metrics | CMS-constructed |
| Health IT | Other annual metrics | State-specific |
| Health IT | Other annual metrics | State-specific |
| Health IT | Other annual metrics | State-specific |
| | 1 | |

| Data source | State will report (Y/N) | Approved protocol indicates that reporting matches the CMS-provided technical specifications manual (Y/N) |
|--|--|--|
| EXAMPLE: Medical record review or claims | EXAMPLE (automatically populated): | EXAMPLE (automatically populated): N |
| Medical record review or claims | | |
| Claims | N | N |
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| Claims | Y | Y |
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| Provider enrollment | Y | Y |
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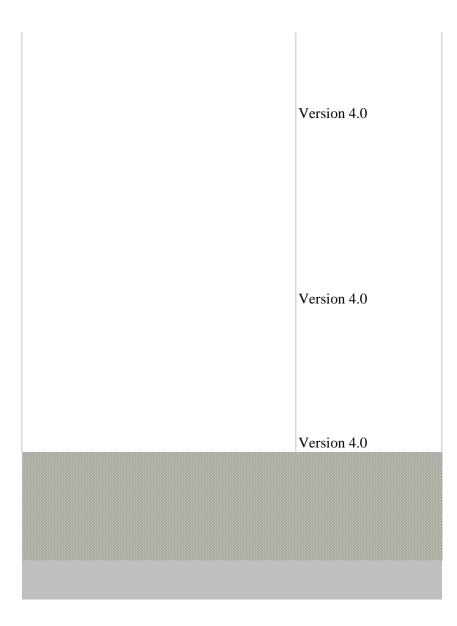
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| IMD database | Y | Y |
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| 1 ununisi unve records | 1 | |
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| Deviations from CMS-provided technical specifications | Technical specifications manual version |
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| manual in approved protocol EXAMPLE (automatically populated): | version EXAMPLE: |
| <i>The Department will use state-defined procedure codes (list specific codes)</i> | Version 3.0 |
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| | Version 4.0 |

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| Reporting issue (Y/N) (further describe in SUD reporting issues tab) | Measurement period (month, quarter, year ^a) | Dates covered by measurement period (MM/DD/YYYY- MM/DD/YYYY) |
|--|--|---|
| EXAMPLE: | EXAMPLE: | EXAMPLE: |
| Y | Month 1 | 07/01/2018-7/31/2018 |
| | EXAMPLE: | EXAMPLE: |
| | Month 2 | 08/01/2018-08/31/2018 |
| | EXAMPLE: | EXAMPLE: |
| | Month 3 | 09/01/2018-09/30/2018 |
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| | | 04/01/2021-04/30/2021 |
| | Month 2 | 05/01/2021-05/31/2021 |
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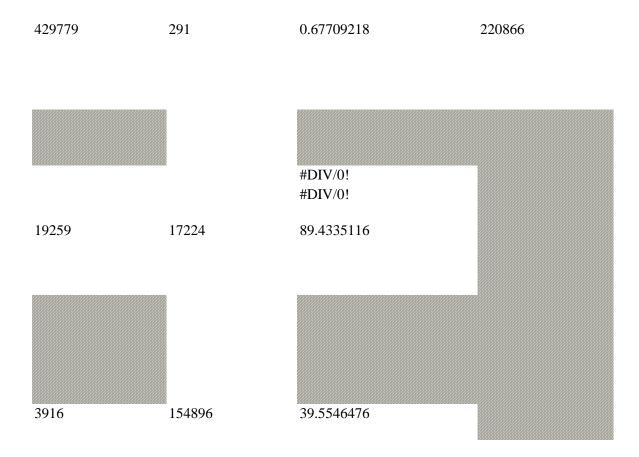
| Demonstration | | | |
|------------------------------|--|----------------------------------|-------------------------|
| Demonstration denominator | Demonstration numerator or count | Demonstration rate/percentage | Age < 18 denominator |
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| 4877 | 1875 | 38.44576584 |
| 10480 | 4343 | 41.44083969 |
| 3336 | 386 | 11.57074341 |
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| 4877 | 549 | 11.25692024 |
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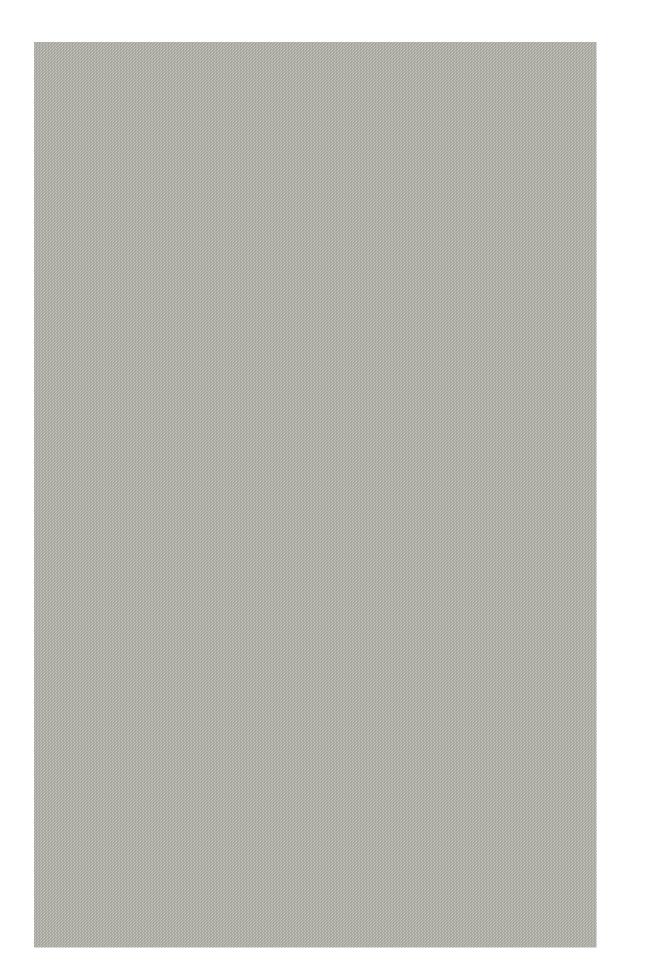
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| 399914 | 1807 | 4.518471471 | 200973 |
| 404173 | 1771 | 4.381787007 | 201936 |
| 397507 | 868 | 2.183609345 | 202074 |
| 399914 | 871 | 2.177968263 | 200973 |
| 404173 | 841 | 2.080792136 | 201936 |
| 6984 | 1213 | 0.173682703 | |
| | 291 | | |
| | <i>27</i> 1 | | |
| | | | |
| | | | |
| | | | |

