

# Kansas

## UNIFORM APPLICATION

FY 2024 SUPTRS Block Grant Report

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025  
(generated on 11/21/2023 4.13.34 PM)

Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

# I: State Information

## State Information

### I. State Agency for the Block Grant

Agency Name Kansas Department for Aging and Disability Services (KDADS)

Organizational Unit Behavioral Health Services

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City Topeka

Zip Code 66603

### II. Contact Person for the Block Grant

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Last Name Adkins

Agency Name KDADS

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### III. Expenditure Period

#### State Expenditure Period

From 7/1/2022

To 6/30/2023

#### Block Grant Expenditure Period

From 10/1/2020

To 9/30/2022

### IV. Date Submitted

Submission Date

Revision Date

### V. Contact Person Responsible for Report Submission

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**Footnotes:**

The FY2024 SUPTRS-BG Annual Report was posted for public comment on the KDADS website from 11/21/23 through 11/27/23.  
<https://kdads.ks.gov/kdads-commissions/behavioral-health/substance-abuse-and-mental-health-services-administration-block-grant>

NOT FINAL

Laura Howard, Secretary

Laura Kelly, Governor

Grants Management Officer  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Rm. 17E20  
Rockville, MD 20857

November 21, 2023

To whom it may concern,

I, Secretary Laura Howard of the Kansas Department for Aging and Disability Services, do hereby delegate to Commissioner Drew Adkins of the Kansas Department for Aging and Disability Services, authority to sign funding agreements and certifications, provide assurances of compliance to the Secretary of the U.S. Department of Health and Human Services, and to perform similar acts relevant to the administration of the Substance Use Prevention, Treatment and Recovery Supports Block Grant (including the Annual Synar Report) and the Community Mental Health Services Block Grant until such times as this delegation of authority is rescinded.

Sincerely,

A handwritten signature in cursive script that reads "Laura Howard".

Laura Howard  
Secretary  
Kansas Department for Aging and Disability Services  
503 S. Kansas Ave  
Topeka, Kansas 66603

## II: Annual Update

**Table 1 Priority Area and Annual Performance Indicators - Progress Report**

**Priority #:** 1

**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:** SFY2021 Baseline: 6.26%

**First-year target/outcome measurement:** SFY2022: Increase percentage to 10%

**Second-year target/outcome measurement:** SFY2023: Increase percentage to 15%

**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 the 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 the reporting period.

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

\*SFY2022 added code T1040

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

This measurement relies upon contractor data, so ensuring that contractor's data is complete and accurate. For outcome measures, the social security number of children/youth needs to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts.

**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):**

Target was achieved by ensuring children experiencing behavioral or mental health symptoms were able to receive services as soon as possible. Baseline methodology was refined after this report to improve accuracy and completeness of data. Baseline should be 11.58%. Reported increase is determined by using this new baseline.

SFY2021 (Baseline): 69/596 (11.58%)

SFY2022 (First Year Target): 191/687 (27.80%) or 16.22% increase

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

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

SFY2022 (First Year Target): 191/687 (27.80%)

SFY2023 (Second Year Target): 133/493 (26.98%) or 0.82% decrease

Kansas is moving toward a CCBHC model and has funded this through state dollars. In doing this, some reporting mechanisms have not been adopted and redirected to provide us with all of the needed data for these metrics. Data collection deficits have been identified and will be addressed this year. One of the data collection concerns is inaccurate or incomplete SS# collected at the time of the crisis call that then doesn't allow us to match the call to a current Medicaid id#.

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

**Indicator #:**

2

**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:**

SFY2021 Baseline: 13.91%

**First-year target/outcome measurement:**

SFY2022: Increase percentage to 20%

**Second-year target/outcome measurement:**

SFY2023: Increase percentage to 25%

**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 the reporting period. Service 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 the reporting period.

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

Upon review of the Data Description above, codes 90832, 90834, 90837, 90839, and 90840 were duplicated (accidentally listed twice).

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

The measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate. For future outcome measures, the social security numbers of children/youth needs to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts.

**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):**

Target was achieved by ensuring children experiencing behavioral or mental health symptoms were able to receive services as soon as possible. Baseline methodology was refined after this report to improve accuracy and completeness of data. Baseline should be 25%. Adjusting for new baseline of 25%, the original goal was an increase of 6.09%. Using this methodology, goal was met by increasing by 8.48%.

SFY2021 (Baseline): 149/596 (25.00%)

SFY2022 (First Year Target): 230/687 (33.48%) or 8.48% increase (met increase to 20%)

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

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

SFY2022 (First Year Target): 230/687 (33.48%)

SFY2023 (Second Year Target): 81/493 (16.43%) or 17.05% decrease

Kansas is moving toward a CCBHC model and has funded this through state dollars. In doing this, some reporting mechanisms have not been adopted and redirected to provide us with all of the needed data for these metrics. Data collection deficits have been identified and will be addressed this year. One of the data collection concerns is inaccurate or incomplete SS# collected at the time of the crisis call that then doesn't allow us to match the call to a current Medicaid id#.

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

**Priority #:**

2

**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:** FY2021 Baseline: 4.04%

**First-year target/outcome measurement:** FY2022: Remain static due to COVID at 4.04%

**Second-year target/outcome measurement:** FY2023: Increase percentage to 5.5%

**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 the reporting period. The following codes will be utilized: H2011, H2011-HK and/or H2011-HO (code numbers are subject to change by CMS)

Denominator: Screens resulting in admission to inpatient within the 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. For future outcomes, the social security numbers of adults needs to be included in our data and the data we receive from the vendor to verify that we are not duplicating counts.

**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:**

Kansas was required to remain static due to COVID at 4.04%, we decreased 0.35% from FY2021 at 8.65% to FY2022 at 8.62%. COVID has continued to impact Kansas especially concerning our State Hospitals and crisis services. More Kansans are staying in their home communities and COVID is impacting individuals decision to access services. Kansas has improved their data collection from the state hospitals and diversion for a more complete record.

**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):**

FY2021 Baseline: 4.04%  
FY2022: 8.62%  
FY2023: 199/2462 (8.08%) or .54% decrease from FY2022  
Kansas did meet the second year target. However, there was a decrease in percentage from the previous fiscal year (FY2022). Kansas is moving toward a CCBHC model and has funded this through state dollars. In doing this, some reporting mechanisms have not been

adopted and redirected to provide us with all of the needed data for these metrics. Data collection deficits have been identified and will be addressed this year. One of the data collection concerns is inaccurate or incomplete SS# that doesn't allow us to match the call to a current Medicaid id#.

**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:** FY2021 Baseline: 3.47%

**First-year target/outcome measurement:** FY2022: Increase percentage to 4%

**Second-year target/outcome measurement:** FY2023: Increase percentage to 6%

**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 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 starting seven calendar days from 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 change by CMS)

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. For future outcomes, the social security numbers of adults needs to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts.

**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:**

There was a decrease of 6.12% from FY2021 at 13.89% and FY2022 at 13.04%. The workforce shortage in Kansas connected to many of services provided (peer support, psychosocial individual/ group, therapy etc.) are understaffed and impacted by COVID. COVID has continued to impact Kansas especially concerning our State Hospitals and crisis services. More Kansans are staying in their home communities and COVID is impacting individuals decision to access services. Kansas has improved their data collection from the state hospitals and diversion for a more complete record.

**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):**

FY2021 Baseline: 3.47%

FY2022: 13.04%

FY2023: 90/808 (11.14%) or .1.9% decrease from FY2022

Kansas did meet the second year target (6%). However, there was a decrease in percentage from the previous fiscal year (FY2022). Kansas is moving toward a CCBHC model and has funded this through state dollars. In doing this, some reporting mechanisms have not been adopted and redirected to provide us with all of the needed data for these metrics. Data collection deficits have been identified and will be addressed this year. One of the data collection concerns is inaccurate or incomplete SS# that doesn't allow us to match the call to a current Medicaid id#.

