

Kentucky SOR II: NCE Mid-Year Performance Progress Report  
September 30, 2021 - March 31, 2023  
Submitted: 4/29/2023

1. Number of unduplicated clients who have received treatment services for OUD: 4,160
  - a. Unduplicated number receiving methadone: 680
  - b. Unduplicated number receiving buprenorphine: 821
  - c. Unduplicated number receiving injectable naltrexone: 274
  - d. More than one MOUD: data not collected at this time
2. Number of unduplicated clients who have received treatment services for stimulant disorder: 402
3. Number of unduplicated clients who have received recovery support services: 703
  - a. Unduplicated number receiving recovery housing: 0
  - b. Unduplicated number receiving Recovery Coaching or Peer Coaching: 173
  - c. Unduplicated number receiving employment support: 0
  - d. Unduplicated number receiving multiple recovery support services: 703
  - e. Unduplicated number receiving other recovery services: 530 (recovery capital building, transportation assistance)
4. Major accomplishments for each approved activity (i.e., treatment, recovery support and prevention).

**Goal 1. Implement statewide opioid and stimulant use prevention education, opioid stewardship, and community-guided prevention efforts to decrease overdose deaths.**

*1.1. Implement evidence-based universal prevention programming to serve a minimum of 100,000 children, adolescents, and transition-age youth.*

- Sources of Strength was actively implemented in 105 schools with refresher trainings delivered to 99 schools. In this reporting period, 721 new peer leaders and 115 new adult leaders were trained for a total of 9,854 peers and 2,538 adult leaders statewide. In addition, there were 16 secondary training of trainers - four of which have become certified. The Elementary Sources of Strength curriculum is being implemented in 36 schools with 106 elementary coaches as trainers.
- The Too Good for Drugs (TGFDF) curriculum was utilized in 168 Kentucky schools during the reporting period and 21 TGFDF trainings reached 79 new prevention providers, school staff, and community partners. In total, 92,400 youth were engaged in the TGFDF prevention program. A TGFDF evaluation provides encouraging evidence that students in most grades experienced improvements on the scales measuring life skills and protective factors that are believed to reduce the risk for substance use and misuse. However, more consistent improvements were experienced by elementary school students suggesting the program may be more effective for younger grades. In addition, all participating schools assessed their policies and procedures related to substance use and mental health, developed a work plan for continued improvement, and received technical assistance from trained prevention specialists to increase referrals to appropriate resources.
- Youth Mental Health First Aid (YMHFA) is designed to train teachers, parents, peers, and community members to help a youth or teen who is experiencing a mental health or substance use crisis. During the reporting period, two training of trainer's workshops certified 26 new instructors to facilitate YMHFA. Thirty-four virtual/blended trainings were subsequently delivered to 655 school staff and community members.
- During the project period, 11 new prevention specialists were trained to begin working within Regional Prevention Centers, Drug Free Community grant recipients, public health agencies, and

in the Department for Behavioral Health Prevention and Promotion. The purpose of the training is to build prevention capacity at the local, regional, and state levels.

- The Kentucky Alliance of Boys & Girls Clubs delivered the evidence-based curriculum, Positive Action, to 810 new at-risk youth during the project period. Evaluations of the Positive Action curriculum show a 90% increase in scores from pre- to post-test on measures of understanding and behavior management, ability to identify their strengths, and rates of feeling good about themselves. Clubs have called Positive Action as a “game-changer” in the lives of their youth and in the overall environment and culture of Clubs.

*1.2. Certify 75 hospitals to meet opioid stewardship standards.*

- Objective met in Year 2; not included in the NCE.

*1.3. Increase the capacity of 20 community coalitions to conduct 50 drug-take back and safe storage/disposal events.*

- Objective met in Year 2; not included in the NCE.

*1.4. Train 450 behavioral health providers on the AMSR-SUD curriculum to assess and manage suicide risk among OUD/SUD patients.*

- Objective met in Year 2; not included in the NCE.