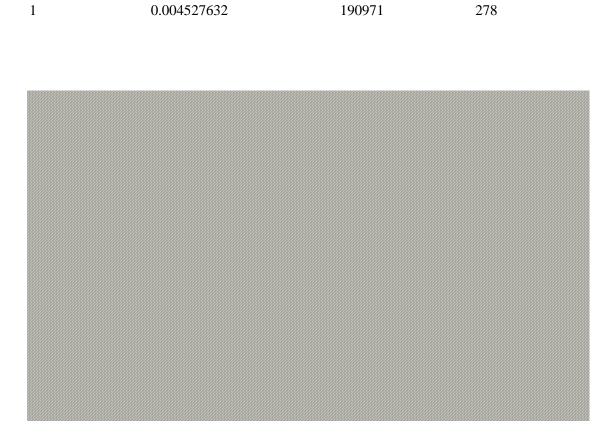


| Age < 1 | 8 | | Age 18-64 |
|-----------------------------------|----------------------------|--------------------------|------------------------------------|
| Age < 18 numerator or count | Age <18 rate/percentage | Age 18-64 denominator | Age 18-64 numerator or count |
| EXAMPLE: | | | EXAMPLE: |
| EXAMPLE: | | | EXAMPLE: |
| EXAMPLE: | — | | EXAMPLE: |
| | | | |
| 580 | | | 24275 |
| 605 602 | | | 24694 25072 |
| | | | |

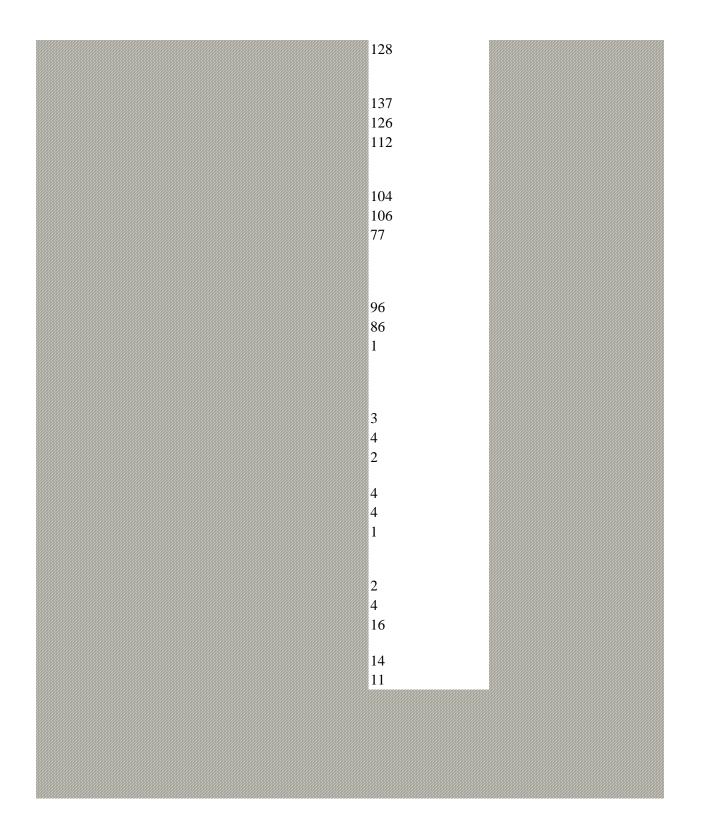
| 186 | 10323 |
|-------------------|------------------------|
| 191 175 153 | 10235 10434 6911 |
| 147 151 141 | 6815 6856 6540 |
| 134 124 1 | 6309 6522 119 |
| 0 1 19 | 112 126 1233 |
| 19 22 0 | 1197 1255 434 |
| 0 0 8 | 412 455 5348 |
| 12 8 | 5293 5426 |
| | |

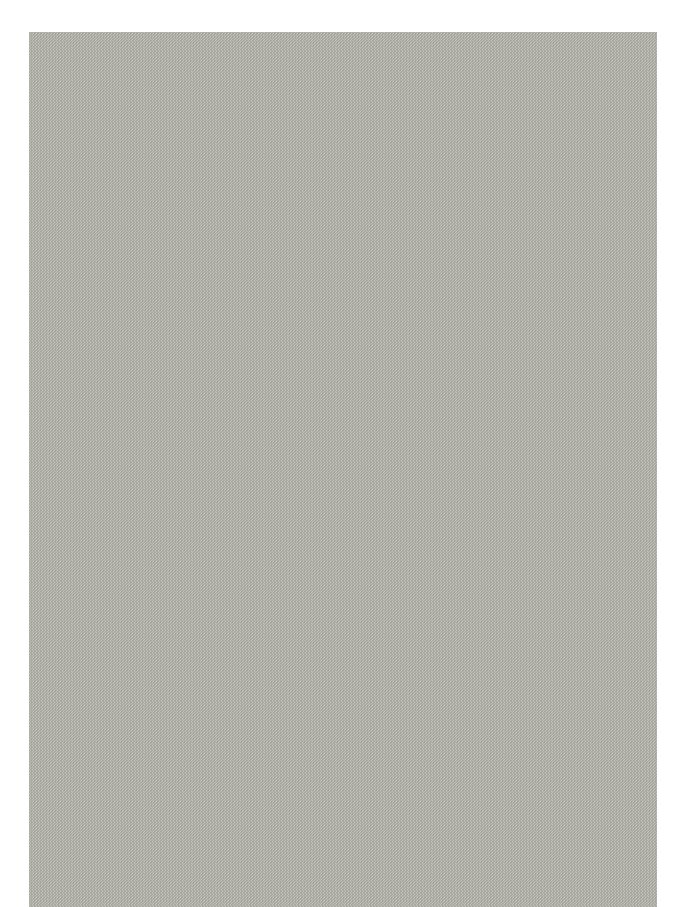


| 26 | 0.128665736 | 179406 | 1657 |
|---------------------|---|--------------------------------------|---------------------|
| 20 30 28 7 | 0.149273783 0.138657793 0.034640775 | 179400 182643 185783 179406 | 1734 1705 822 |
| 9 8 | 0.044782135 0.039616512 | 182643 185783 | 836 806 |
| 1 | | | 278 |



| | | Age 65+ | | | |
|------------------------------|------------------------|----------------------------------|----------------------------|--|--|
| Age 18-64 rate/percentage | Age 65+ denominator | Age 65+ numerator or count | Age 65+ rate/percentage | | |
| | | EXAMPLE: | | | |
| | | EXAMPLE: EXAMPLE: | _ | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | 618 | | | |
| | | 636 641 | | | |
| | | | | | |
| | | | | | |