**Priority #:** 3**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, rather community coalitions complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that will impact their specific community needs and capacity. All strategies must be evidence based. Kansas utilizes SAMHSA's definition of evidence-based when reviewing 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 = 15.9%**First-year target/outcome measurement:** State = 14.8 %**Second-year target/outcome measurement:** State = 13.7%**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:**

The survey requires written parent consent for participation which can put an added burden on school districts. Funded communities have a goal to achieve a 60 percent participation rate to ensure high quality data; if at time they are not at 60 percent they must create specific action plans designed to increase participation. Data collection during the 2020-2021 school year was challenged due to COVID -19, however Kansas was able to implement online survey and maintained high rates of participation. Some changes, including use of skip logic were made to the survey during this time. It is not yet clear how COVID and changes to the survey, including allowing remote administration have impacted the data, thus baseline for this data will be based on prior year (2020).

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

The KCTC Student Survey requires written parent consent for participation. Funded communities have a goal to reach a 60 percent participation rate to ensure high-quality data to evaluate performance outcomes. If the coalition measurement unit (county/district) is less than 60 percent of eligible students, they are asked to create an action plan specifically designed to increase survey participation. New legislative changes reducing the time from obtaining consent to survey administration has hampered participation for some schools and community coalitions.

### 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):**

Following the Strategic Prevention Framework, community coalitions were funded to develop a strategic plan and implement evidence-based strategies to address risk factors for underage drinking, reduce use, and prevent 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, smaller percentages of youth in Kansas reported substance use. 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. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered prevention efforts.

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 the Strategic Prevention Framework, community coalitions were funded to develop a strategic plan and implement evidence-based strategies to address risk factors for underage drinking, reduce use, and prevent the onset of use. Strategic plans included a combination of environmental, media, and prevention education strategies. Similar to what was seen across the nation, smaller percentages of youth in Kansas reported substance use. In addition to the implementation of prevention strategies. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered prevention efforts.

**Priority #:** 4

**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, rather community coalitions complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that will impact their specific community needs and capacity. All strategies must be evidence based. Kansas utilizes SAMHSA's definition of evidence-based when reviewing 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 during the past 30 days? (at least once)

**Baseline Measurement:** State = 6.8%

**First-year target/outcome measurement:** State = 6.3%

**Second-year target/outcome measurement:** State = 5.8%

**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:**

The survey requires written parent consent for participation which can put an added burden on school districts. Funded communities have a goal to achieve a 60 percent participation rate to ensure high quality data; if at time they are not at 60 percent they must create specific action plans designed to increase participation. Data collection during the 2020-2021 school year was challenged due to COVID -19, however Kansas was able to implement online survey and maintained high rates of participation. Some changes, including use of skip logic were made to the survey during this time. It is not yet clear how COVID and changes to the survey, including allowing remote administration have impacted the data, thus baseline for this data will be based on prior year (2020).

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

The KCTC Student Survey requires written parent consent for participation. Funded communities have a goal to reach a 60 percent participation rate to ensure high-quality data to evaluate performance outcomes. If the coalition measurement unit (county/district) is less than 60 percent of eligible students, they are asked to create an action plan specifically designed to increase survey participation. New legislative changes reducing the time from obtaining consent to survey administration has hampered participation for some schools and community coalitions.

### 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):**

Following the Strategic Prevention Framework, community coalitions were funded to develop a strategic plan and implement evidence-based strategies to address risk factors for underage drinking, reduce use, and prevent 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, smaller percentages of youth in Kansas reported substance use. 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. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered prevention efforts.

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 the Strategic Prevention Framework, community coalitions were funded to develop a strategic plan and implement evidence-based strategies to address risk factors for underage drinking, reduce use, and prevent the onset of use. Strategic plans included a combination of environmental, media, and prevention education strategies. Similar to what was seen across the nation, smaller percentages of youth in Kansas reported substance use. In addition to the implementation of prevention strategies. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered prevention efforts.

Priority #: 5

Priority Area: Reduce vaping in adolescents and young adults.

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 vaping in youth aged 12-17 and young adults aged 18-25 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. 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 frequently have you vaped in the past 30 days? (at least once)  
Baseline Measurement: State = 9.8%  
First-year target/outcome measurement: State = 8.3%  
Second-year target/outcome measurement: State = 6.8%

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:**

The survey requires written parent consent for participation which can put an added burden on school districts. Funded communities have a goal to achieve a 60 percent participation rate to ensure high quality data; if at time they are not at 60 percent they must create specific action plans designed to increase participation. Data collection during the 2020-2021 school year was challenged due to COVID -19, however Kansas was able to implement online survey and maintained high rates of participation. Some changes, including use of skip logic were made to the survey during this time. It is not yet clear how COVID and changes to the survey, including allowing remote administration have impacted the data, thus baseline for this data will be based on prior year (2020). The question wording changed from "electronic cigarettes" to "vaped" in 2021.

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

The KCTC Student Survey requires written parent consent for participation. Funded communities have a goal to reach a 60 percent participation rate to ensure high-quality data to evaluate performance outcomes. If the coalition measurement unit (county/district) is less than 60 percent of eligible students, they are asked to create an action plan specifically designed to increase survey participation. New legislative changes reducing the time from obtaining consent to survey administration has hampered participation for some schools and community coalitions.

## 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):**

With the rising concern of youth vaping and associated health risks, several statewide groups convened during this timeframe to understand and address the concern, with a particular focus on school policies and procedures. Community coalitions focused on prevention strategies related to media and information dissemination. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered these prevention efforts.

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

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

The actual percentage of youth that reporting vaping was 0.05% more than the second year target. With the rising concern of youth vaping and associated health risks, several statewide groups convened during this timeframe to understand and address the concern, with a particular focus on school policies and procedures. It takes time for the policies to be enacted and to result in change. We anticipate youth vaping rates to decrease as policies and practices become institutionalized. Partnering with other agencies to work on cessation options will also assist in reducing youth vaping. Community coalitions will continue to focus on prevention strategies related to media and information dissemination. The Kansas Prevention Collaborative will continue statewide training, technical assistance, capacity-building activities, to support and bolstered these prevention efforts.

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

<b>Indicator #:</b>	2
<b>Indicator:</b>	During the past 30 days, how frequency have you used electronic cigarettes of Juul? (at least once)
<b>Baseline Measurement:</b>	State = 29.0%
<b>First-year target/outcome measurement:</b>	State = 28.0%
<b>Second-year target/outcome measurement:</b>	State = 27.0%
<b>New Second-year target/outcome measurement(if needed):</b>	
<b>Data Source:</b>	

Kansas Young Adults Survey (KYAS)

**New Data Source(if needed):**

**Description of Data:**

The Kansas Young Adults Survey (KYAS) is a statewide survey administered online to individuals aged 18-25. The survey asks questions about attitudes and behaviors among young adults on public health issues, including the usage of tobacco and consumption of alcohol, prescription and non-prescription drugs, as well as gambling. Demographic questions include age, education, and income level and sources, among others.

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

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

The survey has been administered every other year and will use data from 2019 for baseline. The data is only available at a state level and thus prevention coalitions will not be able to measure local progress toward the goal.

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

The Kansas Young Adult Survey (KYAS) is a valuable tool for gathering data for a difficult to reach population of young adults both in college and not in college. However, as a statewide survey, it does not allow for monitoring and evaluation of individual counties or community coalition work. Starting in 2021, the survey will be administered annually which will enhance statewide monitoring.