*1.5. Increase knowledge of overdose prevention and reduce stigma related to substance use with a media campaign that will reach a minimum of 150,000 individuals.*

- In partnership with Shatterproof, a statewide public health campaign was delivered to reduce stigma against persons with OUD and increase awareness of harm reduction and treatment resources. Since the launch of [UNSHAME Kentucky](#) in March 2022, 78 community-based organizations have joined the campaign, which drives organic traffic and engagements across social media platforms. During the reporting period, four monthly webinars drew a total 470 attendees. In addition, 53 testimonials and daily social media posts aimed at reducing stigma and increasing awareness and education around evidence-based practices have yielded 13,617,000 total impressions; an average daily reach of 27,385; 2,086 followers; and 8,022,869 video views.

## **Goal 2. Increase capacity of individuals to reduce harms associated with opioid and stimulant use.**

*2.1. Deliver overdose prevention training to 3,000 prescribers, first responders, and peers.*

- Objective met in Year 2; not included in the NCE.

*2.2. Distribute 45,000 naloxone kits to populations of focus in high-risk regions.*

- In partnership with the Kentucky Pharmacists Association and Department for Public Health, a statewide naloxone distribution program provided naloxone to local health departments, treatment providers, community organizations, and other SOR-funded initiatives. During the project period, 39,457 naloxone units were distributed. In addition, at least 2000 overdose reversals from distributed naloxone are documented through Syringe Service Program client self-report and tracking replacement kits requests. The actual number of overdose reversals may be larger due to limitations in tracking methodology.

*2.3. Expand the capacity of 25 Syringe Service Programs to each serve an additional 100 persons and distribute a minimum of 150 naloxone kits.*

- Forty Syringe Services Programs were awarded funding to expand their harm reduction services by distributing approved harm reductions supplies (e.g., sharps containers, alcohol swabs), hiring staff to expand operation hours, incorporating peer support, wound care, and implementing outreach campaigns. During the project period, funds supported 180 Hepatitis C tests, 192 HIV tests, 4,343 wound care kits, and 1,211 sharps containers. SSPs served a total of 25,654 clients with 5% accepting a referral to treatment and another 15% accepting a referral to recovery supports. SSPs used SOR funds to support 329 in-person or virtual events reaching 9,871 individuals as well as 384 mobile outreach events. A total of 57,290 brochures/pamphlets were disseminated and 2,385,636 impressions were counted from media campaigns.
- Fentanyl test strips (138,128) were distributed by 31 Health Departments, 10 Quick Response Teams, 10 Recovery Community Centers, and the Kentucky Harm Reduction Coalition.

**Goal 3. Increase utilization of evidence-based treatment models that increase access to FDA-Approved Medications for Opioid Use Disorder (MOUD) and reduce unmet treatment need.**

*3.1. Expand partnerships with community providers to increase access to MOUD for 3,500 individuals with OUD.*

During the project period, 1,254 unduplicated individuals received MOUD. Major accomplishments include:

- Northkey, a community mental health center in northern Kentucky, operated a mobile MOUD expansion team in two urban and one rural location. The team, consisting of an ARPN, peer support specialist, and social worker, utilizes a mobile clinic to serve MOUD clients and distribute naloxone. The team also collaborated with clinic pharmacies to mitigate barriers to MOUD and co-occurring disorders pharmacy services. For example, in one location, phlebotomy services will now be provided onsite, thus eliminating an additional barrier to services.
- The Treatment Access Program, comprised of 14 providers and 73 facility locations, serves as a payor of last resort for OUD residential and IOP treatment. The program enabled 1,417 clients to enter OUD treatment during the reporting period. Funding for room and board increased retention by an average of 36 days. Persons without a payor for residential services were able to access an average of 17 days of care than they otherwise would have received. Persons without a payor for IOP services were able to attend an additional 22 sessions than they otherwise would have received. During the reporting period, substantive changes were made in application and re-application to ensure each agency is current with ASAM credentialing. Changes were also made in tracking facility policies to assess MOUD access throughout treatment at a more granular level.
- The Methadone Access Program enabled 567 individuals during the project period who lacked another payor source to be retained in methadone treatment.
- The Center for the Advancement of Pharmacy Practice (CAPP) served 20 individuals during the reporting period and administered an average of 2.95 Vivitrol injections per person (range 1 – 6). Technical assistance and support continue for pharmacies that have implemented injectable naltrexone programs, and the project was assisted the Board of Pharmacy in establishing and updating an OUD protocol to keep current with naltrexone clinical guidelines.

*3.2. Expand access to MOUD for 2,000 individuals through primary care settings.*

During the project period, 172 unduplicated individuals were served through primary care settings and 55% accessed MOUD.

