Kansas

UNIFORM APPLICATION
FY 2022 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

NOT FINAL

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name	Kansas Department for Aging and Disability Services (KDADS)
Organizational Unit	Behavioral Health Services
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Zip Code	66603

II. Contact Person for the Block Grant

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III. Expenditure Period

State Expenditure Period

From	7/1/2020
To	6/30/2021

Block Grant Expenditure Period

From	10/1/2018
To	9/30/2020

IV. Date Submitted

Submission Date	
Revision Date	

V. Contact Person Responsible for Report Submission

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NOT FINAL

Footnotes:

NOT FINAL

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Reduce underage drinking in Kansas

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Reduce the percentage of students in grades 6, 8, 10, and 12 that report drinking alcohol in the past 30-days.

Objective:

Completion of community-level comprehensive strategic planning and provision of supports for community initiatives utilizing all steps of the Strategic Prevention Framework to address underage alcohol use through the implementation of evidence-based prevention programs, practices, and policies.

Strategies to attain the goal:

Kansas does not implement any one strategy statewide, aside from our "It Matters" media campaign, rather communities complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that identify with their particular community needs and capacity. All strategies must be evidence based and Kansas utilizes SAMHSA's definition when reviewing individual strategic plans.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: On how many occasions, if any, have you had beer, wine, or hard liquor in the past 30 days? (at least once)

Baseline Measurement: State = 16.36%; KPCCI Communities 14.20%

First-year target/outcome measurement: State = 16.12%; KPCCI Communities = 13.45%

Second-year target/outcome measurement: State = 15.91%; KPCCI Communities = 12.8%

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

Data Source:

Kansas Communities That Care (KCTC) Student Survey

New Data Source*(if needed)*:

Description of Data:

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

In 2015 active consent legislation was passed, initially creating challenges for local school districts to obtain the required parental consent and significantly impacting statewide participation rates as well as many local participation rates. Since then, the prevention

NOT FINAL

system has worked with both school districts across the state to implement strategies to streamline the consent process and increase participation; this focused effort has led to increased participation statewide and among many school districts. There are however a few districts that are outliers and the state is working continuously to engage them and significant progress has been made within the last year. Funded communities are required to achieve a 60 percent participation rate; if at time they are not at 60 percent they must create specific action plans demonstrating that they will implement strategies to increase participation.

New Data issues/caveats that affect outcome measures:

Some strategies were disrupted due to the COVID-19 pandemic and early school closures.

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)*:

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)*:

Community collations implemented evidence-based strategies designed to reduce youth marijuana use and prevention the onset of use. Strategic plans included a combination of environmental, media, and prevention education strategies. Some strategies were disrupted due to the COVID-19 pandemic and early school closures. Similar to what was seen across the nation, youth reported substance showed a reduction in Kansas. In addition to the implementation of prevention strategies, this reduction may, in part be impacted by changing COVID environments related to less peer interaction and potential reduced access to substances, etc.

Priority #: 2

Priority Area: Reduce adolescent marijuana use in Kansas

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Reduce the percentage of students in grades 6, 8, 10, and 12 that report using marijuana in the past 30-days.

Objective:

Completion of community-level comprehensive strategic planning and provision of supports for community initiatives utilizing all steps of the Strategic Prevention Framework to address adolescent marijuana use through the implementation of evidence-based prevention programs, practices, and policies.

Strategies to attain the goal:

Kansas does not implement any one strategy statewide, aside from our "It Matters" media campaign. Communities complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that identify with their particular community needs and capacity. All strategies must be evidence-based and Kansas utilizes SAMHSA's definition when reviewing individual strategic plans.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: On how many occasions, if any, have you used marijuana in the past 30 days? (at least once)

Baseline Measurement: State = 7.24%; KPC Communities = 8.70%

First-year target/outcome measurement: State = 7.00; KPC Communities = 8.20%

Second-year target/outcome measurement: State = 6.50%; KPC Communities = 7.45%

NOT FINAL

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

Data Source:

Kansas Communities That Care (KCTC) Student Survey

New Data Source*(if needed)*:

Description of Data:

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

In 2015 active consent legislation was passed, initially creating challenges for local school districts to obtain the required parental consent and significantly impacting statewide participation rates as well as many local participation rates. Since then, the prevention system has worked with both school districts across the state to implement strategies to streamline the consent process and increase participation; this focused effort has led to increased participation statewide and among many school districts. There are however a few districts that are outliers and the state is working continuously to engage them and significant progress has been made within the last year. Funded communities are required to achieve a 60 percent participation rate; if at time they are not at 60 percent they must create specific action plans demonstrating that they will implement strategies to increase participation.

New Data issues/caveats that affect outcome measures:

Some strategies were disrupted due to the COVID-19 pandemic and early school closures.

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)*:

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)*:

Community collations implemented evidence-based strategies designed to reduce youth marijuana use and prevention the onset of use. Strategic plans included a combination of environmental, media, and prevention education strategies. Some strategies were disrupted due to the COVID-19 pandemic and early school closures. Similar to what was seen across the nation, youth reported substance showed a reduction in Kansas. In addition to the implementation of prevention strategies, this reduction may, in part be impacted by changing COVID environments related to less peer interaction and potential reduced access to substances, etc.

Priority #: 3

Priority Area: Reduce low perception of harm from alcohol and marijuana use among Kansas youth

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Reduce percentage of students in ages 6, 8, 10, and 12 that report there is "no risk" of harm from taking one or two drinks of an alcoholic beverage nearly every day.

Objective:

Completion of community-level comprehensive strategic planning and provision of supports for community initiatives utilizing all steps of the Strategic Prevention Framework to address low perceived risk of harm from regular alcohol use through the implementation of evidence-based prevention

NOT FINAL

programs, practices, and policies.

Strategies to attain the goal:

Kansas does not implement any one strategy statewide, aside from our "It Matters" media campaign. Communities complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that identify with their particular community needs and capacity. All strategies must be evidence-based and Kansas utilizes SAMHSA's definition when reviewing individual strategic plans.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: How much to you think people risk harming themselves, physically or in other ways, if they take one or two drinks of an alcoholic beverage nearly every day ? (no risk)

Baseline Measurement: State = 14.41%; KPC Communities = 16.92%

First-year target/outcome measurement: State = 13.91%; KPC Communities = 16.42%

Second-year target/outcome measurement: State = 13.41%; KPC Communities = 15.92%

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

Data Source:

Kansas Communities That Care (KCTC) Student Survey

New Data Source*(if needed)*:

Description of Data:

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

In 2015 active consent legislation was passed, initially creating challenges for local school districts to obtain the required parental consent and significantly impacting statewide participation rates as well as many local participation rates. Since then, the prevention system has worked with both school districts across the state to implement strategies to streamline the consent process and increase participation; this focused effort has led to increased participation statewide and among many school districts. There are however a few districts that are outliers and the state is working continuously to engage them and significant progress has been made within the last year. Funded communities are required to achieve a 60 percent participation rate; if at time they are not at 60 percent they must create specific action plans demonstrating that they will implement strategies to increase participation.

New Data issues/caveats that affect outcome measures:

Some strategies were disrupted due to the COVID-19 pandemic and early school closures.

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)*:

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)*:

NOT FINAL

Community coalitions implemented evidence-based strategies designed to reduce youth alcohol use, reduce the risk factors for use, and prevent the onset of use. Data indicated that youth had low perceived risk of harm from regular alcohol use, which is why this priority was chosen. However in year one, not all grantees were implementing strategies related to risk. As such, if in year two grantees were not already implementing strategies to address low perceived risk of harm, they were requested to do so. The percentage of youth reporting there was no risk of harm from regular alcohol use decreased and met the targeted projected in both year one and year two.

Indicator #: 2

Indicator: Reduce percentage of students in ages 6, 8, 10, and 12 that report there is "no risk" of harm from regular marijuana use.

Baseline Measurement: State = 16.66%; KPC Communities = 22.32%

First-year target/outcome measurement: State = 16.16%; KPC Communities = 21.82%

Second-year target/outcome measurement: State =15.66%; KPC Communities =21.32%

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

Data Source:

Kansas Communities That Care (KCTC) Student Survey

New Data Source*(if needed)*:

Description of Data:

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

In 2015 active consent legislation was passed, initially creating challenges for local school districts to obtain the required parental consent and significantly impacting statewide participation rates as well as many local participation rates. Since then, the prevention system has worked with both school districts across the state to implement strategies to streamline the consent process and increase participation; this focused effort has led to increased participation statewide and among many school districts. There are however a few districts that are outliers and the state is working continuously to engage them and significant progress has been made within the last year. Funded communities are required to achieve a 60 percent participation rate; if at time they are not at 60 percent they must create specific action plans demonstrating that they will implement strategies to increase participation.

New Data issues/caveats that affect outcome measures:

Some strategies were disrupted due to the COVID-19 pandemic and early school closures.

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:
Across the state, the percentage of students that reported 'no risk' of harm from regular marijuana use remained relatively unchanged, however KPCCI communities with direct funding to implement prevention strategies showed a reduction below 1st year target rate. In order to bring more emphasis on this priority, in addition to the risk factors they determined, new grantees must also include strategies to address low perceived risk of harm.

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)*:

Community coalitions implemented evidence-based strategies designed to reduce youth marijuana use, reduce the risk factors for use, and prevent the onset of use. Data indicated that youth had low perceived risk of harm from regular marijuana use, which is why this

NOT FINAL

priority was chosen. Year one target was not achieved. As a result, if in year two grantees were not already implementing strategies to address low perceived risk of harm, they were requested to do so. The percentage of youth reporting there was no risk of harm from regular marijuana use decreased and met the targeted projection in year two.

Priority #: 4

Priority Area: KPCCI at-risk population identification and implementation of appropriate evidence-based strategies

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Apply the data-driven Strategic Prevention Framework process to identify and address sub-populations with gaps in service or at high risk to improve behavioral health outcomes.

Objective:

Communities will use data to identify at least one at risk population (e.g. ethnicity, race, gender, age group, etc.) in their community and then implement programs, policies, or practices to reduce risk.

Strategies to attain the goal:

Communities will utilize their KCTC data to identify and target at risk populations and identify appropriate evidence based strategies. Each community's assessment will be unique to their individual needs and data outcomes. All strategies must be evidence-based as Kansas utilizes SAMHSA's definition when reviewing individual strategic plans.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of KPCCI communities completing at risk population assessment

Baseline Measurement:

First-year target/outcome measurement: All (100%) funded KPCCI communities will complete assessment to identify one 'at risk' population within their community and plan for appropriate prevention strategies to reduce risk. Community-level data will be used to measure progress.

Second-year target/outcome measurement: All (100%) funded KPCCI communities will implement prevention strategies to reduce risk among identified at risk population. Community-level data will be used to measure risk reduction.