## 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):**

Overall awareness created by the near epidemic levels of e-cigarette use led to media campaigns for youth and young adults focusing on the risk of harm from e-cigarette use. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered prevention efforts. Efforts to further reduce and prevent e-cigarette use and health consequences are supported by supplemental COVID funding.

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):**

Overall awareness created by the near epidemic levels of e-cigarette use and vaping led to media campaigns for youth and young adults focusing on the risk of harm from e-cigarettes and vapes. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered prevention efforts. Efforts to further reduce and prevent e-cigarette use and health consequences are supported by supplemental COVID funding.

**Priority #:** 6  
**Priority Area:** Increase the number of prevention trainings in rural Kansas communities  
**Priority Type:** SAP  
**Population(s):** PP

**Goal of the priority area:**

KDADS would like to infuse more prevention knowledge and efforts into rural Kansas communities to increase rural coalition capacity to develop and implement strategic prevention plans.

**Objective:**

Increase opportunities for rural Kansas communities to attend prevention training

**Strategies to attain the goal:**

Trainings will be held in rural communities and will focus on behavioral/mental health and substance use prevention for youth, young adults, school staff, and families.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Increase the number of prevention trainings in rural Kansas communities  
**Baseline Measurement:** State = Establish Baseline in 2022  
**First-year target/outcome measurement:** State = baseline + 20  
**Second-year target/outcome measurement:** State = first-year target + 10

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

**Data Source:**

Community Check Box

**New Data Source(if needed):**

**Description of Data:**

Training data will be documented in the Community Check Box. Documentation will include a description of the training, dates, attendance, location if in-person or participant location if virtual, demographic rosters which include profession, age, gender, race/ethnicity, county, city.

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

Training events were documented through entry into the Community Check Box online monitoring and evaluation system. Sources of information about trainings were post event entry by staff and calendar of training schedules.

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

Training contractors have not yet been selected so baseline is not able to be established this time. Performance estimates are based on desired targets across two years. Data quality in the Community Check Box will be dependent on complete and regular documentation. Training opportunities will be provided, but level of participation may not reflect desired outcomes. cannot be Participation in prevention training

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

Documentation of training events were good but not totally complete, so the results may understate the number of trainings. In addition, accurate documentation required detailed information about location, attendees, attendance and description of the events. A common documentation form asking required information was finalized and used by most providers of trainings.

**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):**

Most of the new and additional trainings to rural areas were provided by grantees utilizing ARPA and COVID funding for implementing prevention strategies such as the Good Behavior Game in schools and homes, support for transitional youth, coalition capacity building, and support for new strategies targeting E-Cig, mental health training, and related prevention issues.

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):**

Most of the new and additional trainings to rural areas were provided by grantees utilizing ARPA and COVID funding for implementing

prevention strategies such as the Good Behavior Game in schools and homes, support for transitional aged youth, coalition capacity building, and support for new strategies targeting E-Cig, mental health training, and related prevention issues.

**Priority #:** 7

**Priority Area:** Recovery Oriented System of Care

**Priority Type:** SAT

**Population(s):** PWWDC, 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:**

Baseline in FY20 of 9 Peer Mentors

**First-year target/outcome measurement:**

Increase Kansas Certified Peer Mentors by 10% in FY22.

**Second-year target/outcome measurement:**

Increase Kansas Certified Peer Mentors by 10% in FY23

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

**Data Source:**

Adult Consumer Affairs tracking spreadsheet of the number of people trained to be Kansas Certified Peer Mentors and in-training Peer Mentors

**New Data Source(if needed):**

**Description of Data:**

Peer Mentors in training and Peer Mentors certified

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

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

Training contractor reporting accuracy and timelines

**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):**

SFY2021 = 20 Peer Mentors certified

SFY2022 = 53 Peer Mentors certified (24 Kansas Certified Peer Mentor in Training (KCPMT). + 29 Kansas Certified Peer Mentor (KCPM)) resulting in an increase of 165%

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):

SFY2021 = 20 Peer Mentors certified

SFY2022 = 53 Peer Mentors certified (24 Kansas Certified Peer Mentor in Training (KCPMT). + 29 Kansas Certified Peer Mentor (KCPM)) resulting in an increase of 165%

SFY2023 = 89 Peer Mentors certified (44 KCPMT + 45 KCPM resulting in an increase of 68%.

Priority #: 8

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):

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 coordinator 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 SFY21

First-year target/outcome measurement: 5% increase in number of youth experiencing ESMI served with Block Grant funded intervention in SFY22

Second-year target/outcome measurement: 5% increase in number of youth experiencing ESMI served with Block Grant funded intervention in SFY23

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

Data Source:

Quarterly provider reports

New Data Source(if needed):

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)**

**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):**

SFY21 (Baseline): 55 youth  
SFY22: 61 youth (increase of 10.9%)

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**Footnotes:**

NOT FINAL

**III: Expenditure Reports**

**Table 2 - State Agency Expenditure Report**

This table provides a report of SUPTRS BG and state expenditures by the SSA during the SFY immediately preceding the FFY for which the state is applying for funds for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in the WebBGAS. Please note that this expenditure period is different from that on SUPTRS BG Table 4.

Expenditure Period Start Date: 7/1/2022 Expenditure Period End Date: 6/30/2023

Activity (See instructions for entering expenses in Row 1)	A. SUPTRS BG	B. MHBG	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 <sup>1</sup>	I. ARP <sup>2</sup>
1. Substance Use Prevention (Other than Primary Prevention), Treatment, and Recovery <sup>3</sup>	\$8,993,732.00		\$15,359,518.00	\$5,154,619.06	\$15,109,902.30	\$0.00	\$4,930,524.72	\$1,726,546.30	\$0.00
a. Pregnant Women and Women with Dependent Children	\$2,050,311.00		\$916,284.19	\$0.00	\$468,946.66	\$0.00	\$0.00	\$0.00	\$0.00
b. Recovery Support Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
c. All Other	\$6,943,421.00		\$14,443,233.81	\$5,154,619.06	\$14,640,955.64	\$0.00	\$4,930,524.72	\$1,726,546.30	\$0.00
2. Substance Use Disorder Primary Prevention	\$2,528,017.76		\$0.00	\$1,088,806.87	\$879,150.91	\$0.00	\$2,713,287.85	\$874,213.16	\$0.00
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>4</sup>	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	\$874,943.15		\$26,416.37	\$319,669.19	\$2,372,588.01	\$0.00	\$361,116.97	\$140,089.54	\$0.00
<b>11. Total</b>	<b>\$12,396,692.91</b>	<b>\$0.00</b>	<b>\$15,385,934.37</b>	<b>\$6,563,095.12</b>	<b>\$18,361,641.22</b>	<b>\$0.00</b>	<b>\$8,004,929.54</b>	<b>\$2,740,849.00</b>	<b>\$0.00</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

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

<sup>3</sup>Prevention other than primary prevention

<sup>4</sup>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 FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