- To increase retention on MOUD, 60 RESET-O prescriptions were filled by clients.
- Kings Daughters Medical Center, a rural hospital in eastern Kentucky, serves as an outpatient clinic and a drug court liaison program to assist participants in two county specialty courts in receiving treatment and MOUD services. The programs' peer support specialists also provide in reach into the emergency department for bridge purposes. Peer support also serve Women's Health and OBED for perinatal/post-partum patients. The clinic has reduced turnaround time from referral to treatment services from an average of two weeks to same day capability through a structural change and commitment to best practices of immediate access. In addition to serving the ED with assessments and peer support services, they have focused on increasing referrals and services to local community partners, including alternate sentencing programs.
- Advent Medical Center, a hospital and linked rural health clinic in eastern Kentucky, served 80 new patients in the past 12-months. The program has seen an increased referral rate during the reporting period, which is attributed to enhanced linkages with local community partners such as judges, county executives, and local attorneys. Contingency management is being implemented for persons with stimulant use disorder.

*3.3. Increase by 2,000 the number of people who have experienced or are at risk for an opioid-related overdose or complication who receive evidence-based OUD treatment.*

During the project period, 1,542 unduplicated individuals who experienced or were at risk for an opioid-related overdose or complication were served.

- Continuing Kentucky's successful Quick Response Team (QRT) initiative, the SOR II NCE supported three QRTs during the project period. QRTs seek to connect with individuals and their families 24-72 hour following an overdose event. They provide assertive engagement, naloxone, fentanyl test strips, and other harm reduction services, transport to treatment, ongoing follow-up, and family engagement to overdose survivors. During the project period, 163 individuals received QRT services. Rates of treatment acceptance vary and range across QRTs, with approximately 48% entering treatment during the reporting period. Partnerships established with specialty courts, judges, jails, prisons, law enforcement, faith-based groups, urgent care centers, shelters, and hotels helped to facilitate service access.
- The University of Louisville (UL) provides an inpatient consult service and bridge clinic. During the six-month period, the UL team had 173 new patient enrollments into MOUD services, which has expanded to include Sublocade. All patients seen with an OUD diagnosis were also provided [naloxone](#). Four trainings were provided for medical students, SUD professionals, the palliative care team at the UL hospital.
- St. Elizabeth Healthcare Bridge Clinic assessed 50% more patients in this reporting period than in the previous year. Services to in-hospital units have increased with additional coverage for peer support specialists, including SUD education, relapse prevention, and recovery management strategies. All persons coming into the program are now provided with naloxone.
- The University of Kentucky (UK) hospital operated a service line that includes an inpatient addiction medicine consultation service, infectious disease treatment, and bridge clinic. Services and referrals are coordinated across teams.
  - The UK Addiction Consult and Education Service (ACES) provides comprehensive, evidence-based treatment for opioid use disorder (OUD) and other substance use disorders to patients hospitalized at UK HealthCare and works to reduce inequities in treatment. Following a 2022 settlement agreement between the Offices of the US Attorney and Fayette County Detention Center, ACES began providing MOUD to

individuals while incarcerated. ACES supports continued MOUD treatment throughout incarceration and Sublocade upon discharge. To support wider adoption of this work, ACES multi-disciplinary teams developed and delivered trainings as well as 17 presentations (12 local/regional and 5 national) on the inpatient management OUD including MOUD, stigma related to OUD and MOUD, principles of harm reduction, as well as the protections afforded by the Americans with Disabilities Act to persons with OUD receiving MOUD. Trainings were completed with the Internal Medicine Residency Training Program and Division of Hospital Medicine Grand Rounds. ACES also hosted five medical students, six resident physicians (Internal Medicine, Medicine/Pediatrics, and Psychiatry/Pediatrics/Child Psychiatry (“triple board”)), and two fellow physicians (Addiction Medicine and Hospice/Palliative Medicine) on elective rotations.