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

Data Source:

Kansas Communities That Care (KCTC) Student Survey; Behavioral Health Report

New Data Source*(if needed)*:

Description of Data:

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

In 2015 active consent legislation was passed, initially creating challenges for local school districts to obtain the required parental

NOT FINAL

consent and significantly impacting statewide participation rates as well as many local participation rates. Since then, the prevention system has worked with both school districts across the state to implement strategies to streamline the consent process and increase participation; this focused effort has led to increased participation statewide and among many school districts. There are however a few districts that are outliers and the state is working continuously to engage them and significant progress has been made within the last year. Funded communities are required to achieve a 60 percent participation rate; if at time they are not at 60 percent they must create specific action plans demonstrating that they will implement strategies to increase participation.

New Data issues/caveats that affect outcome measures:

Some strategies were disrupted due to the COVID-19 pandemic and early school closures.

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)*:

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)*:

Following SAMHSA's lead, Kansas wanted to ensure communities were focusing on health disparities and high risk subpopulations. This became a block grant priority. To achieve this goal, the Kansas Prevention Collaborative provided coalitions with additional training on health disparities and data reports and sources to help identify their areas of need. KPC Community Support Specialists and Evaluators assisted coalitions in developing a tailored Health Disparities Impact Statement which was a grant deliverable in Year one. Strategy action plans included steps to address the identified at risk population for implementation in year two.

Priority #: 5

Priority Area: Provide access to community-based services for children/youth with SED allowing them to remain in their homes and communities with services and supports

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Children with SED are able to remain in home by building a community-based system of care to meet their needs.

Objective:

Increase the utilization of community-based services in order to reduce the utilization of inpatient services.

Strategies to attain the goal:

Kansas does not implement any one strategy statewide. Continue to identify culturally-competent, person-centered services to meet the child's/youth's needs.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of children/adolescents, age 17 or younger, that received crisis intervention services (30) calendar days prior to a screen resulting in inpatient psychiatric admission, excluding PRTF.

Baseline Measurement: Establishing a baseline for FY2020

First-year target/outcome measurement: Establishing a baseline for FY2020

Second-year target/outcome measurement: Based upon the baseline, determine a realistic target/outcome measurement

NOT FINAL

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

Data Source:

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System)
AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by the CMHCs to Kansans.

New Data Source*(if needed)*:

Description of Data:

Numerator: Number of children/adolescents that received crisis services (30) calendar days prior to crisis screen resulting in admission within reporting period. The following codes will be utilized: H2011, H2011-HK and/or H2011-HO (code numbers are subject to change by CMS)

Denominator: Number children/adolescents with a screen resulting in admission to inpatient within reporting period

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

This measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate.

New Data issues/caveats that affect outcome measures:

As of November 2021, the process has been revised on calculating this performance indicator to utilize both social security numbers and Medicaid IDs for children/youth in order to match service records to screening data. Previously reported data may have been incomplete due to not all records being matched properly. In addition, previous reporting was unable to remove duplicates from the denominator to account for clients who had multiple screens resulting in admission during the reporting period. The updated data reflects the more complete matching process, along with unduplicated counts for both numerator and denominator.
SFY2019: 178/1224 = 14.54%
SFY2020: 99/845 = 11.72%
SFY2021: 69/596 = 11.58%
Data relies on the accuracy and completeness of records by the CTS contractor and CMHC data submissions to AIMS. Missing or incomplete data may impact data reported. The State will continue to work with the appropriate entities to increase the reliability of these data sources. Lack of historical data remains an issue when evaluating how COVID-19 may have played a role in the decreasing trend represented by current available data.

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)*:
Baseline (FY2020): 46/600 = 7.67%
We now have data structured to allow a comparison between SFY2019 and SFY2020. In SFY2020, fewer children received crisis services 30 calendar days prior to crisis screen resulting in admission. Because we do not have historical data prior to SFY2019 structured in a way to allow us to make a comparison with SFY2019, we cannot compare with SFY2020 to make a clear determination that more children stayed in their home communities or if the COVID-19 Pandemic played a role in the decrease.

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)*:

The second year target/outcome outcome measurement has been achieved in that a realistic target/outcome measurement has been determined. However, the State continues to work with the appropriate entities to increase the reliability of these data sources that determine outcomes/trends. KDADS has begun internal reporting of data on this measure quarterly to contractors to improve the ability to analyze future trends and changes with this performance measure. Please also note that COVID-19 restrictions and impacts during this reporting period may have affected outcomes as represented in the decreasing trend reported in current available data.

Indicator #: 2

NOT FINAL

Indicator: The percentage of children/adolescents that received therapeutic intervention services (includes more than initial assessment and diagnosis such as Peer Support, Psychosocial individual/group, Community Psychiatric Support and Treatment, Therapy and/or Intake) within thirty (30) calendar days prior to a screen resulting in an inpatient psychiatric admission, excluding PRTF.

Baseline Measurement: Establishing a baseline for FY2020.

First-year target/outcome measurement: Establishing a baseline for FY2020.

Second-year target/outcome measurement: Based upon the established baseline, determine a realistic target/outcome measure.

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

Data Source:

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System)
AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by the CMHCs to Kansans.

New Data Source*(if needed)*:

Description of Data:

Numerator: Number of children/adolescents receiving a therapeutic intervention within 30 calendar days prior to a screen resulting in admission within reporting period. Services codes are as follows: 90791, H0036-HA, H0036-HB, H0036-HH, H0036-HJ, H0036-HK, H2017, H2017-HQ, H2017-TJ, H0038, H0038-HG, 90832, 90834, 90837, 90839, 90840, 90847, 90847HK, 90853, 90832, 90834, 90837, 90839, and/or 90840. (code numbers are subject to change by CMS)

Denominator: Total number of children/adolescents with a screen resulting in an inpatient psychiatric admission, excluding PRTF, within reporting period

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

This measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate.

New Data issues/caveats that affect outcome measures:

As of November 2021, the process has been revised on calculating this performance indicator to utilize both social security numbers and Medicaid IDs for children/youth in order to match service records to screening data. Previously reported data may have been incomplete due to not all records being matched properly. In addition, previous reporting was unable to remove duplicates from the denominator to account for clients who had multiple screens resulting in admission during the reporting period. The updated data reflects the more complete matching process, along with unduplicated counts for both numerator and denominator.
SFY2019: 504/1224 = 41.18%
SFY2020: 279/845 = 33.02%
SFY2021: 149/596 = 25.00%
Data relies on the accuracy and completeness of records by the CTS contractor and CMHC data submissions to AIMS. Missing or incomplete data may impact data reported. The State will continue to work with the appropriate entities to increase the reliability of these data sources. Lack of historical data remains an issue when evaluating how COVID-19 may have played a role in the decreasing trend represented by current available data.

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)*:
Baseline (FY2020): 98/600 = 16.33%
We now have data structured to allow a comparison between SFY2019 and SFY2020. The percentage of children/adolescents that received therapeutic intervention services (includes more than initial assessment and diagnosis such as Peer Support, Psychosocial individual/group, Community Psychiatric Support and Treatment, Therapy and/or Intake) within thirty (30) calendar days prior to a screen resulting in an inpatient psychiatric admission decreased. Because we do not have historical data prior to SFY2019 structured in a way to allow us to make a comparison with SFY2019, we cannot compare with SFY2020 to make a clear determination that more children stayed in their home communities or if the COVID-19 Pandemic played a role in the decrease.

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

NOT FINAL

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

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

The second year target/outcome outcome measurement has been achieved in that a realistic target/outcome measurement has been determined. However, the State continues to work with the appropriate entities to increase the reliability of these data sources that determine outcomes/trends. KDADS has begun internal reporting of data on this measure quarterly to contractors to improve the ability to analyze future trends and changes with this performance measure. Please also note that COVID-19 restrictions and impacts during this reporting period may have affected outcomes as represented in the decreasing trend reported in current available data.

Priority #: 6

Priority Area: Provide access to community-based services for adults with SMI allowing them to remain in their homes and communities with services and supports

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Adults with SMI are able to maintain community living and build a support system of care to improve their quality of life.

Objective:

Increase the utilization of community-based services in order to reduce the utilization of inpatient services.

Strategies to attain the goal:

Kansas does not implement any one strategy statewide. Continue to identify culturally-competent, person-centered services to meet the person's needs.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of adults, age 18 and older, that received crisis intervention services (30) calendar days prior to a screen resulting in admission to a State Mental Health Hospital (SMHH) or State Hospital Alternative (SHA) as utilized by the Osawatomie Temporary Census Diversion Funds (OTCDF).

Baseline Measurement: Establishing a baseline for FY2020.

First-year target/outcome measurement: Establishing a baseline for FY2020.

Second-year target/outcome measurement: Based upon the baseline, determine a realistic target/outcome measurement.

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

Data Source:

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System)
AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by the CMHCs to Kansans.

New Data Source*(if needed)*:

Description of Data:

Numerator: Number of adults that received crisis services within (30) calendar days of a crisis screen resulting in admission within reporting period. The following codes will be utilized: H2011, H2011-HK and/or H2011-HO (code numbers are subject to changes by CMS)

Denominator: Screens resulting in admission to inpatient within reporting period

NOT FINAL

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

This measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate.

New Data issues/caveats that affect outcome measures:

We are developing our baseline and have found that the social security numbers of adults need to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts. While we were able to verify many most of the adults for the baseline but will need to include the social security number for future 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)*:

Baseline (FY2020): 40/1694 = 2.36%
We now have data structured to allow a comparison between SFY2019 and SFY2020. Percentage of adults, age 18 and older, that received crisis intervention services thirty (30) calendar days prior to a screen resulting in admission to a State Mental Health Hospital (SMHH) or State Hospital Alternative (SHA) as utilized by the Osawatomie Temporary Census Diversion Funds (OTCDF) decreased. Because we do not have historical data prior to SFY2019 structured in a way to allow us to make a comparison with SFY2019, we cannot compare with SFY2020 to make a clear determination that more adults stayed in their home communities or if the COVID-19 Pandemic played a role in the decrease.

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)*:

Second Year (FY2021): 167/1930 = 8.65%
The data from the state hospitals and diversion is more complete records for SFY21 which increased our ability to match records to encounters data and therefore our data is more accurate.

Indicator #: 2

Indicator: The percentage of adults that received therapeutic intervention services (includes more than initial assessment and diagnosis such as Peer Support, Psychosocial individual/group, Community Psychiatric Support and Treatment, Therapy, and/or Intake) within seven calendar days of discharge from a State Mental Health Hospital (SMHH) or State Hospital Alternative (SHA) as utilized by the Osawatomie Temporary Census Diversion Funds (OTCDF).

Baseline Measurement: Establish a baseline for FY2020.

First-year target/outcome measurement: Establish a baseline for FY2020.