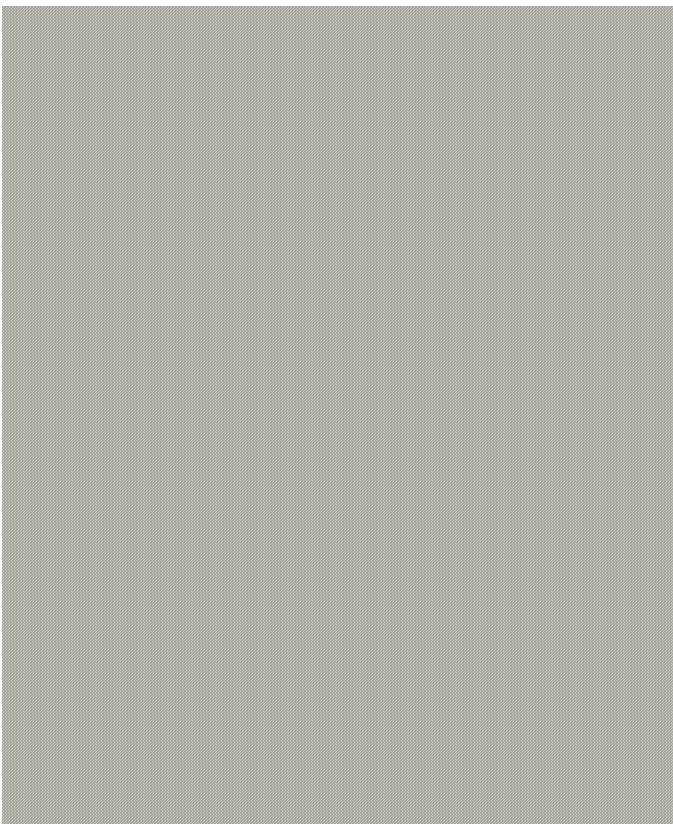


| 9.236034469 | 16027 | 46 | 2.870156611 |
|-------------|-------|----|-------------|
| 9.493930783 | 16298 | 43 | 2.638360535 |
| 9.177373603 | 16454 | 38 | 2.309468822 |
| 4.581786562 | 16027 | 39 | 2.433393648 |
| 4.577235372 | 16298 | 26 | 1.595287765 |
| 4.338394794 | 16454 | 27 | 1.640938374 |
| | | | |
| | | 12 | |
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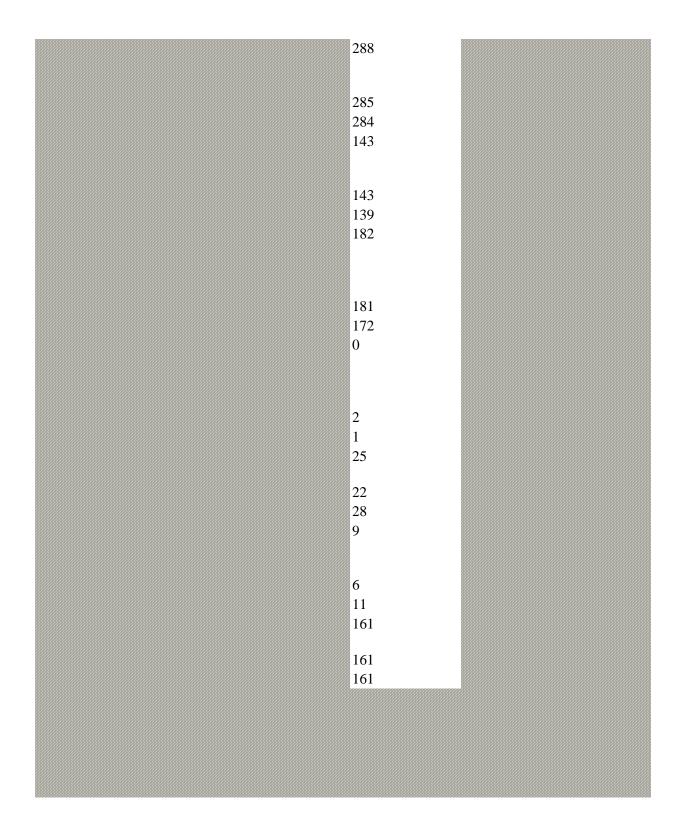
| Dual eliş | gible (Medicare-M Dual eligible (Medicare- | ledicaid eligible) | | Medicaid on |
|---|--|---|------------------------------|--|
| Dual eligible (Medicare-Medicaid eligible) denominator | Medicaid eligible) numerator or count | Dual eligible (Medicare-Medicaid eligible) rate/percentage | Medicaid only denominator | Medicaid only numerator or count |
| | EXAMPLE: | | | EXAMPLE: |
| | EXAMPLE: | | | EXAMPLE: |
| | EXAMPLE: | | | EXAMPLE: |
| | | | | |
| | 2167 | | | 23306 |
| | 2204 2213 | | | 23731 24102 |
| | | | | |

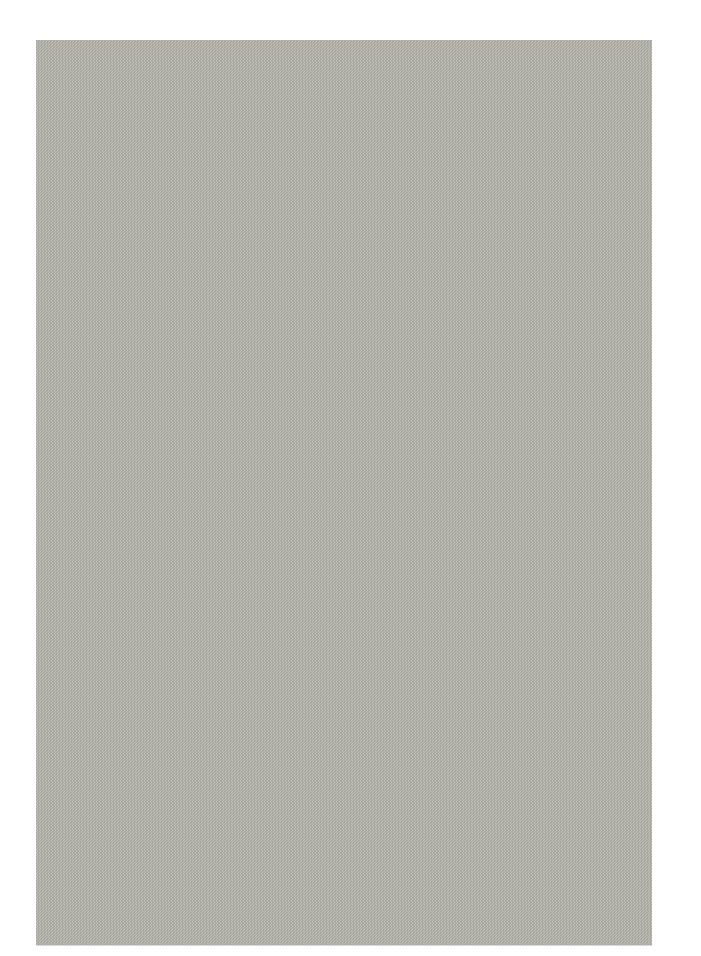
| 512 | | | 10125 |
|-------------------|--|---|------------------------|
| 535 484 358 | | | 10028 10251 5818 |
| 344 330 367 | | (| 5722 5783 5391 |
| 387 340 19 | | (| 5152 5392 102 |
| 20 19 30 | | | 95 112 1224 |
| 36 31 16 | | | 1184 1250 419 |
| 24 19 33 | | 4 | 390 440 5339 |
| 33 27 | | | 5286 5418 |