- The First Bridge Clinic, an outpatient clinic serving UK hospital and the region served 337 patients (23 receiving Sublocade). The program maintains a retention rate over 50% across the first 30 days of treatment. To enhance clinic reach, referral pathways a local Recovery Community Center are being established. Clinic physicians are also working with a Managed Care Organization to incentivize emergency department initiated sublingual buprenorphine. In addition, the clinic physicians published a manuscript in JAMA describing issues surrounding OUD treatment of incarcerated individuals. Workflows to leverage the Medicare benefit for Sublocade injections is also underway to support sustainability. The clinic also serves as a training center for UK students. During the past six-months, First Bridge hosted 18 learners with 43 clinic session – a 33% increase in students from the previous period. A clinic physician also developed a didactic on SUD, health equity, and disparities in care which will be shared with clinic providers and staff. Outreach efforts continue to focus on growing BIPOC referrals.
- The UK operates an outpatient psychiatry program with an emphasis on providing MOUD services for persons with OUD and co-occurring disorders. They have initiated a new process to enhance for screening of hepatitis C and have begun treatment on seven patients. Two therapists have received advanced training in evidence based EMDR, allowing the clinic to treat existing co-occurring trauma and PTSD.
- During the reporting, the UK Infectious Disease Wraparound Services received 100 referrals, 95 of whom were eligible for services, and 49 were enrolled in services, giving the program a 51.5% referral to enrollment rate. Additionally, the program clinic appointment show rate increased to 67% during the reporting period.

#### *3.4. Increase by 1,000 the number of pregnant and parenting women who receive evidence-based treatment and recovery supports.*

During the project period, 348 pregnant and parenting women were served.

- Kentucky’s child welfare agency, the Department for Community Based Services (DCBS), provided services for 250 pregnant and parenting women with OUD and their families through the co-location of 11 Targeted Assessment Program (TAP) assessors across ten Kentucky counties in child welfare offices, three intensive case management and family peer support Sobriety Treatment and Recovery Teams (START) serving three counties, and in-home case coordination service Kentucky Strengthening Ties and empowering Parents (KSTEP) program, serving four counties. The majority of assessed TAP OUD participants progressed in overcoming barriers to safety and self-sufficiency – including 99% of participants assessed with substance use barriers, 98% with mental health barriers, 95% with intimate partner violence barriers, and 80% of participants with learning problems. The average service duration for TAP recipients was 35 weeks. Positive outcomes extended to prevention and reunification efforts with 33% of families

never having their children removed from the home, 16% reunified, and 26% making progress toward reunification. TAP also facilitated 13 county/region advisory councils and provided 1,726 case consultations the child welfare agency. START served 58 families during the project period, including 135 children. Importantly, START moved to a supportive rating through the Prevention Clearinghouse and DCBS has secured funding within the child welfare block grant to fully sustain all three programs.

- The UK PATHways hub and spoke telehealth program delivered prenatal care, MOUD, group and individual treatment sessions, and peer support to women across 40 Kentucky counties through telehealth. In this reporting period, the BRIGHT program (Building Recovery by Improving Goals, Habits & Thoughts) was resumed after COVID shutdowns of in-person therapeutic activities. The telehealth program continues to provide pregnant women in rural Kentucky with quality OUD/MOUD treatment options with medical providers they might not otherwise be able to access.
- St. Elizabeth Healthcare Baby Steps program provides outpatient OUD services to pregnant and parenting women. In the past six-months, patient enrollment has increased by 150% from the previous report. The program has incorporated nurse-led childbirth education and a Nows Community Nurse Educator has begun working with state-wide care providers to provide free educational classes to any women with SUD regardless of treatment facility via Zoom classes. In January and February, she provided three classes with a total of 9 women receiving the training. The nursing team is providing Eat, Sleep, Console (ESC) education to staff, providers, and community members and training them in expectations and care delivery for Nows babies. Women in the Baby Steps program attend peer support and therapy groups and provide qualitative feedback in the form of satisfaction surveys, an evidence-based treatment practice that will inform future programmatic decisions.
- A four-module Kentucky Perinatal Action for Concurrent Tobacco Treatment (K-PACT) training was fully developed and produced on the University of Kentucky's CEcentral platform, <https://www.cecentral.com/K-PACT>. The training program includes modules on Basics of Perinatal Tobacco Treatment, Electronic Nicotine Delivery Systems and Perinatal Women, Children, and Families, Concurrent Tobacco Treatment Among Pregnant Women and Women of Childbearing Age with Opioid Use Disorder, and A Behavioral Intervention for Tobacco Cessation. Between October 2022 and March 2023, 41 new providers (for a total of 160 providers since the training's commencement in October 2021) from various specialties (health educators, counselors, nurses, APRNs, physicians, respiratory therapists, public health professionals, social workers, etc.) engaged in the online 4-modules. Positive outcomes include knowledge gained (comparison of pre- and post-assessments), acceptability, and practice commitments.