Second-year target/outcome measurement: Based upon the baseline, determine a realistic target/outcome measurement.

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

Data Source:

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System)
AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by the CMHCs to Kansans.

New Data Source*(if needed)*:

Description of Data:

Numerator: Number of adults receiving CSS services who had a therapeutic intervention within seven business days of discharge from a SMHH within reporting period. Services codes are as follows: 90791, H0036-HA, H0036-HB, H0036-HH, H0036-HJ, H0036-HK, H2017, H2017-HQ, H2017-TJ, H0038, H0038-HG, 90832, 90834, 90837, 90839, 90840, 90847, 90847HK, 90853, 90832, 90834, 90837, 90839, and/or 90840. seven calendar from start the day after discharge however if a CMHC provides one of these services the same day as discharge then that will count toward the seven days. (code numbers are subject to changes by CMS)

NOT FINAL

Denominator: Total number of adult discharges from SMHH or SHA within the reporting period.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate.

New Data issues/caveats that affect outcome measures:

We are developing our baseline and have found that the social security numbers of adults need to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts. While we were able to verify many most of the adults for the baseline but will need to include the social security number for future 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)*:

Baseline (FY2020): 147/2050 = 7.17%
We now have data structured to allow a comparison between SFY2019 and SFY2020. The percentage of adults that received therapeutic intervention services (includes more than initial assessment and diagnosis such as Peer Support, Psychosocial individual/group, Community Psychiatric Support and Treatment, Therapy, and/or Intake) within seven calendar days of discharge from a State Mental Health Hospital (SMHH) or State Hospital Alternative (SHA) as utilized by the Osawatomie Temporary Census Diversion Funds (OTCDF) decreased. Because we do not have historical data prior to SFY2019 structured in a way to allow us to make a comparison with SFY2019, we cannot compare with SFY2020 to make a clear determination that more adults stayed in their home communities or if the COVID-19 Pandemic played a role in the decrease.

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)*:

Second Year (FY2021): 270/1944 = 13.89%
The data from the state hospitals and diversion is more complete records for SFY21 which increased our ability to match records to encounters data and therefore our data is more accurate.

Priority #: 7

Priority Area: Pregnant Women and Women with Dependent Children receive treatment that targets the PWWDC population

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Ensure that pregnant women and women with dependent children have access to specialty services.

Objective:

Increase PWWDC being served by a Designated Women's Facility.

Strategies to attain the goal:

Increase DWF program information and interim services information to referral sources.
Encourage greater collaboration and sharing of program success within network of DWFs.
Increase intra-agency collaboration with other state programs for families.

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

Annual Performance Indicators to measure goal success

NOT FINAL

Indicator #: 1

Indicator: Number of pregnant women and women with dependent children admitted to a Designated Women's Facility (DWF)

Baseline Measurement: Proportion of total pregnant women and women with dependent children (PWWDC) served with Block Grant funds in SFY18 by designated women's facilities.

First-year target/outcome measurement: 5% increase from baseline

Second-year target/outcome measurement: 10% increase from baseline

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

Data Source:

Administrative Services Organization (ASO) Designated Women's Facility Report

New Data Source*(if needed)*:

Description of Data:

Designated Women's Facility Report - Summary/Total Admitted to DWF percentage to increase

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Kansas is developing a new substance use disorder data system. The outcomes of the data that will be collected within the system is still being determined at this time.

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:

This performance indicator could not be measured due to several factors.
Kansas has developed a new substance use disorder data collection system (KSURS). The first phase of the new system includes a minimal data set of required fields, primarily TEDS data. The new system includes a field indicating whether a woman is pregnant at admission; the system does not have a field to indicate women with dependent children.
The new system captures data on all payor sources. There is not a field for manual entry to indicate which payor source to separate out Block Grant from other payor sources.
Providers continue to update back data into KSURS also impacting the data reported.

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:

Kansas has developed a new substance use disorder data collection system (KSURS). The first phase of the new system included a minimal data set of required fields, primarily TEDS data. Through a Request for Proposal process, Kansas is working on a solution to modernize its substance use disorder data collection system. The RFP includes a comprehensive upgrade of IT systems at all four State hospitals both from the infrastructure and software perspective. The State is currently reviewing proposals. This performance indicator could not be measured due to several factors:
The current system, KSURS, includes a field indicating whether a woman is pregnant at admission; the system does not have a field to indicate women with dependent children.
KSURS captures data on all payor sources. There is not a field for manual entry to indicate which payor source to separate out Block Grant from other payor sources.
Providers continue to update back data into KSURS also impacting the data reported.

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

Priority #: 8

Priority Area: Recovery Oriented System of Care

NOT FINAL

Priority Type: SAT

Population(s): PWWDC, PWID, TB

Goal of the priority area:

Kansas Behavioral Health system supports a recovery-oriented system of care.

Objective:

More individuals have access to peer mentoring services.

Strategies to attain the goal:

Increase the peer mentoring workforce capacity.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of Kansas Certified Peer Mentors increase.

Baseline Measurement: Set a baseline (FY19)

First-year target/outcome measurement: Increase the percentage of Kansas Certified Peer Mentors by 10% in FY20

Second-year target/outcome measurement: Increase the percentage of Kansas Certified Peer Mentors by 10% in FY21 from FY20

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

Data Source:

Adult Consumer Affairs tracking spreadsheet

New Data Source*(if needed)*:

Description of Data:

Certified Peer Mentor roster

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Training contractor reporting timeliness and accuracy.

New Data issues/caveats that affect outcome measures:

NOT FINAL

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:
SFY2019 Baseline = 58 Peer Mentors certified
SFY2020 = 50 Peer Mentors certified (decrease of 13.8%)
The decrease of Peer Mentors certified is the result of the decrease of in-person trainings offered due to COVID-19 the last few months of SFY2020. KDADS is now offering the Peer Mentor Level 1 training online. KDADS is also researching options to offer the Peer Mentor Level 2 training virtually to avoid any further delays in achieving our target for FY2021.

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:

SFY2019 Baseline = 58 Peer Mentors certified
SFY2020 = 50 Peer Mentors certified (decrease of 13.8%)

SFY2021 = 20 Peer Mentors certified (decrease of 60%)
Due to COVID-19, in-person trainings were put on hold which decreased the number of individuals that became fully certified in FY2021. KDADS is very close to offering the training for certification virtually. KDADS has been able to offer the Level One Peer Mentor training online during FY2021 and 124 individuals completed the training. We are expecting most of those 124 individuals to apply for their certification within the current fiscal year FY2022 and that number to continue to grow and allow us to not only meet our target, but to exceed the target increase of 10%.

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

Priority #: 9

Priority Area: Expand access to youth experiencing their first psychotic episode and offer treatment and support within two years of the episode.

Priority Type: MHS

Population(s): ESMI

Goal of the priority area:

Youth who have experienced their first psychotic episode are free from the adverse effects of their mental illness.

Objective:

Increase the number of youth who receive early intervention increasing their chance of successful recovery.

Strategies to attain the goal:

Identify opportunities to increase access to services for ESMI.

Examine adequacy of ESMI-related service rates.

Establish care coordination and case management requirements for our contractors that are provided through treatment and continuing care.

Identify potential partners who may have contact with young people in this age group to educate and build awareness around early intervention and treatment availability such as the Kansas Department of Children and Families, colleges, schools and social media.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: ESMI served with Block Grant funded intervention.

Baseline Measurement: Number of youth experiencing ESMI served with Block Grant funded intervention in SFY19.

First-year target/outcome measurement: 5% increase in number of youth experiencing ESMI served with Block Grant funded intervention in SFY20

Second-year target/outcome measurement: 5% increase in number of youth experiencing ESMI served with Block Grant funded intervention in SFY21 from number in SFY20.

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

Data Source:

KDADS' Automated Information Management System (AIMS)

New Data Source*(if needed)*:

Quarterly provider reports

Description of Data:

Proportion of total number of youth experiencing ESMI served with Block Grant funded intervention in a given State Fiscal Year (SFY).

New Description of Data:*(if needed)*

NOT FINAL

Data issues/caveats that affect outcome measures:

Individuals not correctly identified as being ESMI

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)*:

SFY2019 Baseline: 54 youth experiencing ESMI served with Block Grant funded intervention
SFY2020: 68 youth (increase of 14 youth or 26%)
Increase can be attributed to the implementation of a new program (Four County) and increased outreach by existing programs resulting in more youth served.

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

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

SFY2020: 68 youth
SFY2021: 55 youth (decrease of 13 youth or 19.12%)
Decrease can be attributed to recruitment and marketing of the program to schools, agencies, and community groups was reduced due to COVID restrictions in travel and in-person meetings. There was also several staff changes at one of the programs resulting in some reduction in taking on new participants but that has now been resolved. Funding has been provided for a new program in the second largest populated county in Kansas. This new program in Johnson County will be fully established and admitting participants in the second half of FY22. This should also increase the numbers of participants served.

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

NOT FINAL

III: Expenditure Reports

Table 2A - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	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]
1. Substance Abuse Prevention[2] and Treatment	$8,995,732.00		$14,108,057.00	$0.00	$10,896,489.03	$0.00	$1,297,324.23	$0.00
a. Pregnant Women and Women with Dependent Children[2]	$2,050,311.00		$812,357.77	$0.00	$2,852,715.00	$0.00	$0.00	$0.00
b. All Other	$6,945,421.00		$13,295,699.23	$0.00	$8,043,774.03	$0.00	$1,297,324.23	$0.00
2. Substance Abuse Primary Prevention	$2,484,839.24		$0.00	$13,452,530.40	$482,678.49	$0.00	$0.00	$0.00
3. Tuberculosis Services	$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)[3]	$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)	$956,540.49		$0.00	$0.00	$544,101.48	$0.00	$0.00	$0.00
11. Total	**$12,437,111.73**	**$0.00**	**$14,108,057.00**	**$13,452,530.40**	**$11,923,269.00**	**$0.00**	**$1,297,324.23**	**$0.00**

NOT FINAL

[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" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state expenditure period of July 1, 2021 – June 30, 2023, for most states.

[2]Prevention other than primary prevention

[3]Only 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 federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

(•) Actual ( ) Estimated

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Footnotes:

During SFY 2021 127,036 was spent on Technical Assistance Funds. No Covid-19 funds for ARPA or Covid Relief have yet been spent in substance abuse.