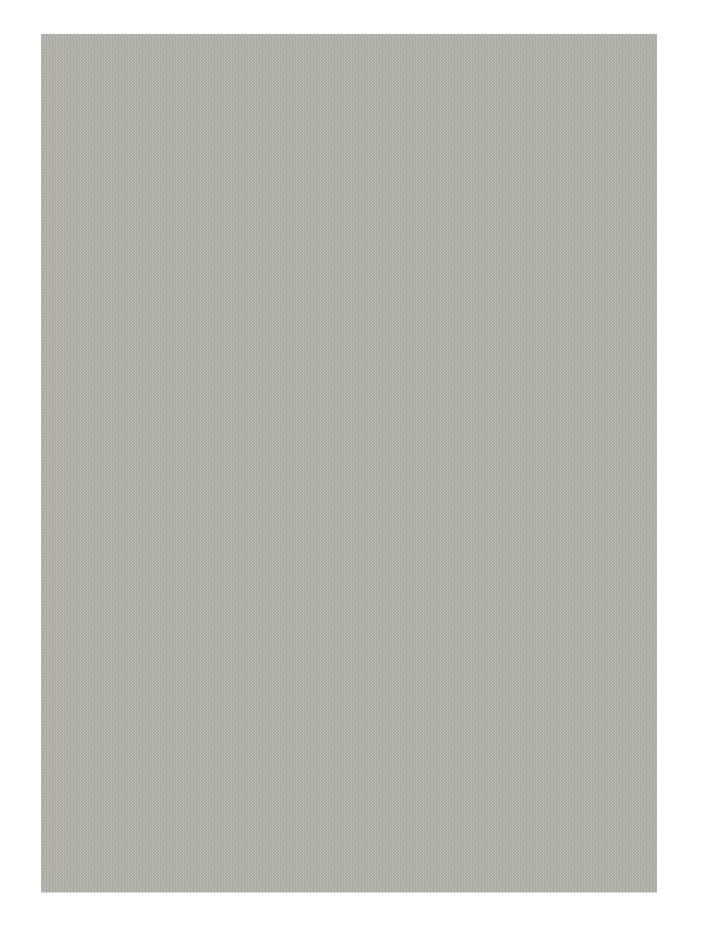




| Pregnant | | | |
|-------------------------|-----------------------------------|--|--|
| Pregnant denominator | Pregnant numerator or count | Pregnant rate/percentage | |
| | EXAMPLE: | | |
| | EXAMPLE: | | |
| | EXAMPLE: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | 621 | | |
| | 618 | | |
| | 601 | | |
| | | | |
| | | | |
| | | Pregnant denominator Pregnant numerator or count EXAMPLE: EXAMPLE: EXAMPLE: 621 618 | |