Actual  Estimated

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**Footnotes:**

### III: Expenditure Reports

**Table 3a – Syringe Services Program (SSP)**

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

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

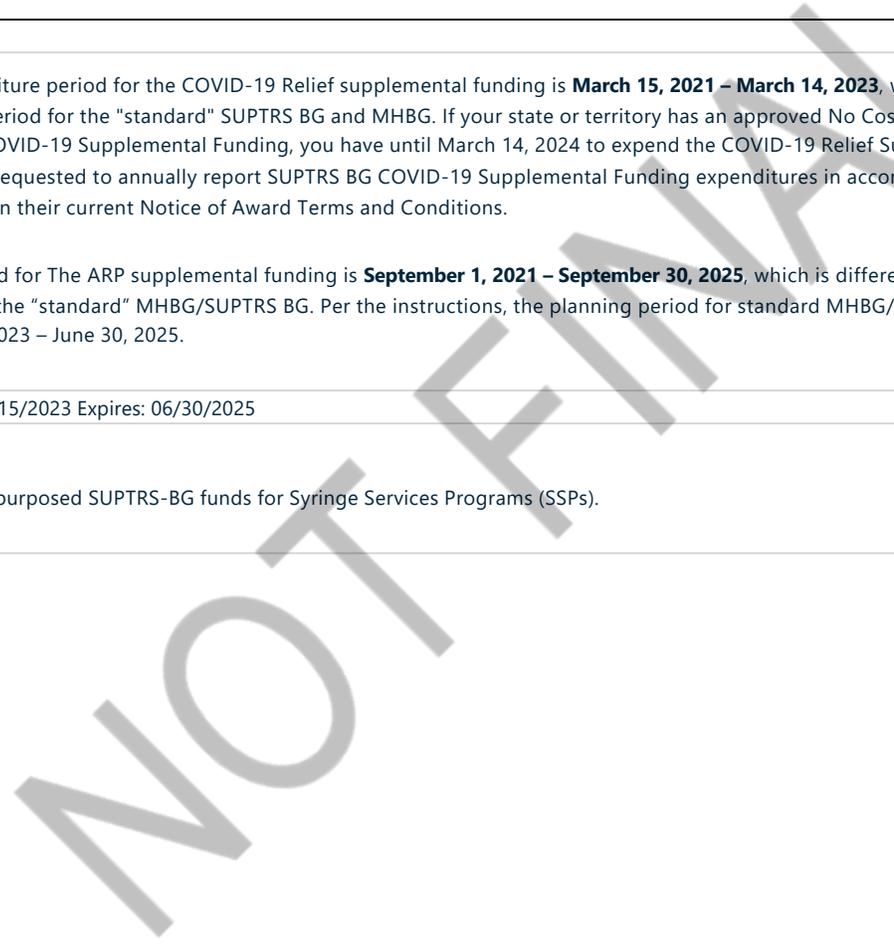
<sup>1</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS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

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

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**Footnotes:**

N/A - Kansas has not repurposed SUPTRS-BG funds for Syringe Services Programs (SSPs).



### III: Expenditure Reports

**Table 3b - Syringe Services Program**

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

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

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

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

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**Footnotes:**

N/A - Kansas has not repurposed SUPTRS-BG funds for Syringe Services Programs (SSPs).

NOT FINAL

### III: Expenditure Reports

**Table 3c – Harm Reduction Activities**

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

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

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

<sup>2</sup>The expenditure period for ARP supplemental funding is September 1, 2021 - September 30, 2025, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 - June 30, 2025.  
0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**

SUPTRS-BG funds were not spent towards Harm Reduction activities during this period. However, other discretionary grant funding (SOR, PPW and FR-CARA) funds were utilized for Harm Reduction activities.

State Opioid Response (SOR)  
20,426 naloxone kits were distributed using SORII and SORIII funds between March 2021 - March 2023.  
Actual spending for the time allotted from SORII Naloxone is \$1,025,973.86  
Actual spending for the time allotted for SORIII up to March of 2023 was \$415,856.98.  
Total expenditure (SOR) \$1,441,830.84

FR-CARA: In July 2022, Kansas was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) First Responder-Comprehensive Addiction & Recovery Act (FR-CARA) grant to assist rural first responders in addressing opioid abuse. The grant's overall purpose is to address the drug overdose death rates in rural and frontier areas of Kansas by implementing a program to provide resources to the first responders and members of the community. These resources include trainings for the first responders on both carrying and administering Naloxone for emergency reversal of an opioid overdose, warm hand-offs, and placement of Naloxboxes and disposal boxes in available common areas. KDADS has selected four rural regions of the state that encompass 53 counties for implementing this project based on the Kansas Board of Emergency Medical Services map. Through a RFA process, grantees have been selected and the grant has been implemented.

PPW: In August of 2021, the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) awarded Kansas a three-year Family Centered Treatment grant for the treatment of pregnant and postpartum women (PPW-PLT). The FY2020 State Pilot Grant Program is called the Kansas Heart (Helping Empower and Recover Together) program and serves women in Sedgwick or Saline counties. The grant provides evidence-based, family-centered treatment services to pregnant and postpartum women in Kansas with substance use disorders and their children by addressing the behavioral health needs of the mother. The grant has implemented and is in year two of the three-year grant. The KS Heart program utilizes two primary evidence-based practices: Family Centered Treatment and Medications for Opioid Use Disorder (MOUD).

One of the unique things about the KS HEART program is that it provides a menu of enhanced services beyond the treatment traditionally available at KS Designated Women's Programs, expanding the availability of services that are outpatient, community-based and family-centered. Women will be able to enroll in the program up to 12 months post-partum and access services for a year. Services will be available to women regardless of legal custody status of the child. Funding for Naloxone is also budgeted in this grant.

Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan  
Recommendations around Evidence-Based Harm Reduction strategies can be found on page 18 of the Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan November 2021 Annual Report: 2021-Kansas-Prescription-Drug-and-Opioid-Misuse-and-Overdose-Annual-Report-PDF (ks.gov).

Harm Reduction Strategies include: 911 Good Samaritan Laws (GSLs), Fentanyl contamination testing, Facilitation of syringe services programs (SSPs) and syringe disposal, Increased access to and utilization of medication-assisted treatment (MAT) in disenfranchised, underserved populations, and Increased screening and surveillance of overdoses.

Fentanyl Test Strips:  
Up until May of 2023, persons in possession of Fentanyl Test Strips (FTS) were considered to be Criminal Possession of Drug Paraphernalia. The Kansas State Legislature passed a bill in May 2023 to decriminalize possession of FTS. KDADS is working on a FTS distribution plan with our goal to implement in year two of SOR. KDADS is utilizing over \$200,000.00 from SOR funding to purchase FTS for subgrantees to distribute. A Request for Application (RFA) has been posted and subgrantees should be chosen by the beginning of February 2024.

### III: Expenditure Reports

**Table 4 - State Agency SUPTRS BG Expenditure Compliance Report**

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

Expenditure Period Start Date: 10/1/2020      Expenditure Period End Date: 9/30/2022