NOT FINAL

III: Expenditure Reports

Table 2B - COVID-19 Relief Supplemental Funds Expenditure by Service – Requested

Expenditure Period Start Date: 3/15/2021 Expenditure Period End Date: 9/30/2021

Service	Expenditures
Healthcare Home/Physical Health	**$**
Specialized Outpatient Medical Services	
Acute Primary Care	
COVID-19 Screening (e.g., temperature checks, symptom questionnaires)	
COVID-19 Testing	
COVID-19 Vaccination	
Comprehensive Care Management	
Care Coordination and Health Promotion	
Comprehensive Transitional Care	
Individual and Family Support	
Referral to Community Services Dissemination	
Prevention (Including Promotion)	
Screening with Evidence-based Tools	
Risk Messaging	
Access Line/Crisis Phone Line/Warm Line	
Purchase of Technical Assistance	
COVID-19 Awareness and Education for Person with SUD	
Media Campaigns (Information Dissemination)	
Employee Assistance Programs (Problem Identification and Referral)	
Primary Substance Use Disorder Prevention (Education)	
Primary Substance Use Disorder Prevention (Alternatives)	
Primary Substance Use Disorder Prevention (Community-Based Processes)	

NOT FINAL

Intervention Services	
Fentanyl Strips	
Syringe Services Program	
Naloxone	
Overdose Kits/Dissemination of Overdose Kits	
Engagement Services	
Assessment	
Specialized Evaluations (Psychological and Neurological)	
Services Planning (including crisis planning)	
Consumer/Family Education	
Outreach (including hiring of outreach workers)	
Outpatient Services	
Evidence-based Therapies	
Group Therapy	
Family Therapy	
Multi-family Therapy	
Consultation to Caregivers	
Medication Services	
Medication Management	
Pharmacotherapy (including MAT)	
Laboratory Services	
Community Support (Rehabilitative)	
Parent/Caregiver Support	
Case Management	
Behavior Management	
Supported Employment	

NOT FINAL

Permanent Supported Housing	
Recovery Housing	
Recovery Supports	
Peer Support	
Recovery Support Coaching	
Recovery Support Center Services	
Supports For Self-Directed Care	
Supports (Habilitative)	
Personal Care	
Respite	
Supported Education	
Acute Intensive Services	
Mobile Crisis	
Peer-based Crisis Services	
Urgent Care	
23-hour Observation Bed	
Medically Monitored Intensive Inpatient for SUD	
24/7 Crisis Hotline	
Other	
Smartphone Apps	
Personal Protective Equipment	
Virtual/Telehealth/Telemedicine Services	
Purchase of increased connectivity (e.g., Wi-Fi)	
Cost-sharing Assistance (e.g., copayments, coinsurance and deductibles)	
Provider Stabilization Payments	
Transportation to COVID-19 Services (e.g., testing, vaccination)	
Other (please list)	

NOT FINAL

Total	**$0**

Please enter the five services (e.g., COVID-19 testing, risk messaging, group therapy, peer support) from any of the above service categories (e.g., Healthcare Home/Physical Health, prevention (including promotion), outpatient services, recovery supports) that reflect the five largest expenditures of COVID-19 Relief Supplement Funds.

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Footnotes:

The expenditure period end date on the heading of Table 2B in WebBGAS indicates an end date of 9/30/2021. The written narrative instructions that came with the report indicate an end date of 6/30/2021 for Table 2B. As of 9/30/2021, Kansas has completed a plan to utilize and allocate the COVID-19 and ARP funds, however, funds were not expended by September 30, 2021.

NOT FINAL

III: Expenditure Reports

Table 3A SABG – Syringe Services Program

Expenditure Start Date: 07/01/2020 Expenditure End Date: 06/30/2021

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	Dollar Amount of COVID-19 Relief Supplemental Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of locations (Include mobile, if any)	Narcan Provider (Yes or No)	Fentanyl Strips (Yes or No)
No Data Available							

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

N/A - Kansas has not repurposed SABG Funds for Syringe Services Programs (SSPs).

NOT FINAL

III: Expenditure Reports

Table 3B SABG – Syringe Services Program

Expenditure Start Date: 07/01/2020 Expenditure End Date: 06/30/2021

SABG							
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							
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

NOT FINAL

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Footnotes:

N/A - Kansas has not repurposed SABG Funds for Syringe Services Programs (SSPs).

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

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

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Expenditure Category	FY 2019 SA Block Grant Award
1. Substance Abuse Prevention[1] and Treatment	$8,926,412.75
2. Primary Prevention	$2,708,888.00
3. Tuberculosis Services	$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)[2]	$0.00
5. Administration (excluding program/provider level)	$595,015.25
Total	**$12,230,316.00**

[1]Prevention other than Primary Prevention

[2]Only 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 federal fiscal years for which a state was applying for a grant. See EIS/HIV policy change in SABG Annual Report instructions.

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Footnotes:

During Award for FFY 2019 Technical assistance funds were in the amount of 328,827. That amount has been added to line #2.

NOT FINAL

III: Expenditure Reports

Table 5a - SABG Primary Prevention Expenditures Checklist

The State or jurisdiction must complete either SABG Table 5a and/or 5b. There are six primary prevention strategies typically funded by principal agencies administering the SABG. 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 or jurisdiction employs strategies not covered by these six categories, please report them under "Other," each in a separate row.

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective					
Information Dissemination	Indicated					
Information Dissemination	Universal					
Information Dissemination	Unspecified	$207,740.00				
Information Dissemination	**Total**	**$207,740.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Education	Selective					
Education	Indicated					
Education	Universal					
Education	Unspecified	$187,340.00				
Education	**Total**	**$187,340.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Alternatives	Selective					
Alternatives	Indicated					
Alternatives	Universal					
Alternatives	Unspecified	$73,060.00				
Alternatives	**Total**	**$73,060.00**	**$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	$62,040.00				
Problem Identification and Referral	**Total**	**$62,040.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

NOT FINAL

Community-Based Process	Selective					
Community-Based Process	Indicated					
Community-Based Process	Universal					
Community-Based Process	Unspecified	$170,400.00				
Community-Based Process	**Total**	**$170,400.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal					
Environmental	Unspecified	$107,340.00				
Environmental	**Total**	**$107,340.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Section 1926 Tobacco	Selective					
Section 1926 Tobacco	Indicated					
Section 1926 Tobacco	Universal					
Section 1926 Tobacco	Unspecified					
Section 1926 Tobacco	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Other	Selective					
Other	Indicated					
Other	Universal					
Other	Unspecified	$82,405.00				
Other	**Total**	**$82,405.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
	Grand Total	**$890,325.00**				

NOT FINAL

Section 1926 – 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:

Exception-5a not equal to Table 4, Row 2 due to state using a portion of the primary prevention set-aside to fund Resource Development activities.

NOT FINAL

III: Expenditure Reports

Table 5b - SABG Primary Prevention Expenditures by Institute of Medicine (IOM) Categories

The state or jurisdiction must complete SABG Table 5b if it chooses to report SUD primary prevention activities utilizing the IOM Model of Universal, Selective and Indicated. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated. Include all funding sources (e.g., Centers for Disease Control and Prevention Block Grant, foundations).

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct					
Universal Indirect					
Selective					
Indicated					
Column Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

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Footnotes:

NOT FINAL

III: Expenditure Reports

Table 5c - SABG Primary Prevention Priorities and Special Population Categories

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 2019 SABG 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: 10/1/2018 Expenditure Period End Date: 9/30/2020

	SABG Award
Targeted Substances	
Alcohol	☑
Tobacco	☑
Marijuana	☑
Prescription Drugs	☐
Cocaine	☐
Heroin	☐
Inhalants	☐
Methamphetamine	☐
Bath salts, Spice, K2)	☐
Targeted Populations	
Students in College	☑
Military Families	☐
LGBTQ	☐
American Indians/Alaska Natives	☐
African American	☐
Hispanic	☐
Homeless	☐
Native Hawaiian/Other Pacific Islanders	☐
Asian	☐
Rural	☑

NOT FINAL

Underserved Racial and Ethnic Minorities	☐

Footnotes:

NOT FINAL

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Activity	A. SABG Treatment	B. SABG Prevention	C. SABG Combined[1]
1. Information Systems	$0.00	$170,493.00	$0.00
2. Infrastructure Support	$0.00	$170,493.00	$0.00
3. Partnerships, community outreach, and needs assessment	$0.00	$482,791.00	$0.00
4. Planning Council Activities (MHBG required, SABG optional)	$0.00	$0.00	$0.00
5. Quality Assurance and Improvement	$0.00	$289,733.00	$0.00
6. Research and Evaluation	$0.00	$213,842.00	$0.00
7. Training and Education	$0.00	$491,211.00	$0.00
8. Total	**$0.00**	**$1,818,563.00**	**$0.00**

[1]SABG integrated expenditures are expenditures for non-direct services/system development that cannot be separated out of the amounts devoted specifically to treatment or prevention. For Column C, do not include any amounts already accounted for in Column A, SABG Treatment and/or Column B, SABG Prevention.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Amount of SABG Primary prevention funds (from Table 4 Row 2) used for SABG Prevention Resource Development Activities for SABG Prevention, Column B =$1,818,563.00

NOT FINAL

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

This table provides a report of the sub-recipients of SABG 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 resource development expenditures.