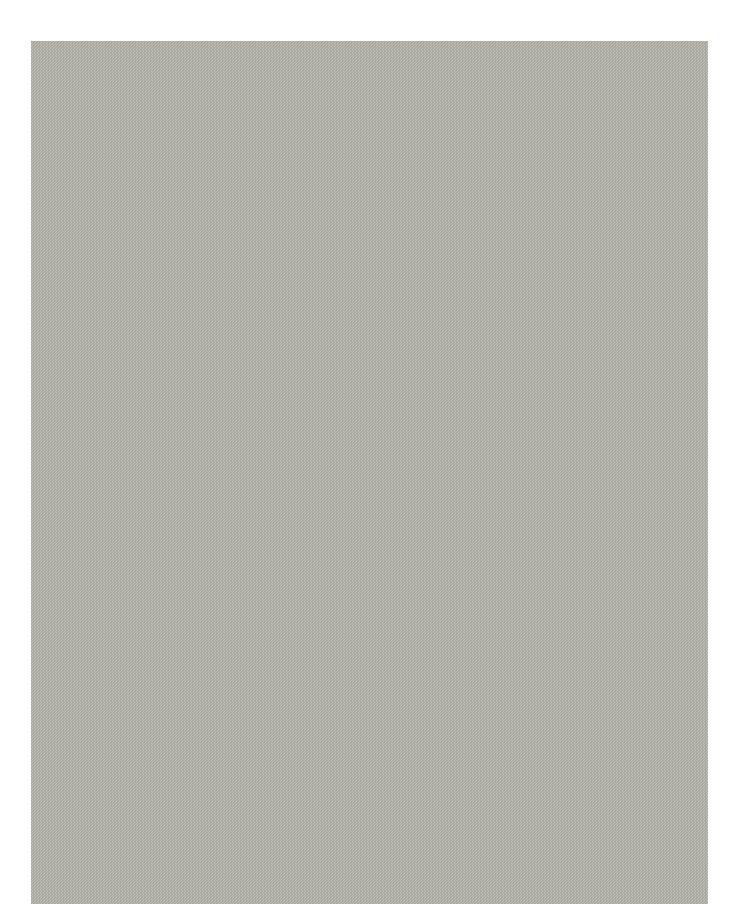






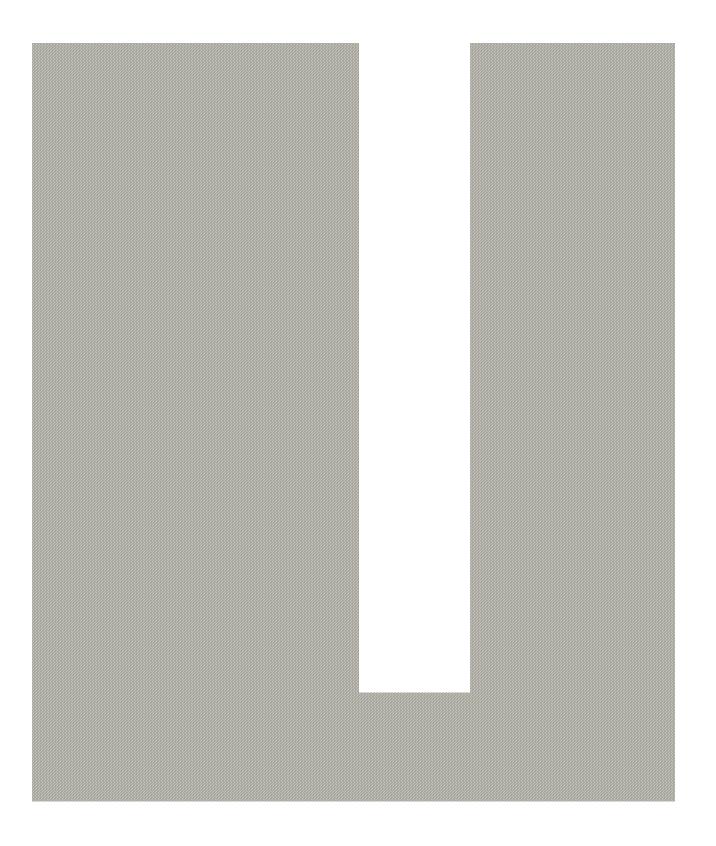
| Not pregnant | | | Criminally inv | | |
|-----------------------------|---------------------------------------|---------------------------------|------------------------------------|---|--|
| Not pregnant denominator | Not pregnant numerator or count | Not pregnant rate/percentage | Criminally involved denominator | Criminally involved numerator or count | |
| | EXAMPLE: | | | EXAMPLE: | |
| | EXAMPLE: | | | EXAMPLE: | |
| | EXAMPLE: | | | EXAMPLE: | |
| | 24852 25317 25714 | | | | |

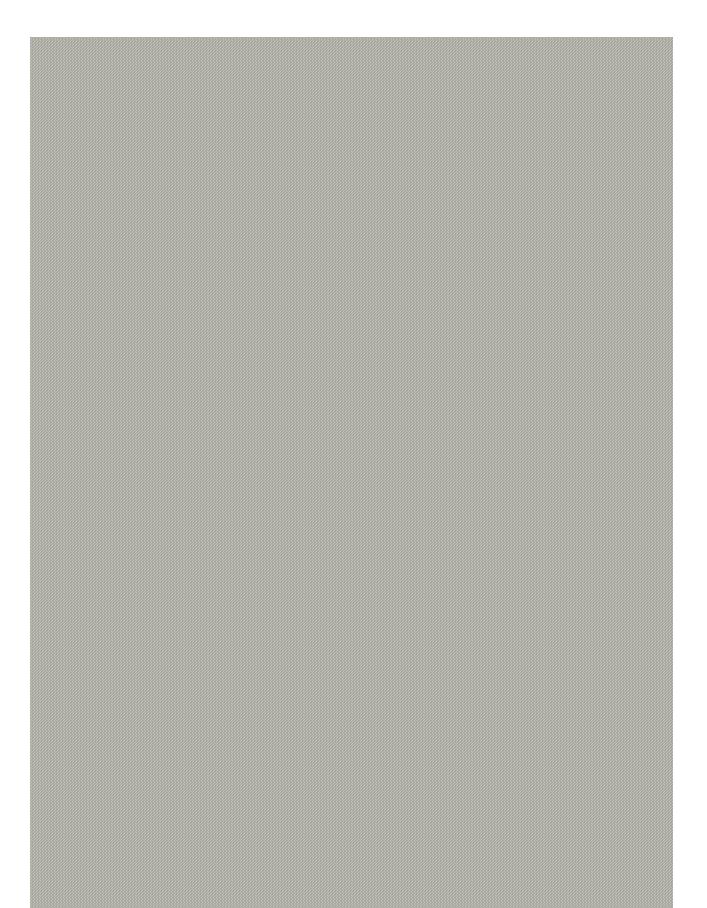
| 10349 | | |
|------------------------|--|--|
| 10278 10451 7033 | | |
| 6923 6974 6576 | | |
| 6358 6560 121 | | |
| 113 130 1229 | | |
| 1198 1253 426 | | |
| 408 448 5211 | | |
| 5158 5284 | | |
| | | |