*3.5. Increase by 1,500 the number of justice-involved individuals who receive evidence-based treatment, recovery, and reentry support.*

During the project period, 88 unduplicated of justice-involved individuals received evidence-based treatment, recovery, and reentry support.

- The Kentucky Department of Corrections (DOC) provided Sublocade to 28 individuals across three state prisons. In the past six months, DOC has revised and provided additional training to staff within DOC and contracted partners on the benefits of MOUD. DOC also worked on major changes to protocols and procedures to allow access to MOUD during any point of time during incarceration. To support this, DOC has updated the education given to patients on MOUD benefits.

- The Kenton County Detention Center is began offering the option for individuals to choose oral buprenorphine or the Sublocade injection while incarcerated. To support adoption, all MOUD education is provided to all participants in the jail SUD treatment program prior to release. All participants also receive overdose education and naloxone prior to release. The jail also operates a SMART recovery meeting where attendance for the women's program increased from 3 to 19 clients. To support implementation, KCDC has increased staff training and education on MOUD, multiculturalism, and serving Black, Indigenous, and Persons of Color.
- The Louisville Metro Health Department operates an Opioid Treatment Program providing methadone maintenance exclusively to incarcerated individuals at the county jail. In the last six months, the methadone program has made great progress building relationships with community-based recovery housing. These recovery houses offer a safe location for people to live, an understanding of MOUDs, and utilize wrap-around services, allowing the resident to focus on their recovery. Additionally, the program has begun the hiring process for an additional nurse to assist with weekend and holiday dosing and a peer support specialist to further assist with experiential-based assistance as client transition back into the community. The program has made several connections with public defenders in Jefferson County, as well as other neighboring counties. These connections have significantly improved advocacy with lawyers and judges, paving a path for healthier outcomes for the individuals.
- The Administrative Office of the Courts (AOC) (Responsive Education to Support Treatment in Opioid Recovery Efforts) RESTORE completed five local action plans to support the improvement of local policy, processes, and practices for court-involved individuals with OUD and/or StimUD. To sustain and expand its impact, RESTORE will transition to the newly established Kentucky Judicial Commission on Mental Health (KJCMH). The Commission will host a Behavioral Health Summit in May to improve system wide responses, access, and outcomes to justice involved individuals dealing with mental illness and substance use. The AOC has finalized an Advanced MOUD regional 4-part training series for all AOC office of statewide program staff, judiciary, and clerks to improve their understanding and service to court involved individuals with an OUD. In addition, the AOC The Executive Committee of the KJCMH participated in a Statewide Sequential Intercept Model (SIM) Mapping event in February.

*3.6. Increase by 500 the number of individuals with co-occurring mental health and OUD/SUD who receive evidence-based treatment and recovery supports.*

- During the project period, 764 individuals in jails and prisons completed co-occurring treatment using the manualized intervention, *A New Direction*.

*3.7. Increase by 200 the number of transition-age youth with OUD/StimUD who receive evidence-based treatment and recovery supports.*

- Objective met in Year 2; not included in the NCE.

*3.8. Increase by 15% the number of waived clinicians prescribing buprenorphine.*

- Objective met in Year 2; not included in the NCE.

#### **Goal 4. Expand community recovery support services to facilitate long-term recovery.**

*4.1. Increase by 200 the number of certified Peer Support Specialists.*

- Objective met in Year 2; not included in the NCE.

4.2. *Certify 75 recovery homes to comply with National Alliance of Recovery Residencies (NARR) standards, 30 of which will allow resident use of MOUD.*

- Kentucky's NARR affiliate, Kentucky Recovery Housing Network (KRHN), certified nine residences providing 57 beds during the reporting period. The total number of NARR certified houses is 52 (540 beds) across 14 providers. Additionally, during the reporting period a web-based recovery housing locator, [FindRecoveryHousingNowKy.org](http://FindRecoveryHousingNowKy.org), was launched. This resource will connect individuals to quality housing and function as application portal for providers.

4.3. *Provide employment support services to 3,000 individuals with OUD/StimUD, including 1,800 justice-involved individuals with OUD/ StimUD.*

- Objective met in Year 2; not included in the NCE.