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

										Source of Funds SAPT 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 SA Block Grant 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
	6000735	KS100546	✓	North East	Ashby House	142 South 7th Street	Salina	KS	67401-2806	$16,488.85	$16,488.85	$16,488.85	$0.00	$0.00	$0.00
	X	X	✗	West	Barton County	1400 Main St Ste 207	Great Bend KS	KS	67530	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	✗	North East	Boys & Girls club of Pottowatomie	16281 Q Road	Mayetta	KS	66509	$39,298.90	$0.00	$0.00	$39,298.90	$0.00	$0.00
	4	KS900940	✓	West	Center for Counseling	5815 Broadway Avenue	Great Bend	KS	67530	$4,088.02	$4,088.02	$0.00	$0.00	$0.00	$0.00
	x	x	✗	North East	Center for Learning Tree	PO Box 189	Girard	KS	66743	$735,979.88	$0.00	$0.00	$735,979.88	$0.00	$0.00
	550031	KS900502	✓	North East	Central Kansas Foundation	1805 South Ohio Street	Salina	KS	67401	$574,983.32	$574,983.32	$0.00	$0.00	$0.00	$0.00
	x	x	✗	North East	Chase County Drug Free Action Team	PO Box 14	Cottonwood	KS	66845	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	5300629	KS100347	✗	Kansas City Metro	Chautauqua Counseling Center Mission	5960 Dearborn Street Suite 1	Mission	KS	66202	$96,131.69	$96,131.69	$0.00	$0.00	$0.00	$0.00
	X	X	✗	Kansas City Metro	City of Olathe	PO Box 768	Olathe	KS	66051	$52,650.00	$0.00	$0.00	$52,650.00	$0.00	$0.00
	X	X	✗	South Central	City of Wellington	317 S Washington Ave	Wellington	KS	67152	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	KS100240	KS100240	✓	West	City On a Hill	529 North New York Street	Liberal	KS	67901	$173,725.45	$173,725.45	$173,725.45	$0.00	$0.00	$0.00
	6930874	KS101121	✓	West	City on a Hill	P.O. Box 401	Scott City	KS	67871	$112,528.97	$112,528.97	$10,140.00	$0.00	$0.00	$0.00
	6930875	KS101233	✓	West	City On A Hill	P.O. Box 401	Scott City	KS	67871	$147,516.01	$147,516.01	$147,516.01	$0.00	$0.00	$0.00
	X	X	✗	State Wide	Clay County	712 5TH STREET STE 105	CLAY CENTER	KS	67432-2913	$16,780.58	$0.00	$0.00	$16,780.58	$0.00	$0.00
	220018	KS105086	✓	Wichita	COMCARE of Sedgwick County	4035 East Harry Street	Wichita	KS	67218-3724	$202,495.51	$202,495.51	$0.00	$0.00	$0.00	$0.00
	X	X	✗	Kansas City Metro	Community Council of Wyandotte co	803 ARMSTRONG AVENUE	KANSAS CITY	KS	66101-2604	$15,050.00	$0.00	$0.00	$15,050.00	$0.00	$0.00
	60220	KS900494	✓	South East	Community MHC of Crawford County	911 East Centennial Drive	Pittsburg	KS	66762	$430,514.33	$415,464.33	$0.00	$15,050.00	$0.00	$0.00
	KS100096	KS100096	✓	West	Compass Behavioral Health	P.O. Box 1905	Garden City	KS	67846	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	970843	KS101126	✓	South Central	Corner House Inc	418 Market Street	Emporia	KS	66801	$82,978.49	$82,978.49	$0.00	$0.00	$0.00	$0.00
	KS102471	KS104360	✗	South Central	DCCCA Inc	1319 West May	Wichita	KS	67213	$568,782.59	$568,782.59	$568,782.59	$0.00	$0.00	$0.00
	KS101614	KS101614	✓	South Central	DCCCA Inc	3312 Clinton Parkway	Lawrence	KS	66047	$1,370,970.69	$525,668.34	$0.00	$845,302.35	$0.00	$0.00
	590035	KS750162	✓	North East	DCCCA Inc	1739 East 23rd Street	Lawrence	KS	66046	$561,990.71	$561,990.71	$561,990.71	$0.00	$0.00	$0.00
	KS103263	KS100600	✓	West	Dream Inc	2818 Vine Street	Hays	KS	67601	$62,924.53	$62,924.53	$0.00	$0.00	$0.00	$0.00
	X	X	✗	South East	Drug Free Osage County Inc	PO Box 42	Lyndon	KS	66451	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

NOT FINAL

	5840716	KS100477	✓	Kansas City Metro	Eagle Recovery Services	5 South Peoria Street Suite 206	Louisburg	KS	66053	$13,898.71	$13,898.71	$0.00	$0.00	$0.00	$0.00
	2001515	KS101480	✗	North East	Families and Communities Together	411 East Madison Street	Pittsburg	KS	66762-5924	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	✗	West	Finney County Community Health Coalition	310 E Walnut St Ste 202	Garden City	KS	67846	$68,850.00	$0.00	$0.00	$68,850.00	$0.00	$0.00
	KS100071	KS100071	✗	South East	Four County Mental Health Center	1601 West 4th Street	Coffeyville	KS	67337	$119,135.19	$119,135.19	$0.00	$0.00	$0.00	$0.00
	X	X	✗	State Wide	Franklin	1418 S MAIN ST STE 1	OTTAWA	KS	66067-3544	$12,119.70	$0.00	$0.00	$12,119.70	$0.00	$0.00
	X	X	✗	State Wide	Friends of Kiowa District Hospital	1002 S 4th ST	Kiowa	KS	67070	$2,958.10	$0.00	$0.00	$2,958.10	$0.00	$0.00
	X	X	✗	Kansas City Metro	Friends of Recovery	6422 Santa Fe Drive	Overland Park	KS	66202	$36,108.81	$36,108.81	$0.00	$0.00	$0.00	$0.00
	X	X	✗	State Wide	Grant County	PO Box 65	Ulysses	KS	67880	$40,536.44	$0.00	$0.00	$40,536.44	$0.00	$0.00
	190015	KS301404	✗	Kansas City Metro	Guidance Center Recovery Services	500 Limit Street	Leavenworth	KS	66048	$18,039.46	$18,039.46	$0.00	$0.00	$0.00	$0.00
	X	X	✗	South Central	Haysville Healthy Habitats Drug Free	7106 South Bradway Street	Haysville	KS	67060	$52,576.80	$0.00	$0.00	$52,576.80	$0.00	$0.00
	07480986	KS101525	✗	Kansas City Metro	Heartland Regional Alcohol & Drug Assessment Center	5500 Buena Vista Street	Roeland Park	KS	66205	$399,719.19	$399,719.19	$0.00	$0.00	$0.00	$0.00
	90008	KS100064	✓	West	High Plains Mental Health Center	208 East 7th Street	Hays	KS	67601	$2,255.20	$2,255.20	$0.00	$0.00	$0.00	$0.00
	4120388	KS103800	✗	South Central	Higher Ground	247 North Market Street	Wichita	KS	67202	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	x	x	✗	South Central	Indian Alcholism treatment Services	313 N Seneca St # 101	Wichita	KS	67203	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	KS101354	2000118	✗	North East	Jefferson County	PO Box 458	Oskaloosa	KS	66066	$45,205.73	$0.00	$0.00	$45,205.73	$0.00	$0.00
	110503	KS100146	✓	Kansas City Metro	Johnson County Mental Health Center	310 North Monroe Street	Olathe	KS	66061	$295,822.47	$295,822.47	$0.00	$0.00	$0.00	$0.00
	X	X	✗	State Wide	Kansas Family Partnerships Inc	5942 SW 29th ST	Topeka	KS	66614	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	850061	KS101978	✗	North East	Kerrs Counseling/Concordia	P.O. Box 254	Concordia	KS	66901	$39,211.00	$39,211.00	$0.00	$0.00	$0.00	$0.00
	290023	KS901187	✓	South East	Labette Center for MH Services Inc	P.O. Box 258	Parsons	KS	67357	$27,508.63	$27,508.63	$0.00	$0.00	$0.00	$0.00
	X	X	✗	West	Meade County	PO Bpx 687	Meade, KS	KS	67864	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	KS102064	KS102064	✗	South Central	Mental Health Association of South Central KS	9415 East Harry Street Suite 800	Wichita	KS	67207	$994.36	$994.36	$0.00	$0.00	$0.00	$0.00
	3270630	KS100414	✓	Wichita	Miracles Inc	1015 East 2nd Street	Wichita	KS	67214	$345,594.20	$345,594.20	$345,594.20	$0.00	$0.00	$0.00
	3270797	KS101161	✓	Wichita	Miracles Inc	1250 North Market Street	Wichita	KS	67214	$226,073.19	$226,073.19	$226,073.19	$0.00	$0.00	$0.00
	930760	KS105409	✓	South Central	Mirror Inc	710 East 12th Street	Newton	KS	67114	$1,040,530.92	$995,380.97	$0.00	$45,149.95	$0.00	$0.00
	X	X	✗	North East	Morris County	221 Hackaday St	Council Grove	KS	66846	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	680044	KS900718	✓	West	New Chance Inc	2500 East Wyatt Earp Boulevard	Dodge City	KS	67801	$373,764.03	$373,764.03	$0.00	$0.00	$0.00	$0.00
	X	X	✗	South Central	Partners for Wichita Inc	925 Waco Ave	Wichita	KS	67203	$53,046.09	$0.00	$0.00	$53,046.09	$0.00	$0.00
	200016	KS301909	✓	North East	Pawnee Mental Health Services	P.O. Box 747	Manhattan	KS	66505	$38,641.43	$38,641.43	$0.00	$0.00	$0.00	$0.00
	210714	KS104279	✓	South Central	Prairie View Inc	508 South Ash Street	Hillsboro	KS	67063	$23,051.77	$23,051.77	$0.00	$0.00	$0.00	$0.00
	7110903	KS101665	✓	State Wide	Preferred Family Healthcare Inc	830 South Hillside Street	Wichita	KS	67211	$170,168.85	$170,168.85	$0.00	$0.00	$0.00	$0.00
	6680824	KS100908	✓	Kansas City Metro	Professional Treatment Services	P.O. Box 7141	Overland Park	KS	66207-0141	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	✗	West	Quality of Life Coalition Inc	300N Cedar St Ste 210	Abilene	KS	67410	$72,628.11	$0.00	$0.00	$72,628.11	$0.00	$0.00

NOT FINAL

	660042	KS901104	✓	Wichita	Recovery Concepts Inc	2604 West 9th North Building 200	Wichita	KS	67203	$131,382.40	$131,382.40	$0.00	$0.00	$0.00	$0.00
	X	X	✗	South Central	Reno County Communities that Care	1520 N Plum Street	Hutchinson	KS	67501	$54,348.47	$0.00	$0.00	$54,348.47	$0.00	$0.00
	6370802	KS100829	✓	North East	Restoration Center Manhattan	235 West 7th Street	Junction City	KS	66441	$184,966.73	$184,966.73	$0.00	$0.00	$0.00	$0.00
	X	X	✗	South Central	Rice County Coalition for Children	217 E Avenue NO	Lyons	KS	67554	$7,533.90	$0.00	$0.00	$7,533.90	$0.00	$0.00
	2001654	KS101487	✗	West	Saint Francis Community and residential services	110 West Otis Avenue	Salina	KS	67401	$6,799.24	$6,799.24	$0.00	$0.00	$0.00	$0.00
	KS101671	KS101671	✓	North East	Shawnee Regional Prevention Center	2209 SW 29th Street	Topeka	KS	66611-1908	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	820058	KS102166	✗	North East	Sims/Kemper Clinical Counseling	1701 SW Medford Avenue	Topeka	KS	66604	$100,574.02	$100,574.02	$0.00	$0.00	$0.00	$0.00
	1010077	KS750089	✓	West	Smoky Hill Foundation for Chemical Dep	2714 Plaza Avenue	Hays	KS	67601	$74,827.30	$74,827.30	$0.00	$0.00	$0.00	$0.00
	2000723	KS101405	✗	South East	Southeast Kansas Mental Health Center	P.O. Box 39	Humboldt	KS	66748-0039	$13,098.46	$13,098.46	$0.00	$0.00	$0.00	$0.00
	300747	KS901138	✗	South East	Spring River Mental Health	P.O. Box 126	Columbus	KS	66725	$20,773.81	$20,773.81	$0.00	$0.00	$0.00	$0.00
	7470984	KS101327	✗	Wichita	Substance Abuse Center of KS	940 North Waco Avenue	Wichita	KS	67203	$729,006.43	$729,006.43	$0.00	$0.00	$0.00	$0.00
	310025	KS901500	✗	South East	Sumner Mental Health Ctr/Wellington	1601 West 16th Street	Wellington	KS	67152	$7,527.23	$7,527.23	$0.00	$0.00	$0.00	$0.00
	6180761	KS100587	✗	South East	Therapy Services Burlington	420 Kennedy Street	Burlington	KS	66839	$49,015.77	$49,015.77	$0.00	$0.00	$0.00	$0.00
	700046	KS900593	✗	West	Thomas Cnty Alcohol/Drug Abuse Council	P.O. Box 100	Colby	KS	67701	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	326976	326976	✗	South Central	Tiyospaye	247 N Market st	wichita	KS	67202	$197,685.34	$197,685.34	$0.00	$0.00	$0.00	$0.00
	X	X	✗	North East	Topeka Community Foundation	5431 SW 29th St Ste 300	Topeka	KS	66614	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	x	x	✗	West	United 4 Youth Countrywide	713 Main st.	Seneca	KS	66538	$53,542.72	$0.00	$0.00	$53,542.72	$0.00	$0.00
	X	X	✗	North East	University of Manhattan	1221 Thurston St	Manhattan	KS	66502	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	x	x	✗	North East	USD 111 Doniphan	PO BOX 308	HIGHLAND	KS	66035-4229	$933.28	$0.00	$0.00	$933.28	$0.00	$0.00
	2002268	KS101544	✓	North East	Valeo Behavioral Healthcare	400 SW Oakley Avenue	Topeka	KS	66606	$717,066.04	$717,066.04	$0.00	$0.00	$0.00	$0.00
	461414	461414	✗	North East	Valley Hope	1816 N 2nd Street	Atchison	KS	66002	$22,555.41	$22,555.41	$0.00	$0.00	$0.00	$0.00
	x	x	✗	South Central	Wichita State Univeristy	1845 Fairmount ST	Wichita	KS	67260	$479,347.00	$0.00	$0.00	$479,347.00	$0.00	$0.00
Total										$11,635,300.45	$8,926,412.45	$2,050,311.00	$2,708,888.00	$0.00	$0.00