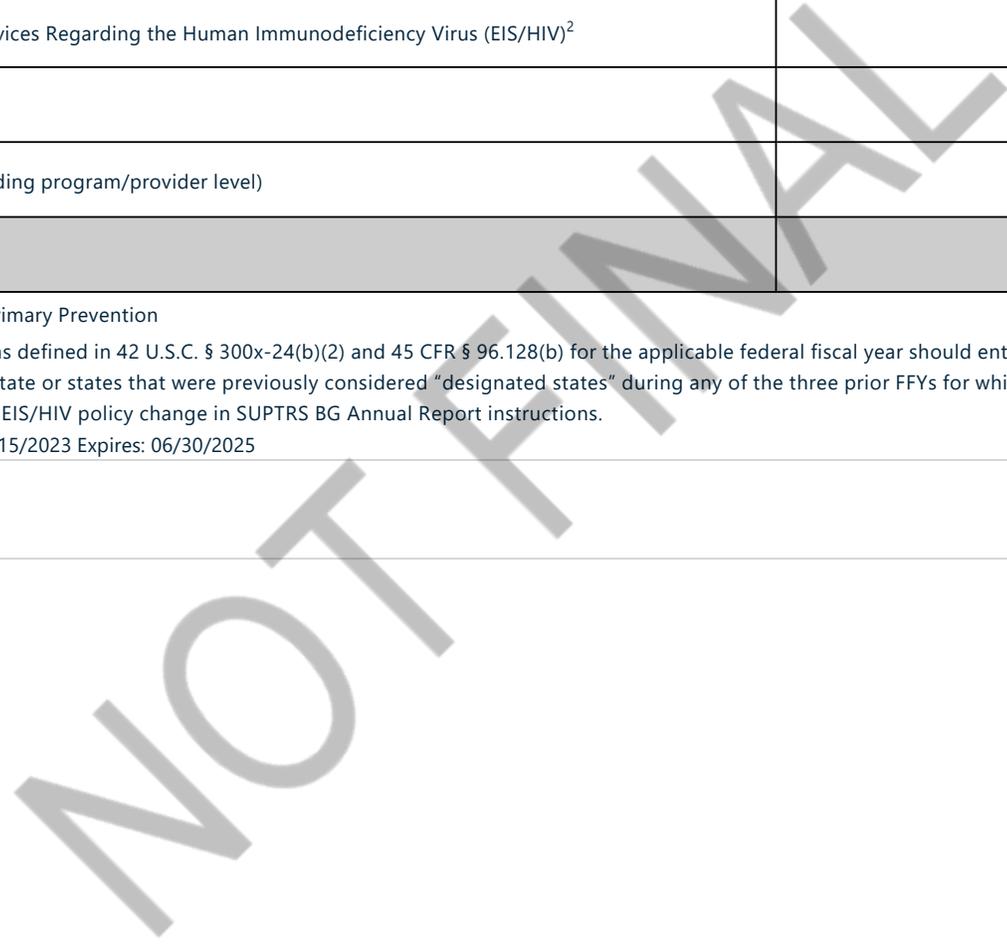
Expenditure Category	FY 2021 SA Block Grant Award
1. Substance Use Prevention <sup>1</sup> , Treatment, and Recovery	\$8,925,595.50
2. Substance Use Primary Prevention	\$2,380,158.80
3. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>2</sup>	\$0.00
4. Tuberculosis Services	\$0.00
5. Administration (excluding program/provider level)	\$595,039.70
<b>Total</b>	<b>\$11,900,794.00</b>

<sup>1</sup>Prevention other than Primary Prevention

<sup>2</sup>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 FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

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**Footnotes:**



### III: Expenditure Reports

#### SUPTRS BG Table 5a - Primary Prevention Expenditures

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

Expenditure Period Start Date:

Expenditure Period End Date:

Strategy	IOM Target	Substance Use Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective					
Information Dissemination	Indicated					
Information Dissemination	Universal					
Information Dissemination	Unspecified	\$207,740.00				
<b>Information Dissemination</b>	<b>Total</b>	<b>\$207,740.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective					
Education	Indicated					
Education	Universal					
Education	Unspecified	\$187,340.00				
<b>Education</b>	<b>Total</b>	<b>\$187,340.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective					
Alternatives	Indicated					
Alternatives	Universal					
Alternatives	Unspecified	\$73,060.00				
<b>Alternatives</b>	<b>Total</b>	<b>\$73,060.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective					
Problem Identification and Referral	Indicated					
Problem Identification and Referral	Universal					
Problem Identification and Referral	Unspecified	\$62,040.00				
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$62,040.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Community-Based Process	Selective					
Community-Based Process	Indicated					
Community-Based Process	Universal					
Community-Based Process	Unspecified	\$170,400.00				
<b>Community-Based Process</b>	<b>Total</b>	<b>\$170,400.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal					
Environmental	Unspecified	\$107,340.00				
<b>Environmental</b>	<b>Total</b>	<b>\$107,340.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 (Synar)-Tobacco	Selective					
Section 1926 (Synar)-Tobacco	Indicated					
Section 1926 (Synar)-Tobacco	Universal					
<b>Section 1926 (Synar)-Tobacco</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Other	Universal Direct	\$82,405.00				
Other	Universal Indirect					
Other	Selective					
Other	Indicated					
<b>Other</b>	<b>Total</b>	<b>\$82,405.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Grand Total</b>	<b>\$890,325.00</b>				

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

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

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**Footnotes:**

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.

5a (\$1,780,650)+6 (\$599,508.80)=Table 4 Row 2 (\$2,380,158.80)

NOT FINAL

### III: Expenditure Reports

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

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

Expenditure Period Start Date: 10/1/2020      Expenditure Period End Date: 9/30/2022

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

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

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**Footnotes:**

NOT FINAL

### III: Expenditure Reports

**Table 6 - Non Direct Services/System Development**

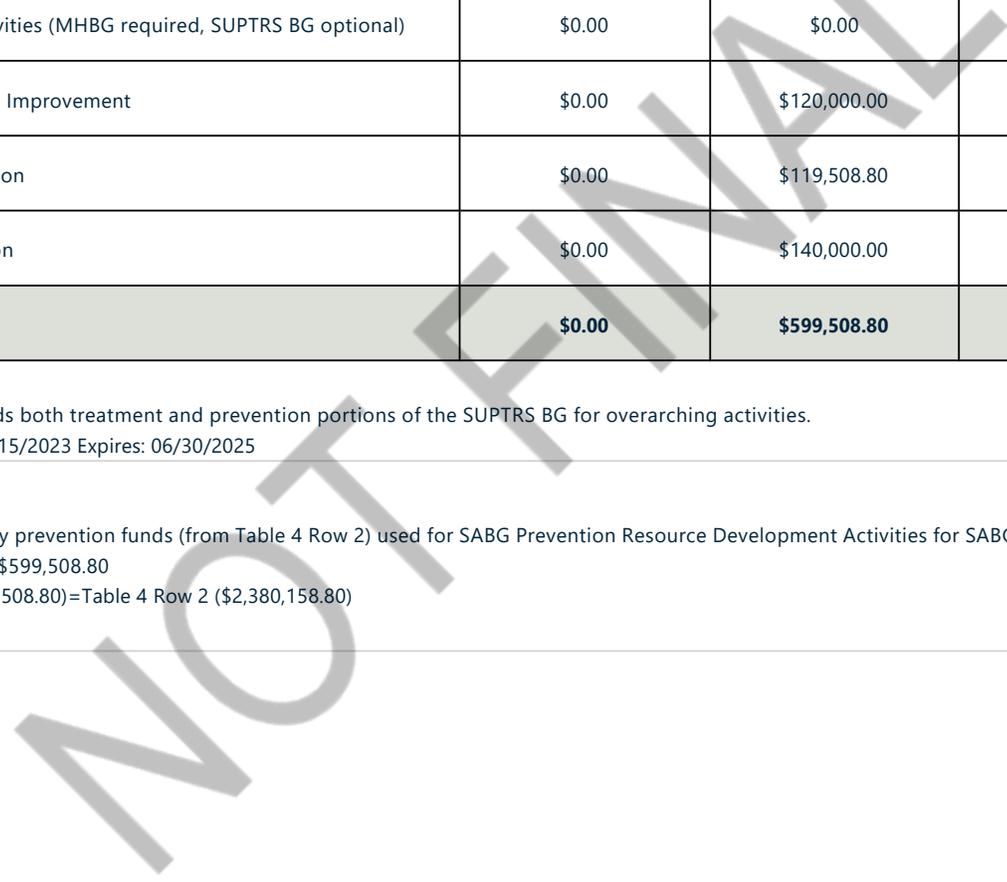
Expenditure Period Start Date: 10/1/2020      Expenditure Period End Date: 9/30/2022

Activity	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated <sup>1</sup>
1. Information Systems	\$0.00	\$120,000.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$100,000.00	\$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$120,000.00	\$0.00
6. Research and Evaluation	\$0.00	\$119,508.80	\$0.00
7. Training and Education	\$0.00	\$140,000.00	\$0.00
<b>8. Total</b>	<b>\$0.00</b>	<b>\$599,508.80</b>	<b>\$0.00</b>

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

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**Footnotes:**  
 Amount of SABG Primary prevention funds (from Table 4 Row 2) used for SABG Prevention Resource Development Activities for SABG Prevention, Column B = \$599,508.80  
 5a (\$1,780,650) + 6 (\$599,508.80) = Table 4 Row 2 (\$2,380,158.80)



### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

This table provides a report of the sub-recipients of SUPTRS BG funds including community and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes system development/non-direct service expenditures.