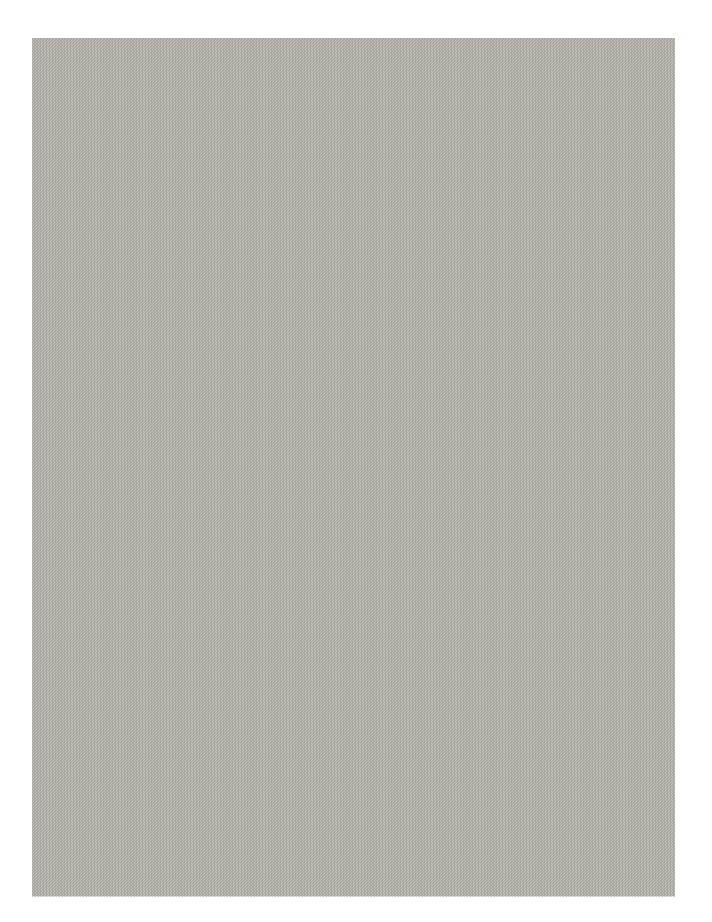




| olved | | Not criminally involved | | | |
|--|---|---|--|--|--|
| Criminally involved rate/percentage | Not criminally involved denominator | Not criminally involved numerator or count | Not criminally involved rate/percentage | | |
| | | EXAMPLE: EXAMPLE: EXAMPLE: | | | |
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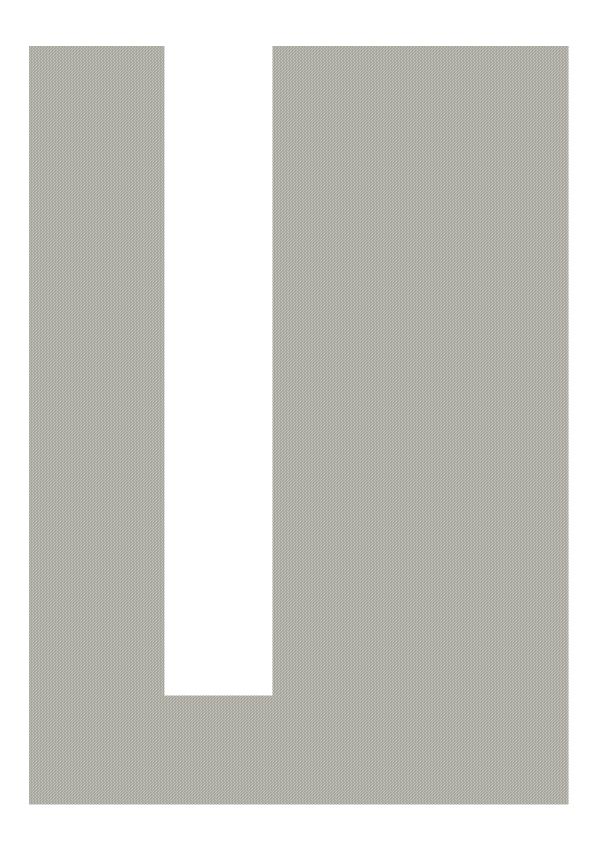


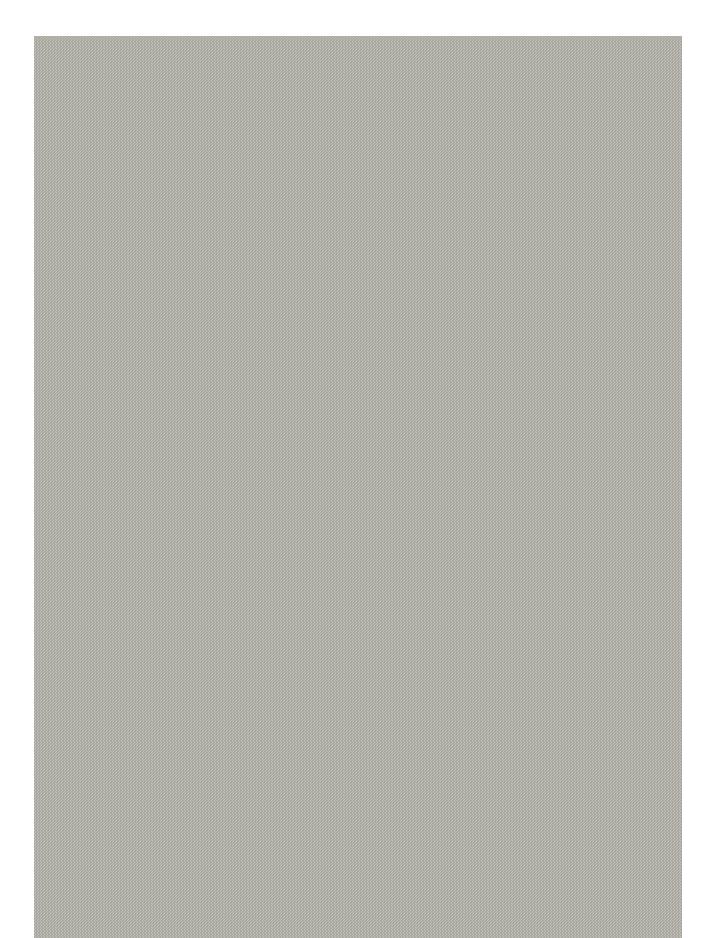


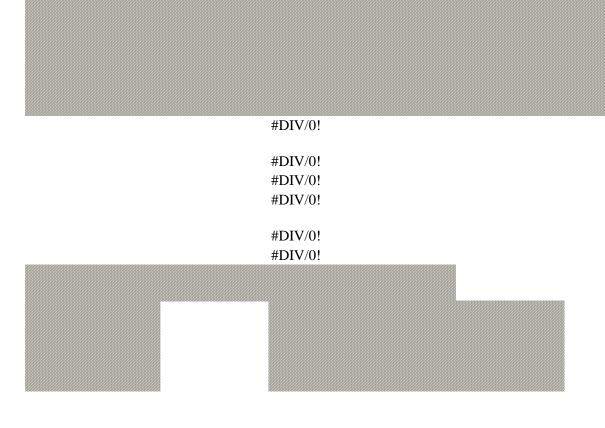


| | OUD subpop | ulation | Sta | nte-specific subpop |
|-------------------------------------|---|---|--|--|
| OUD subpopulation denominator | OUD subpopulation numerator or count | OUD subpopulation rate/percentage | State-specific subpopulation 1 denominator | State-specific subpopulation 1 numerator or count |
| | | | | EXAMPLE: |
| | | | | EXAMPLE: |
| | | | | EXAMPLE: |
| | | | | |