NOT FINAL

*** Indicates the imported record has an error.**

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

III: Expenditure Reports

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

This Maintenance of Effort table provides a description of non-federal expenditures to include funds appropriated by the state legislature; revenue funds (e.g., alcohol, tobacco, and gambling taxes; asset seizures); state Medicaid match expenditures; and third-party reimbursement (e.g., insurance payments) for authorized activities to prevent and treat SUDs flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2020 Expenditure Period End Date: 06/30/2021

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period **(A)**	**Expenditures** **(B)**	**B1(2019) + B2(2020) / 2** **(C)**
SFY 2019 (1)	$15,805,371.18	
SFY 2020 (2)	$15,198,307.00	$15,501,839.09
SFY 2021 (3)	$16,369,878.64	

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

SFY 2019 Yes **X** No ____

SFY 2020 Yes **X** No ____

SFY 2021 Yes **X** No ____

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

Yes ____ No **X**

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

If yes, SFY: ____

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

Yes ____ No ____

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

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

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance use disorder prevention and treatment 42 U.S.C. §300x-30.
Numbers are based on State budget year SMART actuals and
Medicaid encounter data.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

NOT FINAL

III: Expenditure Reports

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

This Maintenance of Effort table provides a description of expenditures including SABG and state funds (e.g., state legislature appropriations; revenue funds; state Medicaid match funds; and third-party reimbursements) for specialized treatment and related services that meet the SABG requirements for pregnant women and women with dependent children flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2020 Expenditure Period End Date: 06/30/2021

Base

Period	Total Women's Base (A)
SFY 1994	$ 2,616,806.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2019		$ 3,397,874.30	
SFY 2020		$ 3,062,179.22	
SFY 2021		$ 3,028,738.28	(•) Actual ( ) Estimated

Enter the amount the State plans to expend in SFY 2022 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)): $ 3028738.28

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). Calculated based on Women and children's MOE expenditures from providers plus the state portion of Medicaid encounter data for women and children's SUD.

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Footnotes:

NOT FINAL

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.§ 300x29) about the primary prevention activities conducted by the entities listed on SABG Table 7.

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	**1. Information Dissemination**	
	2. Resources directories	1
	3. Media campaigns	5
	4. Brochures	1
	5. Radio and TV public service announcements	1
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	9. Social Media	11
	2. Education	
	1. Parenting and family management	7
	2. Ongoing classroom and/or small group sessions	6
	3. Peer leader/helper programs	4
	4. Education programs for youth groups	1
	6. Preschool ATOD prevention programs	1
	3. Alternatives	
	1. Drug free dances and parties	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	12
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	12
	4. Community team-building	1
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	4
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of	2

NOT FINAL

	alcohol, tobacco, and other drugs	
	3. Modifying alcohol and tobacco advertising practices	3
	5. Jefferson County Prevention Task Force – changes to penalties for MIP Reno County Communities That Care – 1) Penalties Applied for Use, Manufacture, and Sales of Fake Identification, 2) Practices that Reduce Alcohol on Campus (e.g., mesh or see through bags, prohibitions on gate re-entry at events, gate monitoring for possession or intoxication United 4 Youth Countywide Inc – Increased patrols in high-risk areas	3

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

NOT FINAL

IV: Population and Services Reports

Table 10 - 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: 7/1/2020 Expenditure Period End Date: 6/30/2021

Level of Care	SABG Number of Admissions ≥ Number of Persons Served		COVID-19 Number of Admissions ≥ Number of Persons Served		SABG Costs per Person (C, D & E)			COVID-19 Costs per Person (C, D & E)		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)										
1. Hospital Inpatient	7	7			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2. Free-Standing Residential	1,904	1,571			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
REHABILITATION/RESIDENTIAL										
3. Hospital Inpatient	1	1			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4. Short-term (up to 30 days)	1,951	1,821			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5. Long-term (over 30 days)	248	242			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
AMBULATORY (OUTPATIENT)										
6. Outpatient	5,242	4,932			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
7. Intensive Outpatient	716	668			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
8. Detoxification	3	3			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OUD MEDICATION ASSISTED TREATMENT										
9. OUD Medication-Assisted Detoxification[1]	57	56			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
10. OUD Medication-Assisted Treatment Outpatient[2]	117	113			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

[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.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

COVID-19 Number of Admissions/Persons Served column: Kansas has completed a plan to utilize and allocate the COVID-19 funds, however, there were not any funds expended prior to June 30, 2021.

NOT FINAL

Rows 1 - 10 Data Source: KSURS
COVID 19 continued to impact utilization during this time period. Impacts include court closures resulting in reduced number of referrals, facility closures for cleaning due to staff or patient illness, residential centers reducing people to one per room versus two to accommodate social distancing, and workforce shortages. Further, Kansas has a new substance use disorder treatment data collection system (KSURS). Providers continue to update back data into KSURS impacting the data reported.

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 to and persons served in SABG and COVID-19 Relief Supplement funded services.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

TABLE 11A – SABG Unduplicated Count of Person Served for Alcohol and Other Drug Use

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	247	87	64	10	11	1	0	0	0	3	0	6	11	32	22	91	72	26	25
2. 18 - 24	1,124	373	308	77	39	2	1	2	1	15	16	11	16	141	122	436	366	104	70
3. 25 - 44	4,674	1,603	1,451	274	202	7	7	15	16	81	91	23	19	479	406	1,972	1,751	278	178
4. 45 - 64	1,505	616	361	135	64	4	0	3	0	34	31	1	3	154	99	796	468	67	32
5. 65 and Over	79	29	17	12	5	0	0	0	0	0	0	0	0	12	4	44	20	3	1
6. Total	**7,629**	**2,708**	**2,201**	**508**	**321**	**14**	**8**	**20**	**17**	**133**	**138**	**41**	**49**	**818**	**653**	**3,339**	**2,677**	**478**	**306**
7. Pregnant Women	108		73		15		0		0		5		2		13		92		9

Number of persons served who were admitted in a period prior to the 12 month reporting period	1,922
Number of persons served outside of the levels of care described on Table 10	

Are the values reported in this table generated from a client based system with unique client identifiers? (•) Yes ( ) No

TABLE 11B – COVID-19 Unduplicated Count of Persons Served for Alcohol and Other Drug Use

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 18 - 24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 25 - 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 45 - 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 65 and Over	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
7. Pregnant Women	0		0		0		0		0		0		0		0		0		0

TABLE 11C – SABG Unduplicated Count of Person Served for Alcohol and Other Drug Use by Sex, Gender Identity, and Sexual Orientation (Requested)

Age	Cisgender Male	Cisgender Female	Transgender Man /Transman /Female -To-Man	Transgender Woman/ Transwoman/ Male-To-Female	Genderqueer/ Gender Non-Conforming/ Neither Exclusively Male nor Female	Additional Gender Category (or Other)	Straight or Heterosexual	Gay or Lesbian	Bisexual	Queer, Pansexual, and/or Questioning	Something Else? Please Specify Under Footnotes
1. 17 and Under											
2. 18 - 24											
3. 25 - 44											
4. 45 - 64											
5. 65 and Over											
6. Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

NOT FINAL

Footnotes:

Table 11A - Data Source: KSURS
COVID 19 continued to impact utilization during this time period. Impacts include court closures resulting in reduced number of referrals, facility closures for cleaning due to staff or patient illness, residential centers reducing people to one per room versus two to accommodate social distancing, and workforce shortages. Further, Kansas has a new substance use disorder treatment data collection system (KSURS). Providers continue to update back data into KSURS impacting the data reported.

Table 11B - Kansas has completed a plan to utilize and allocate the COVID-19 funds, however, there were not any funds expended prior to June 30, 2021.

Table 11C - Per a notification by SAMHSA received on 11/2/21, CSAT and DSCA leadership have approved an immediate change in the FY 22 SABG Report that is scheduled for submission to CSAT on December 1, 2021. The FY 22 SABG Report Tables 11A and 11B are required, while Table 11C is requested only.
Please note that Kansas does not currently collect sexual orientation and gender identity information in our State system (KSURS), therefore, the State is not able to complete Table 11C.

NOT FINAL

IV: Population and Services Reports

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

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS 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		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Not Applicable - Kansas is not a HIV designated or previously designated state.