Expenditure Period Start Date: 10/01/2020 Expenditure Period End Date: 9/30/2022

Source of Funds Substance Use Block Grant																
Entity Number	I-BHS ID (formerly I-SATS)	i	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SUPTRS BG Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program	G. Opioid Treatment Programs (OTPs)	H. Office-based opioid treatment (OBOTs)
x	x	X	North East	Addiction Recovery Center	516 Washington St	Concordia	KS	66901	\$38,147.66	\$38,147.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	BOYS & GIRLS CLUB OF THE PRAIRIE BAND	15424 K Rd,	Mayetta	KS	66509	\$75,194.62	\$0.00	\$0.00	\$75,194.62	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	North East	Chautauqua Counseling Center	5960 Dearborn St Suite 1	Mission	KS	66202	\$60,475.54	\$60,475.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	West	CITY ON A HILL INC	116 1/2, E Chestnut St	Garden City	KS	67846	\$650,324.55	\$650,324.55	\$564,626.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	CKF Addiction Treatment	617 E Elm St	Salina	KS	67401	\$902,297.91	\$891,698.59	\$235,893.41	\$10,599.32	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	CLAY COUNTY	820 Spellman Cir	Clay Center,	KS	67432	\$48,500.00	\$0.00	\$0.00	\$48,500.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	Comcare	635 N Main St	Wichita	KS	67203	\$69,559.98	\$69,559.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	COMMUNITY HEALTH COUNCIL OF Wyandotte	803 Armstrong Ave	Kansas City	KS	66101	\$21,977.09	\$0.00	\$0.00	\$21,977.09	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	South East	COMMUNITY MENTAL HEALTH CTR OF CRAW	911 E Centennial Dr.	Pittsburg	KS	66762	\$527,861.60	\$482,052.18	\$132,525.98	\$45,809.42	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	CORNER HOUSE INC	418 Market St,	Emporia	KS	66801	\$69,353.60	\$69,353.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	North East	DCCCA INC	1739 23rd st	Lawrence KS	KS	66044	\$2,020,145.86	\$1,407,907.17	\$1,055,601.47	\$612,238.69	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	DERBY RECREATION COMMISSION	801 E Market St	Derby	KS	67037	\$10,171.25	\$0.00	\$0.00	\$10,171.25	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	West	DREAM INC	2818 Vine St	Hays	KS	67601	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	EAGLE RECOVERY SERVICES CONSULTATION	5 Peoria St	Louisburg	KS	66053	\$6,200.47	\$6,200.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	North East	FAMILIES AND COMMUNITIES TOGETHER INC	15 SW 10th Ave #215,	Topeka	KS	66612	\$30,421.74	\$0.00	\$0.00	\$30,421.74	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	South East	Four County Mental Health Center	3751 W Main St	Independence	KS	67301	\$68,574.86	\$68,574.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	North East	FRANKLIN COUNTY	315 S MAIN ST RM 202	OTTAWA	KS	66067-2335	\$21,358.15	\$0.00	\$0.00	\$21,358.15	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	FRIENDS OF RECOVERY ASSOCIATION	6422 Santa Fe Dr # 16	Overland Park	KS	66202	\$11,644.84	\$11,644.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X	South East	GAYLE M TAYLOR-FORD THERAPY SERVICE	1200 Graphic Arts Road, Suite 100	Emporia,	KS	66801	\$53,290.98	\$53,290.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	GRANT COUNTY COMMUNITY FOUNDATION INC	PO BOX 65	ULYSSES	KS	67880-0065	\$49,761.05	\$0.00	\$0.00	\$49,761.05	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	HEARTLAND REGIONAL ALCOHOL & DRUG	1321 7th St,	Kansas City	KS	66101	\$178,711.89	\$178,711.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	HIGH PLAINS MENTAL HEALTH CENTER	208 E 7th St,	Hays	KS	67601	\$2,975.39	\$2,975.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

x	x	X	State Wide	JAMES R KERR	2101 E Santa Fe St	Olathe	KS	66062	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	North East	JOHNSON COUNTY MENTAL HEALTH CENTER	1125 W Spruce St	Olathe	KS	66061	\$100,625.71	\$100,625.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	North East	KANSAS INSTITUTE FOR POSITIVE HEALTHY	1916 STRATFORD ROAD	LAWRENCE	KS	66044-4540	\$148,348.00	\$0.00	\$0.00	\$148,348.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	South East	LABETTE CENTER FOR MENTAL HLTH SVCS	1730 Belmont	Parsons	KS	67357	\$21,157.24	\$21,157.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	LEARNING TREE INSTITUTE AT GREENBUSH	917 W 47TH HIGHWAY	GIRARD	KS	66743	\$571,655.26	\$0.00	\$0.00	\$571,655.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	LEAVENWORTH YOUTH ACHIEVEMENT CTR INC	314 DELAWARE STREET	LEAVENWORTH	KS	66048-2707	\$25,020.00	\$0.00	\$0.00	\$25,020.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	Wichita	MENTAL HEALTH ASSOCIATION OF SOUTH	673, 555 N Woodlawn Blvd Suite 3105	Wichita	KS	67208	\$1,255.97	\$1,255.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	West	MIRACLES INC	1738 N Market St	Wichita	KS	67214	\$792,420.04	\$792,420.04	\$792,420.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	West	NEW CHANCE INC	2500 E Wyatt Earp Blvd	Dodge City	KS	67801	\$334,473.39	\$334,473.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	North East	NEW DAWN WELLNESS AND RECOVERY CTR	1221 SW 17th St	Topeka	KS	66604	\$96,661.33	\$96,661.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	Wichita	PARTNERS FOR WICHITA INC	925 N WACO AVE	WICHITA	KS	67203-3948	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	PAWNEE MENTAL HEALTH SERVICES	2001 Claflin Rd	Manhattan	KS	66502	\$13,027.13	\$13,027.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	PRAIRIE VIEW INC	1901 E 1st St.	Newton	KS	67114	\$10,654.93	\$10,654.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	North East	PREFERRED FAMILYHEALTHCARE INC	1009 Old 56 Highway	Olathe	KS	66061	\$157,974.99	\$157,974.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	PREVENTION AND RESILIENCY SERVICES INC	2209 SW 29TH STREET	TOPEKA,	KS	66611-1908	\$48,963.21	\$0.00	\$0.00	\$48,963.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X	West	PROJECT DREAM INC	P.O. Box 282	Hays	KS	67601	\$47,865.36	\$47,865.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	PSYCHARMOR INSTITUTE INC	6215 Ferris Square Suite 205	San Diego	KS	92121	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	Wichita	RECOVERY CONCEPTS INC	2604 W 9th St N Suite 200	Wichita,	KS	67203	\$89,243.44	\$89,243.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	West	RESTORATION CENTERKNOX CENTER INC	2924 E Douglas Ave	Wichita	KS	67214	\$154,971.05	\$154,971.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	West	RISE UP RENO PREVENTION NETWORK	1520 N PLUM STREET	HUTCHINSON,	KS	67501-5854	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	SAINT FRANCIS COMMUNITY AND RESIDEN	509 E Elm St A,	Salina	KS	67401	\$12,764.08	\$12,764.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	West	SMOKY HILL FOUNDATION	2714 Plaza Ave,	Hays	KS	67601	\$70,212.05	\$70,212.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	SOUTHEAST KANSAS MENTAL HEALTH CTR	304 N Jefferson Ave	Iola	KS	66749	\$2,397.30	\$2,397.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	SPRING RIVER MENTALHEALTH & WELLNE	6610 SE Quakervale Rd	Riverton	KS	66770	\$10,214.94	\$10,214.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	South Central	SUBSTANCE ABUSE CENTER OF KANSAS	940 N Waco Ave,	Wichita	KS	67203	\$560,405.88	\$560,405.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	SUMNER MENTAL HEALTH CENTER	1601 W 16th St,	Wellington	KS	67152	\$10,587.96	\$10,587.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X	North East	SUSAN WHITE Therapy	5 S PEORIA ST SUITE 206	Louisburg	KS	66053	\$409.48	\$409.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	THE GUIDANCE CENTER INC	1102 Walnut St	Oskaloosa	KS	66066	\$5,357.86	\$5,357.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	North East	THE MIRROR INC	2201 SE 25th St,	Topeka,	KS	66605	\$1,792,944.50	\$1,792,944.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