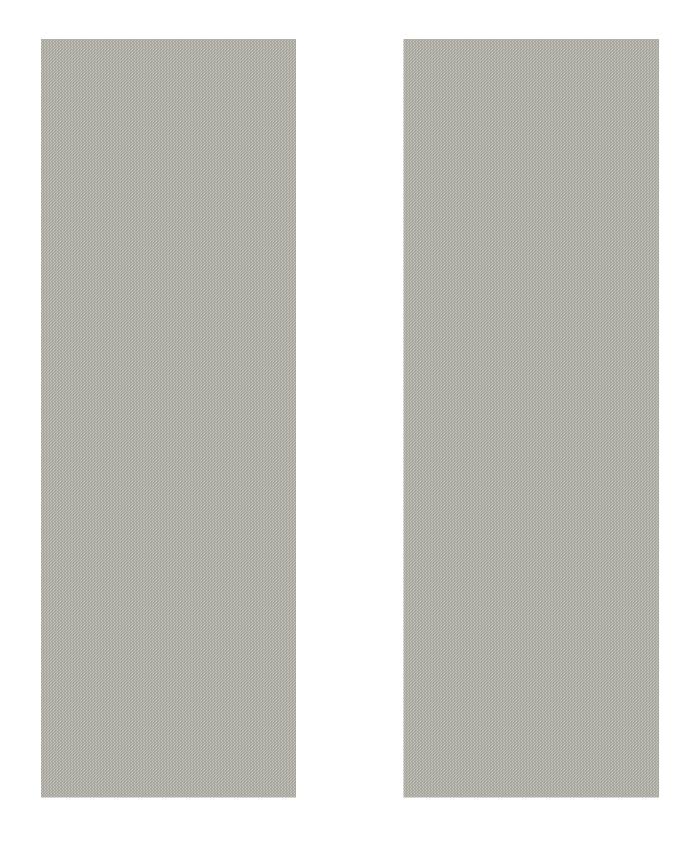


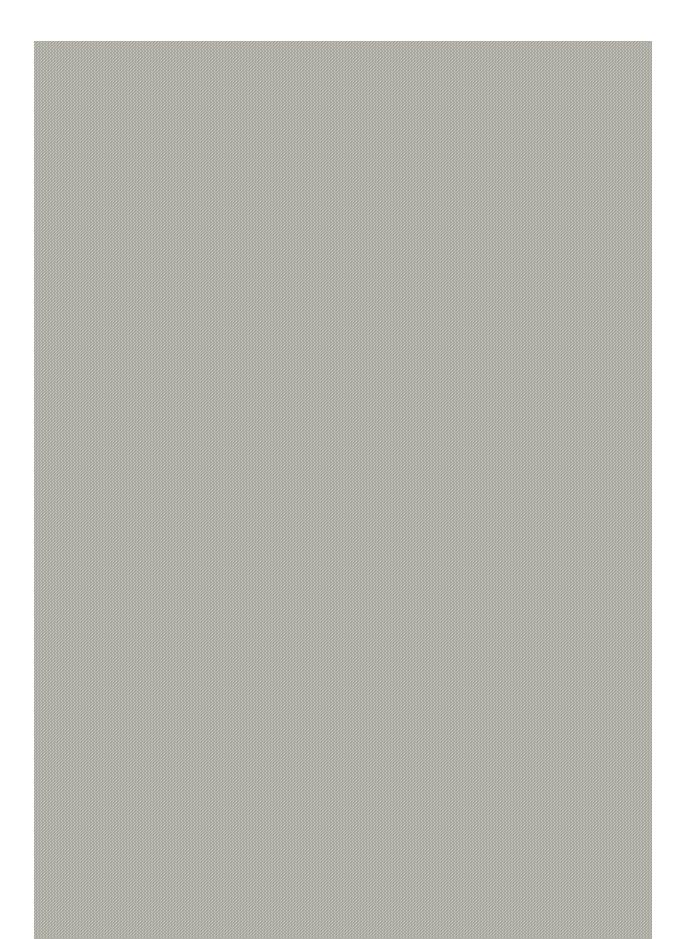




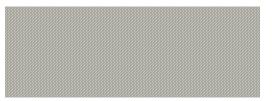
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| ulation 1 ^b | Stat | te-specific subpop | oulation 2 ^b | Stat |
|--|--|--|--|--|
| State-specific subpopulation 1 rate/percentage | State-specific subpopulation 2 denominator | State-specific subpopulation 2 numerator or count | State-specific subpopulation 2 rate/percentage | State-specific subpopulation 3 denominator |
| | | EXAMPLE: | | |
| | | EXAMPLE: | | |
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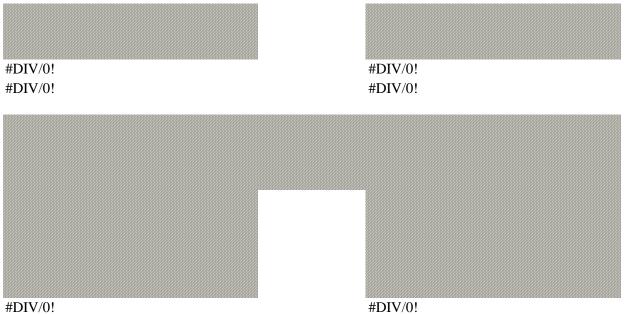




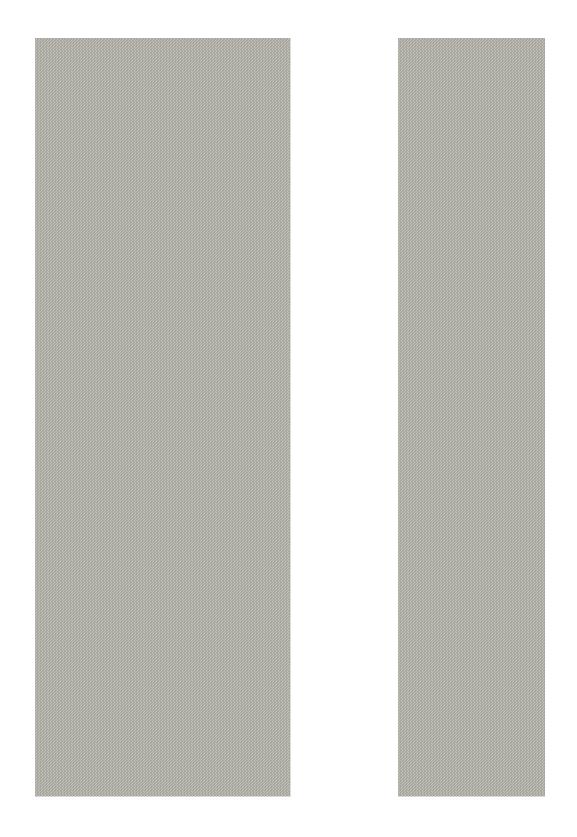
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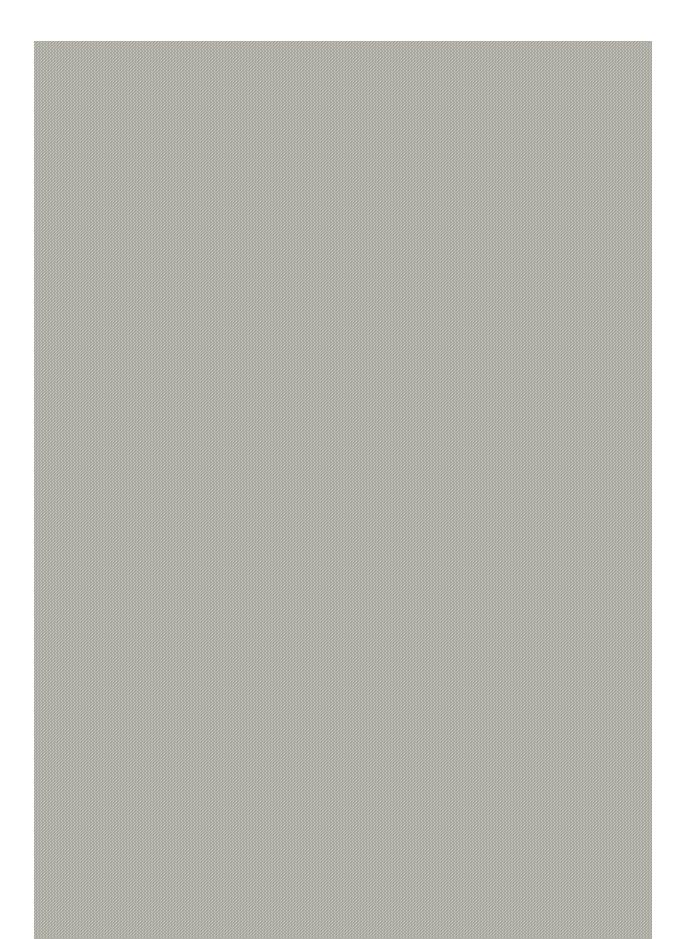