NOT FINAL

IV: Population and Services Reports

Table 13 - Charitable Choice

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 abuse 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: 7/1/2020 Expenditure Period End Date: 6/30/2021

Notice to Program Beneficiaries - Check all that apply:

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

Referrals to Alternative Services - Check all that apply:

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

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

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

KDADS is currently not providing training on charitable choice, but policy BG 405 titled "Charitable Choice Programs" can be found on the KDADS website at the following link: https://www.kdads.ks.gov/docs/default-source/CSP/bhs-documents/policies_regulations/charitable-choice-programs---bg405.pdf?sfvrsn=62ef30ee_0. There is a section in the Administrative Services Organization (Beacon Health Options) Kansas Block Grant Provider Addendum on Charitable Choice requirements. This section states that faith based providers shall have members admitted to their facility sign an agreement stating they understand the Charitable Choice requirements and the document shall be placed in the member's clinical record. In the Provider Information page of the ASO's website under the Education section, there is also a Substance Abuse Prevention and Treatment Block Grant Overview Powerpoint that includes the Charitable Choice requirements (45 CFR Part 54a) slides 102-105.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

NOT FINAL

V: Performance Indicators and Accomplishments

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]	16	11
Total number of clients with non-missing values on employment/student status [denominator]	350	350
Percent of clients employed or student (full-time and part-time)	4.6 %	3.1 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		1,466
Number of CY 2020 discharges submitted:		500
Number of CY 2020 discharges linked to an admission:		386
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		383
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		350

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	11	46
Total number of clients with non-missing values on employment/student status [denominator]	99	99
Percent of clients employed or student (full-time and part-time)	11.1 %	46.5 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		180
Number of CY 2020 discharges submitted:		155
Number of CY 2020 discharges linked to an admission:		107
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		105

NOT FINAL

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	99

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	647	833
Total number of clients with non-missing values on employment/student status [denominator]	1,467	1,467
Percent of clients employed or student (full-time and part-time)	44.1 %	56.8 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		5,248
Number of CY 2020 discharges submitted:		2,748
Number of CY 2020 discharges linked to an admission:		2,519
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,362
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		1,467

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	59	77
Total number of clients with non-missing values on employment/student status [denominator]	178	178
Percent of clients employed or student (full-time and part-time)	33.1 %	43.3 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		712
Number of CY 2020 discharges submitted:		306
Number of CY 2020 discharges linked to an admission:		261
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		238

NOT FINAL

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	178

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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Footnotes:

COVID 19 continued to impact utilization during this time period. Impacts include court closures resulting in reduced number of referrals, facility closures for cleaning due to staff or patient illness, residential centers reducing people to one per room versus two to accommodate social distancing, and workforce shortages.

Kansas implemented a new substance use disorder treatment data collection system (KSURS) in October 2019. The first phase of the new system included a minimal data set of required fields, primarily TEDS data. Data Integrity edits were added to the new system as needed to reduce or eliminate data entry errors, however, KSURS was created to be entered manually without an internal mechanism to check the admission and discharge dates for correct entry into the database. This can create duplications, inaccuracy of dates or longer than usual discharges in the system. Further, Providers continue to update back data into KSURS impacting the data reported to SAMHSA for Tables 14 - 20. Through a Request for Proposal process, Kansas is working on a solution to modernize its substance use disorder data collection system. The RFP includes a comprehensive upgrade of IT systems at all four State hospitals both from the infrastructure and software perspective. The State is currently reviewing proposals.

NOT FINAL

V: Performance Indicators and Accomplishments

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]	260	312
Total number of clients with non-missing values on living arrangements [denominator]	332	332
Percent of clients in stable living situation	78.3 %	94.0 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		1,466
Number of CY 2020 discharges submitted:		500
Number of CY 2020 discharges linked to an admission:		386
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		383
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		332

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	58	68
Total number of clients with non-missing values on living arrangements [denominator]	74	74
Percent of clients in stable living situation	78.4 %	91.9 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		180
Number of CY 2020 discharges submitted:		155
Number of CY 2020 discharges linked to an admission:		107
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		105
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		74

NOT FINAL

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	1,459	1,490
Total number of clients with non-missing values on living arrangements [denominator]	1,520	1,520
Percent of clients in stable living situation	96.0 %	98.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	5,248
Number of CY 2020 discharges submitted:	2,748
Number of CY 2020 discharges linked to an admission:	2,519
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,362
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,520

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	158	163
Total number of clients with non-missing values on living arrangements [denominator]	173	173
Percent of clients in stable living situation	91.3 %	94.2 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	712
Number of CY 2020 discharges submitted:	306
Number of CY 2020 discharges linked to an admission:	261
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	238
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	173

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

NOT FINAL

Footnotes:

COVID 19 continued to impact utilization during this time period. Impacts include court closures resulting in reduced number of referrals, facility closures for cleaning due to staff or patient illness, residential centers reducing people to one per room versus two to accommodate social distancing, and workforce shortages.

Kansas implemented a new substance use disorder treatment data collection system (KSURS) in October 2019. The first phase of the new system included a minimal data set of required fields, primarily TEDS data. Data Integrity edits were added to the new system as needed to reduce or eliminate data entry errors, however, KSURS was created to be entered manually without an internal mechanism to check the admission and discharge dates for correct entry into the database. This can create duplications, inaccuracy of dates or longer than usual discharges in the system. Further, Providers continue to update back data into KSURS impacting the data reported to SAMHSA for Tables 14 - 20. Through a Request for Proposal process, Kansas is working on a solution to modernize its substance use disorder data collection system. The RFP includes a comprehensive upgrade of IT systems at all four State hospitals both from the infrastructure and software perspective. The State is currently reviewing proposals.

NOT FINAL

V: Performance Indicators and Accomplishments

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]	266	304
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	316	316
Percent of clients without arrests	84.2 %	96.2 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	1,466
Number of CY 2020 discharges submitted:	500
Number of CY 2020 discharges linked to an admission:	386
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	384
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	316

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	104	105
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	106	106
Percent of clients without arrests	98.1 %	99.1 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	180
Number of CY 2020 discharges submitted:	155
Number of CY 2020 discharges linked to an admission:	107
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	106

NOT FINAL

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	106

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	2,119	2,140
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,257	2,257
Percent of clients without arrests	93.9 %	94.8 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		5,248
Number of CY 2020 discharges submitted:		2,748
Number of CY 2020 discharges linked to an admission:		2,519
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,472
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		2,257

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	214	218
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	234	234
Percent of clients without arrests	91.5 %	93.2 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		712
Number of CY 2020 discharges submitted:		306
Number of CY 2020 discharges linked to an admission:		261
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		256

NOT FINAL

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	234

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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Footnotes:

COVID 19 continued to impact utilization during this time period. Impacts include court closures resulting in reduced number of referrals, facility closures for cleaning due to staff or patient illness, residential centers reducing people to one per room versus two to accommodate social distancing, and workforce shortages.

Kansas implemented a new substance use disorder treatment data collection system (KSURS) in October 2019. The first phase of the new system included a minimal data set of required fields, primarily TEDS data. Data Integrity edits were added to the new system as needed to reduce or eliminate data entry errors, however, KSURS was created to be entered manually without an internal mechanism to check the admission and discharge dates for correct entry into the database. This can create duplications, inaccuracy of dates or longer than usual discharges in the system. Further, Providers continue to update back data into KSURS impacting the data reported to SAMHSA for Tables 14 - 20. Through a Request for Proposal process, Kansas is working on a solution to modernize its substance use disorder data collection system. The RFP includes a comprehensive upgrade of IT systems at all four State hospitals both from the infrastructure and software perspective. The State is currently reviewing proposals.

NOT FINAL

V: Performance Indicators and Accomplishments

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]	155	227
All clients with non-missing values on at least one substance/frequency of use [denominator]	228	228
Percent of clients abstinent from alcohol	68.0 %	99.6 %

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]		72
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	73	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		98.6 %

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]		155
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	155	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	1,466
Number of CY 2020 discharges submitted:	500
Number of CY 2020 discharges linked to an admission:	386
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	384
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	228

NOT FINAL

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]	64	65
All clients with non-missing values on at least one substance/frequency of use [denominator]	66	66
Percent of clients abstinent from alcohol	97.0 %	98.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		1
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		50.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		64
Number of clients abstinent from 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 abstinent from alcohol at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	180
Number of CY 2020 discharges submitted:	155
Number of CY 2020 discharges linked to an admission:	107
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	106
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	66

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

NOT FINAL

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]	1,494	1,863
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,921	1,921
Percent of clients abstinent from alcohol	77.8 %	97.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		389
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	427	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		91.1 %

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]		1,474
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,494	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.7 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	5,248
Number of CY 2020 discharges submitted:	2,748
Number of CY 2020 discharges linked to an admission:	2,519
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,472
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,921

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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)

NOT FINAL

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	125	159
All clients with non-missing values on at least one substance/frequency of use [denominator]	162	162
Percent of clients abstinent from alcohol	77.2 %	98.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		37
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	37	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		100.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		122
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	125	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.6 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	712
Number of CY 2020 discharges submitted:	306
Number of CY 2020 discharges linked to an admission:	261
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	256
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	162

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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Footnotes:

COVID 19 continued to impact utilization during this time period. Impacts include court closures resulting in reduced number of referrals, facility closures for cleaning due to staff or patient illness, residential centers reducing people to one per room versus two to accommodate social distancing, and workforce shortages.

Kansas implemented a new substance use disorder treatment data collection system (KSURS) in October 2019. The first phase of the new

system included a minimal data set of required fields, primarily TEDS data. Data Integrity edits were added to the new system as needed to reduce or eliminate data entry errors, however, KSURS was created to be entered manually without an internal mechanism to check the admission and discharge dates for correct entry into the database. This can create duplications, inaccuracy of dates or longer than usual discharges in the system. Further, Providers continue to update back data into KSURS impacting the data reported to SAMHSA for Tables 14 - 20. Through a Request for Proposal process, Kansas is working on a solution to modernize its substance use disorder data collection system. The RFP includes a comprehensive upgrade of IT systems at all four State hospitals both from the infrastructure and software perspective. The State is currently reviewing proposals.

NOT FINAL

V: Performance Indicators and Accomplishments

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]	33	221
All clients with non-missing values on at least one substance/frequency of use [denominator]	228	228
Percent of clients abstinent from drugs	14.5 %	96.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		188
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	195	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		96.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		33
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	33	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	1,466
Number of CY 2020 discharges submitted:	500
Number of CY 2020 discharges linked to an admission:	386
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	384
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	228

NOT FINAL

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]	55	64
All clients with non-missing values on at least one substance/frequency of use [denominator]	66	66
Percent of clients abstinent from drugs	83.3 %	97.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		10
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	11	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		90.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		54
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	55	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		98.2 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	180
Number of CY 2020 discharges submitted:	155
Number of CY 2020 discharges linked to an admission:	107
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	106
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	66

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

Outpatient (OP)

NOT FINAL

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]	1,151	1,830
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,921	1,921
Percent of clients abstinent from drugs	59.9 %	95.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		706
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	770	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		91.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,124
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,151	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		97.7 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	5,248
Number of CY 2020 discharges submitted:	2,748
Number of CY 2020 discharges linked to an admission:	2,519
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,472
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,921

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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)

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	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	87	150
All clients with non-missing values on at least one substance/frequency of use [denominator]	162	162
Percent of clients abstinent from drugs	53.7 %	92.6 %

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]		71
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	75	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		94.7 %

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]		79
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	87	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		90.8 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	712
Number of CY 2020 discharges submitted:	306
Number of CY 2020 discharges linked to an admission:	261
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	256
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	162

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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Footnotes:

COVID 19 continued to impact utilization during this time period. Impacts include court closures resulting in reduced number of referrals, facility closures for cleaning due to staff or patient illness, residential centers reducing people to one per room versus two to accommodate social distancing, and workforce shortages.