x	x	X	North East	THE SIMS-KEMPER CORPORATION	1701 SW Medford Ave,	Topeka	KS	66604	\$55,147.31	\$55,147.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	South Central	THERAPY SERVICES LLC	420 Kennedy St,	Burlington	KS	66839	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	South East	THRIVE ALLEN COUNTY INC	9 SOUTH JEFFERSON AVENUE	IOLA,	KS	66749-3327	\$37,199.78	\$0.00	\$0.00	\$37,199.78	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	West	TIYOSPAYE INC	247 N Market St	Wichita	KS	67202	\$149,970.60	\$149,970.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	UNITED 4 YOUTH COUNTYWIDE INC.	713 MAIN STREET STE B	SENECA	KS	66538-1970	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	North East	UNIV OF KANSAS CENTER FOR RESEARCH INC	2385 IRVING HILL RD	LAWRENCE	KS	66045-7563	\$143,594.22	\$0.00	\$0.00	\$143,594.22	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	North East	VALEO BEHAVIORAL HEALTH CARE	330 SW Oakley Ave	Topeka	KS	66606	\$442,781.94	\$442,781.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	VALLEY HOPE ASSOCIATION	103 S Wabash Ave,	Norton	KS	67654	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	State Wide	WICHITA STATE UNIVERSITY	1845 FAIRMOUNT ST	WICHITA	KS	67260-0038	\$479,347.00	\$0.00	\$0.00	\$479,347.00	\$0.00	\$0.00	\$0.00	\$0.00
x	x	X	West	WICHITA TREATMENT CENTER INC	939 N Main St,	Wichita,	KS	67203	\$1,153.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,153.32	\$0.00
Total									\$11,305,754.30	\$8,924,442.18	\$2,781,067.46	\$2,380,158.80	\$0.00	\$0.00	\$1,153.32	\$0.00

\* Indicates the imported record has an error.

Note: <sup>1</sup>42 CFR 8.12: Federal Opioid Treatment Standards (OTP) providers only  
0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**

The Expenditures in this Table are related to the FFY 2021 award which has a project period of 10.01.2020-09.30.22 as such the expenditures are also for this time period.

NOT FINAL

### III: Expenditure Reports

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

This Maintenance of Effort table provides a description of non-federal state expenditures for authorized activities to prevent and treat substance use and provide recovery services flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Dates given are for the FFY 2024 SUPTRS BG Report. For the FFY 2025 SUPTRS BG report, please increase each year by one. For detailed instructions, see those in BGAS.

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2021) + B2(2022)</u> 2 (C)
SFY 2021 (1)	\$16,369,878.64	
SFY 2022 (2)	\$16,382,279.48	\$16,376,079.06
SFY 2023 (3)	\$23,602,712.64	

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

SFY 2021	Yes	<input checked="" type="checkbox"/>	No
SFY 2022	Yes	<input checked="" type="checkbox"/>	No
SFY 2023	Yes	<input checked="" type="checkbox"/>	No

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

Yes      No     

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

If yes, SFY:

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

Yes      No

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

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

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

Numbers are based on State budget year SMART actuals and Medicaid encounter data.

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

**Footnotes:**

### III: Expenditure Reports

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

This MOE table provides a report of state and SUBG funds expended on specialized SUD treatment services for pregnant women and women with dependent children for the state fiscal year immediately preceding the FFY for which the state is applying for funds.

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

#### Base

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

#### Maintenance

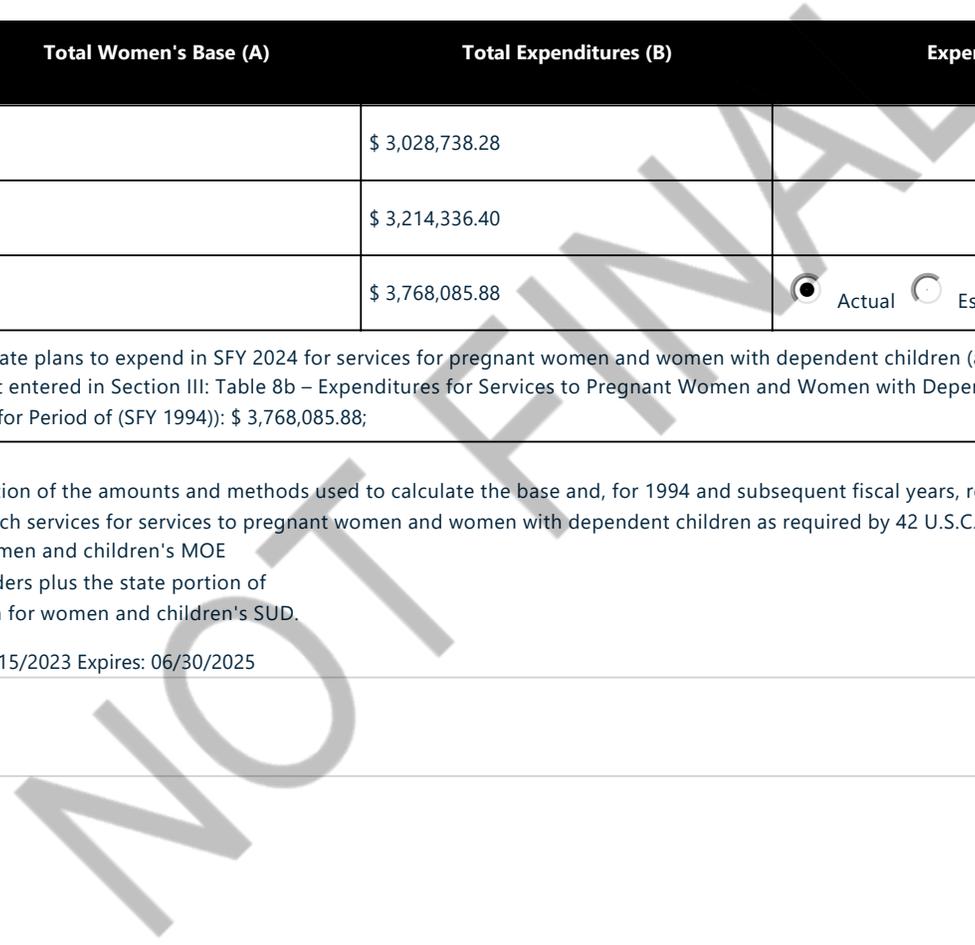
Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2021		\$ 3,028,738.28	
SFY 2022		\$ 3,214,336.40	
SFY 2023		\$ 3,768,085.88	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2024 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women’s Base (A) for Period of (SFY 1994)): \$ 3,768,085.88;