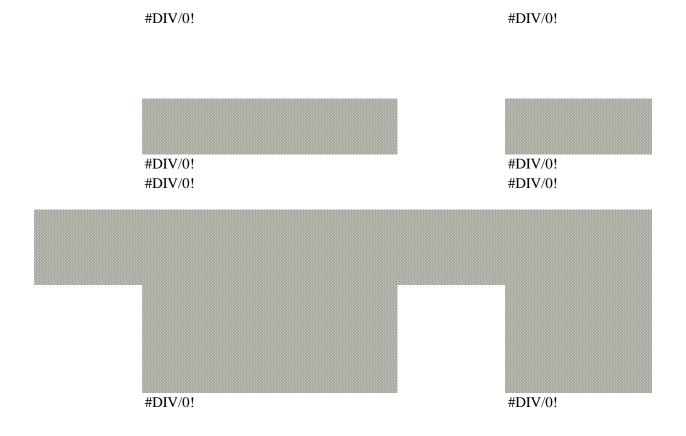
| e-specific subpop | oulation 3 ^b | Stat | te-specific subpop | oulation 4 ^b |
|--|--|--|--|--|
| State-specific subpopulation 3 numerator or count | State-specific subpopulation 3 rate/percentage | State-specific subpopulation 4 denominator | State-specific subpopulation 4 numerator or count | State-specific subpopulation 4 rate/percentage |
| EXAMPLE: | | | EXAMPLE: | |
| EXAMPLE: | | | EXAMPLE: | |
| EXAMPLE: | | | EXAMPLE: | |
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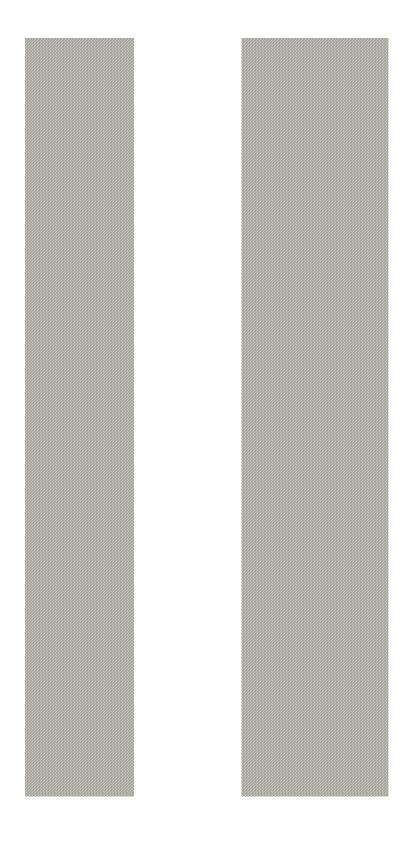


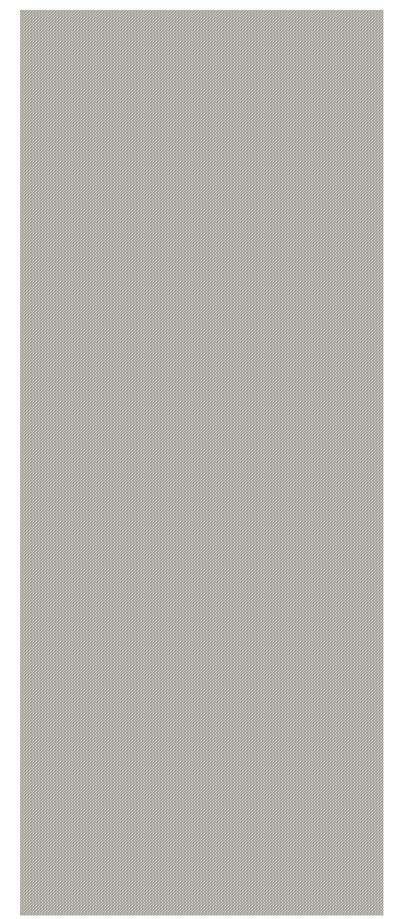
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| Sta | te-specific subpop | oulation 5 ^b |
|--|--|--|
| State-specific subpopulation 5 denominator | State-specific subpopulation 5 numerator or count | State-specific subpopulation 5 rate/percentage |
| | EXAMPLE: EXAMPLE: EXAMPLE: | |
| | | |

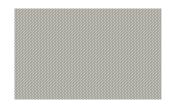




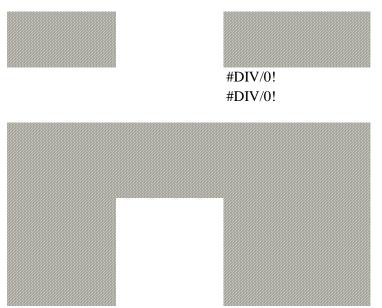
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