4.4. *Increase by 2,000 the number of individuals receiving recovery supports through the Access to Recovery Program and/or Recovery Community Centers.*

During the project period, 703 unduplicated individuals received recovery support services.

- Deaf Certified Peer Support Specialists hosted 11 Deaf Sober gatherings with two to six participants per event. Events were advertised by the Recovery Community Centers on their websites and in their centers. Due to the lack of recovery meetings in American Sign Language, participants from Kentucky were joined by individuals from North Carolina, Maine, Texas, Ohio, and California. SOR funds also provided interpreters for six one-on-one sessions with a deaf peer, three mutual aid meetings, and one interpreter for a workshop on recovery.
- The Access to Recovery (ATR) program supports long-term recovery by providing support for recovery housing, transportation, and wraparound services. Recovery capital as measured by the Brief Assessment of Recovery Capital-10 increased from an average of 50.2 at intake to 55 at Discharge (a score above 47 predicts sustained remission). The ATR program has benefited from the growth in NARR-certified recovery residences. Of those served, 5.5% identified as Black or African American, 1.5% identified as more than one race, and 1.1% identified as Hispanic.

## **Goal 5. Reduce the impact of opioid and stimulant use on families.**

5.1. *Reduce the impact of opioid use on families by expanding evidence-based family-focused interventions and consultative support to 500 families of young children.*

- Objective met in Year 2; not included in the NCE.

5.2. *Increase by 200 the number of individuals participating in SMART Friends and Family.*

- Objective met in Year 2; not included in the NCE.

5. Barriers to accomplishing project objectives and actions to overcome.

**Post-Pandemic Challenges:** As the declaration of emergency for the COVID-19 pandemic subsides, several partners have indicated the presence of post-pandemic uncertainty in relation to in-person activities. Most collaboration efforts transitioned to online platforms at the start of the pandemic and continued over the preceding three years. Recently, declining infection rates and discontinued restrictions have resulted in activities beginning to return to in-person settings. While a restoration of traditional practices may be desired, it must be incremental and balanced in a way that ensures collaboration efforts are not stymied. Attempts have been made to offer hybrid opportunities, however, those who choose to participate virtually often lack the ability to meaningfully contribute due to the limitations of joining from

a satellite location. The adjustments made at the start of the pandemic allowed partners to join regularly without the added burden of travel. Similarly, efforts made to ease access to resources through telehealth service shouldn't be lessened.

**Realtime Overdose Data:** Quick Response Teams (QRTs) rely on their ability to obtain and utilize real-time fatal and non-fatal overdose data. To conduct effective engagement with those having experienced an overdose event, efforts are made to follow-up within 24-72 hours. The timeliness of receipt of information related to an overdose plays a key role in their ability to engage before the possibility of another overdose to occur. It is also during the time following an overdose that a person may be more willing to engage in harm reduction and treatment resources. Team composition and established partnerships with law enforcement, emergency medical services, and fire departments have resulted in variations in QRTs to received timely data. Teams with greater access to real time data have higher rates of engagement with individuals post overdose. Numerous factors contribute to this barrier, but two common issues are challenges with data use agreements and secure communications methodologies. Statewide OD Map has been acquired and integrated with EMS to increase access to overdose data.

**Overdose Education and Naloxone Distribution:** KORE has increased by 775% in distribution of naloxone distribution since the program was established under STR in 2017. While stigma against naloxone has decreased dramatically and demand has grown, effectively reaching and saturating the population at risk for overdose and those most likely to witness an overdose remains a challenge. As Kentucky continues these efforts, greater attention is being placed on leveraging programs that engage those most at risk of an overdose, as well as those most likely to witness an overdose. A naloxone saturation strategic plan is being updated to support these efforts and a full-time statewide naloxone coordinator has been hired to facilitate implementation of the strategic plan.

6a. During the reporting period, \$1,658,543 has been expended on administrative and infrastructure and does not exceed the 10% cap. Administrative and infrastructure costs include 10% of SOR III administration (personnel, fringe), SOR III administration supplies, SOR III administration travel, and up to 10% indirect rate on contracts.

6b. During the reporting period, \$77,430 has been expended on data collection and reporting and does not exceed the 5% cap. Data collection costs include GPRA data collection system and GPRA gift cards.