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reduce or eliminate data entry errors, however, KSURS was created to be entered manually without an internal mechanism to check the admission and discharge dates for correct entry into the database. This can create duplications, inaccuracy of dates or longer than usual discharges in the system. Further, Providers continue to update back data into KSURS impacting the data reported to SAMHSA for Tables 14 - 20. Through a Request for Proposal process, Kansas is working on a solution to modernize its substance use disorder data collection system. The RFP includes a comprehensive upgrade of IT systems at all four State hospitals both from the infrastructure and software perspective. The State is currently reviewing proposals.

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V: Performance Indicators and Accomplishments

Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

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]	9	220
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	253	253
Percent of clients participating in self-help groups	3.6 %	87.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	83.4 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		1,466
Number of CY 2020 discharges submitted:		500
Number of CY 2020 discharges linked to an admission:		386
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		384
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		253

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	86	95
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	101	101
Percent of clients participating in self-help groups	85.1 %	94.1 %
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]	8.9 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		180
Number of CY 2020 discharges submitted:		155

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Number of CY 2020 discharges linked to an admission:	107
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	106
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	101

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	311	602
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,568	1,568
Percent of clients participating in self-help groups	19.8 %	38.4 %
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]	18.6 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:	5,248	
Number of CY 2020 discharges submitted:	2,748	
Number of CY 2020 discharges linked to an admission:	2,519	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,472	
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,568	

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	44	67
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	161	161
Percent of clients participating in self-help groups	27.3 %	41.6 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	14.3 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:	712	

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Number of CY 2020 discharges submitted:	306
Number of CY 2020 discharges linked to an admission:	261
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	256
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	161

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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Footnotes:

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V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25th Percentile	50th Percentile (Median)	75th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	7	2	3	5
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	20	5	20	35
4. Short-term (up to 30 days)	28	19	27	28
5. Long-term (over 30 days)	49	27	58	59
AMBULATORY (OUTPATIENT)				
6. Outpatient	134	43	98	172
7. Intensive Outpatient	66	23	42	76
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification[1]	20	3	5	5
10. OUD Medication-Assisted Treatment Outpatient[2]	111	36	76	155

Level of Care	2020 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	1051	961
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	2	2
4. Short-term (up to 30 days)	500	386

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5. Long-term (over 30 days)	155	107
AMBULATORY (OUTPATIENT)		
6. Outpatient	2748	2478
7. Intensive Outpatient	306	256
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification[1]	0	16
10. OUD Medication-Assisted Treatment Outpatient[2]	0	46

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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

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

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Footnotes:

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V: Performance Indicators and Accomplishments

TABLE 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE MEASURE: 30-DAY USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	**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.] **Outcome Reported:** Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2018 - 2019		16.4
	Age 21+ - CY 2018 - 2019		
2. 30-day Cigarette Use	**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.] **Outcome Reported:** Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2018 - 2019		6.4
	Age 18+ - CY 2018 - 2019		
3. 30-day Use of Other Tobacco Products	**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.] **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).		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
4. 30-day Use of Marijuana	**Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2018 - 2019		13.8
	Age 18+ - CY 2018 - 2019		
5. 30-day Use of Illegal Drugs Other Than Marijuana	**Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]?[2] **Outcome Reported:** Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2018 - 2019		

NOT FINAL

	Age 18+ - CY 2018 - 2019		

[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 illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.
0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

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V: Performance Indicators and Accomplishments

Table 22 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF RISK/HARM OF USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2018 - 2019		64.8
	Age 21+ - CY 2018 - 2019		
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 2018 - 2019		83.8
	Age 18+ - CY 2018 - 2019		
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 2018 - 2019		43.9
	Age 18+ - CY 2018 - 2019		

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

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V: Performance Indicators and Accomplishments

Table 23 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: AGE OF FIRST USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	**Source Survey Item: NSDUH Questionnaire:** "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of alcohol.		
	Age 12 - 20 - CY 2018 - 2019		13.3
	Age 21+ - CY 2018 - 2019		
2. Age at First Use of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2018 - 2019		13.0
	Age 18+ - CY 2018 - 2019		
3. Age at First Use of Tobacco Products Other Than Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product][1]?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
4. Age at First Use of Marijuana or Hashish	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2018 - 2019		14.1
	Age 18+ - CY 2018 - 2019		
5. Age at First Use Heroin	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of heroin.		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever][2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] **Outcome Reported:** Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		

NOT FINAL

	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

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V: Performance Indicators and Accomplishments

Table 24 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF DISAPPROVAL/ATTITUDES

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	**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 2018 - 2019		91.4
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 2018 - 2019		
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 2018 - 2019		
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 2018 - 2019		82.8
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 2018 - 2019		79.7

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

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V: Performance Indicators and Accomplishments

Table 25 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: EMPLOYMENT/EDUCATION; MEASURE: PERCEPTION OF WORKPLACE POLICY

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Perception of Workplace Policy	**Source Survey Item:** NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] **Outcome Reported:** Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

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V: Performance Indicators and Accomplishments

Table 26 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - EMPLOYMENT/EDUCATION; MEASURE: AVERAGE DAILY SCHOOL ATTENDANCE RATE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	**Source:** National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at **http://nces.ed.gov/ccd/stfis.asp**. **Measure calculation:** Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2018		

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

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V: Performance Indicators and Accomplishments

Table 27 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL-RELATED TRAFFIC FATALITIES

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	**Source:** National Highway Traffic Safety Administration Fatality Analysis Reporting System **Measure calculation:** The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2019	24.0	

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

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V: Performance Indicators and Accomplishments

Table 28 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL- AND DRUG-RELATED ARRESTS

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol- and Drug-Related Arrests	**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 2019	3.3	

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

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V: Performance Indicators and Accomplishments

Table 29 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: SOCIAL CONNECTEDNESS; MEASURE: FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	**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 2018 - 2019		48.2
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 2018 - 2019		

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

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V: Performance Indicators and Accomplishments

Table 30 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - RETENTION MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use][1]? **Outcome Reported:** Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2018 - 2019		65.1

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

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V: Performance Indicators and Accomplishments

Table 31-35 - Reporting Period - Start and End Dates for Information Reported on 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 ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2019	12/31/2019
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies, Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2019	1/1/2019
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	1/1/2019	1/1/2019
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	1/1/2019	1/1/2019
5. Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies	10/1/2018	9/30/2020

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).

Data for Table 31 typically reflect Community Check Box (CCB) participant description entries for two CSAP strategies: Prevention Education and Problem Identification and Referral. Coalition members enter accomplishments and activities into the CCB each month, including NOMS related information. For this reporting period, number served and self-reported demographic breakdown comes directly from the CCB entries.

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 partipants to the More Than One Race subcategory.

There were 1025 individuals served through individual-based prevention programs and strategies. Participants who reported more than one race were included in the “more than one race” subcategory only.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

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V: Performance Indicators and Accomplishments

Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	**4,223**
0-4	0
5-11	202
12-14	3,112
15-17	91
18-20	5
21-24	0
25-44	0
45-64	1
65 and over	2
Age Not Known	810
B. Gender	**4,223**
Male	1,795
Female	1,406
Gender Unknown	1,022
C. Race	**4,223**
White	1,710
Black or African American	269
Native Hawaiian/Other Pacific Islander	118
Asian	186
American Indian/Alaska Native	264
More Than One Race (not OMB required)	134

NOT FINAL

Race Not Known or Other (not OMB required)	1,542
D. Ethnicity	**4,223**
Hispanic or Latino	1,986
Not Hispanic or Latino	1,218
Ethnicity Unknown	1,019

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

NOT FINAL

V: Performance Indicators and Accomplishments

Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies, Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	**290304**
0-4	0
5-11	1942
12-14	108505
15-17	108852
18-20	13142
21-24	17388
25-44	11084
45-64	12103
65 and over	17288
Age Not Known	0
B. Gender	**290304**
Male	143908
Female	146396
Gender Unknown	0
C. Race	**290304**
White	232876
Black or African American	22270
Native Hawaiian/Other Pacific Islander	6
Asian	10977
American Indian/Alaska Native	2805
More Than One Race (not OMB required)	11794

NOT FINAL

Race Not Known or Other (not OMB required)	9576
D. Ethnicity	**290304**
Hispanic or Latino	42591
Not Hispanic or Latino	247713
Ethnicity Unknown	0

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

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V: Performance Indicators and Accomplishments

Table 33 (Optional) - SUBSTANCE ABUSE 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**

[1]Number of Persons Served is populated from Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity and Table 32 - SUSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies: Number of Persons Served By Age, Gender, Race, and Ethnicity

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

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V: Performance Indicators and Accomplishments

Table 34 - Substance Abuse Prevention - 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.

All prevention programs funded by SAPT Block Grant meet or exceed best practices based upon the definition provided above. This information is disseminated to prevention coalitions each year and prior to implementation all strategies must be approved by State Staff.

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

The SAPT BG Prevention Infrastructure is required to seek program approval as well as document the programs and strategies they implement in communities. Data are collected from implementation reports, pre post evaluation documents, and the Community Check Box online monitoring and evaluation system to determine number of funded strategies.

Table 34 - SUBSTANCE ABUSE 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	526	106	632			632
2. Total number of Programs and Strategies Funded	712	143	855			855
3. Percent of Evidence-Based Programs and Strategies	73.88 %	74.13 %	73.92 %			73.92 %

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

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V: Performance Indicators and Accomplishments

Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 937	$357,740.00
Universal Indirect	Total # 46	$315,080.00
Selective	Total # 4	$217,505.00
Indicated	Total #	
	Total EBPs: 987	Total Dollars Spent: $890,325.00
Primary Prevention Total[1]	**$2,708,888.00**	

[1]Primary Prevention Total is populated from Table 4 - State Agency SABG Expenditure Compliance Report, Row 2 Primary Prevention.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Exception-35 is equal to 5a, however is not equal to Table 4, Row 2 due to state using a portion of the primary prevention set-aside to fund Resource Development activities.

NOT FINAL

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2022 Prevention Attachment Category A:

File	Version	Date Added

FFY 2022 Prevention Attachment Category B:

File	Version	Date Added

FFY 2022 Prevention Attachment Category C:

File	Version	Date Added

FFY 2022 Prevention Attachment Category D:

File	Version	Date Added

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

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