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:**



## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

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

Expenditure Period Start Date: 10/1/2020 Expenditure Period End Date: 9/30/2022

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of People who Misuse Substances	<b>1. Information Dissemination</b>	
	3. Media campaigns	6
	4. Brochures	3
	6. Speaking engagements	4
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	5
	9. Social Media	6
	<b>2. Education</b>	
	1. Parenting and family management	4
	2. Ongoing classroom and/or small group sessions	6
	3. Peer leader/helper programs	4
	4. Education programs for youth groups	9
	5. Mentors	1
	<b>3. Alternatives</b>	
	1. Drug free dances and parties	2
	2. Youth/adult leadership activities	4
	4. Community service activities	3
	<b>5. Community-Based Process</b>	
	3. Multi-agency coordination and collaboration/coalition	2
	4. Community team-building	4
	<b>6. Environmental</b>	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	2

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**Footnotes:**

NOT FINAL

**IV: Population and Services Reports**

**Table 10a – Treatment Utilization Matrix**

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

Expenditure Period Start Date: 7/1/2022

Expenditure Period End Date: 6/30/2023

Level of Care	SUPTRS BG Number of Admissions > Number of Persons Served		COVID-19 Number of Admissions > Number of Persons Served <sup>1</sup>		ARP Number of Admissions > Number of Persons Served <sup>2</sup>		SUPTRS BG Service Costs			COVID-19 Costs <sup>1</sup>			ARP Costs <sup>2</sup>		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (C)	Number of Persons Served (D)	Number of Admissions (E)	Number of Persons Served (F)	Mean (G)	Median (H)	Standard Deviation (I)	Mean Cost (J)	Median Cost (K)	Standard Deviation (L)	Mean Cost (M)	Median Cost (N)	Standard Deviation (O)
<b>DETOXIFICATION (24-HOUR CARE)</b>															
1. Hospital Inpatient	4	4	0	0	0	0									
2. Free-Standing Residential	1,158	947	0	0	0	0									
<b>REHABILITATION/RESIDENTIAL</b>															
3. Hospital Inpatient	0	0	0	0	0	0									
4. Short-term (up to 30 days)	1,199	1,083	0	0	0	0									
5. Long-term (over 30 days)	140	134	0	0	0	0									
<b>AMBULATORY (OUTPATIENT)</b>															
6. Outpatient	4,701	4,394	0	0	0	0									
7. Intensive Outpatient	595	565	0	0	0	0									
8. Detoxification	182	171	0	0	0	0									
<b>MOUD MEDICATION ASSISTED TREATMENT</b>															
9. MOUD Medication-Assisted Detoxification	37	36	0	0	0	0									
10. MOUD Medication-Assisted Treatment Outpatient	137	130	0	0	0	0									

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

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

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

<sup>3</sup> In FY 2020 SAMHSA modified the "Level of Care" (LOC) and "Type of Treatment Service/Setting" to "Medication-Assisted Treatment" and "Medication-Assisted Treatment," respectively. In prior SUPTRS BG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10. The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 10 to the data submitted in prior Reports is not possible. In the current and future SUPTRS BG Reports, the LOC is "MOUD & Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "MOUD Medication-Assisted Treatment Detoxification," Row 9 and "MOUD & Medication Assisted Treatment Outpatient," Row 10. MOUD & Medication-Assisted Treatment Withdrawal Management includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. MOUD & Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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**Footnotes:**

COVID 19 impacts such as facility closures for cleaning due to staff or patient illness and workforce shortages continued to impact utilization during this time period.

SUPTRS-BG Number of Admissions > Number of Persons Served Source (Columns A and B): KSURS  
 All Kansas substance use treatment providers who accept public funding have been required since 2019 to collect and submit TEDS data to the Kansas Substance Use Reporting Solution (KSURS). Providers have two options to submit data to KSURS: 1) manually enter treatment information through an online application; or 2) submit a bulk load in a file format provided and validated by the state.  
 KSURS was designed and deployed to be a temporary solution while the State explored other options. Wellsky was selected by KDADS to provide and manage our new solution for SUD data collection for state and federal reporting.

As of October 2nd, 2023, the new system Wellsky Human Services (WHS) has been deployed to production. This includes only data that is keyed in. The bulk upload feature is still in development. As of this writing, users are not yet using the system but are going through the process of registering to key data into WHS. KSURS is still in production and will continue to offer all features until everyone is able to register for the new system. Once a user is registered to key data into WHS, all new admission episodes will need to be entered into WHS. For all admissions that were entered into KSURS, all associated discharges will still be allowed and encouraged in KSURS for ninety days from the date that the admission feature is removed from KSURS. Providers who bulk upload their data will be allowed to use KSURS for up to a year from the date they have received the final specifications for the bulk upload feature giving them time to enhance their electronic health record systems (EHRs) to match Wellsky's bulk upload requirements.

This work effort also includes a comprehensive upgrade of IT systems at all four State hospitals both from the infrastructure and software

perspective. That is in progress and will be complete next year.

COVID-19 Number of Admissions/Persons Served Source (Columns C and D): Administrative Services Organization (ASO) or Carelon Utilization Data

In SFY2023, there were only 2 services reimbursed to treatment providers with COVID-19 Block Grant Additional Funding through the ASO and both were for MAT for Alcohol Use Disorder (AUD): Oral Naltrexone and Vivitrol. COVID dollars were dedicated to cover AUD diagnosis. Medications for Opioid Use Disorder (MOUD) was covered by the State Opioid Response (SOR) grant, therefore, were not included as a category in this table.

ARP Number of Admissions > Number of Persons Served2 (Columns E and F): The ARP funding plan for Kansas did not direct funding toward treatment services. Funds were directed to Prevention and Recovery services.

NOT FINAL

## IV: Population and Services Reports

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

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

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

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

<sup>1</sup>Age category 0-5 years is not applicable.

	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	5	0	0	0	0	0	32	74	0	0	0	0	0
Peer-Led Support Group	1	5	0	0	0	0	0	36	97	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	2	0	0	0	0	0	2	5	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	90	213	0	0	0	0	0	809	1,723	0	0	0	0	0
Peer-Led Support Group	114	282	0	0	0	0	0	727	1,706	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	14	0	0	0	0	0	0	53	0	0	0	0	0	0
Recovery Support Service Transportation	9	17	0	0	0	0	0	100	192	0	0	0	0	0

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

	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
Peer-to-Peer Support Individual	266	559	0	0	0	0	0	19	28	0	0	0	0	0
Peer-Led Support Group	262	617	0	0	0	0	0	16	38	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	20	57	0	0	0	0	0	1	2	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	162
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	1,208
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
Peer-to-Peer Support Individual	1,216	2,602	0	0	0	0	0	
Peer-Led Support Group	1,156	2,745	0	0	0	0	0	
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	162	
Recovery Housing	0	0	0	0	0	0	0	
Recovery Support Service Childcare Fee or Family Caregiver Fee	68	0	0	0	0	0	0	
Recovery Support Service Transportation	132	275	0	0	0	0	0	
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	

Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	1,208
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0
Comments on Data (Age):	See Comments on Data (Overall)						
Comments on Data (Gender):	Please note that Kansas does not currently collect sexual orientation and gender identity information in our State system (KSURS) or our Administrative Service Organization's system. Therefore, the State is not able to report this data.						
Comments on Data (Overall):	Peer-to-Peer Support Individual Data Source: Administrative Services Organization (Carelton) Utilization Data Peer Led Support Group Data Source: Administrative Services Organization (Carelton) Utilization Data Peer-Led Training or Peer Certification Activity: 162 peers trained (44 KCPMT + 45 KCPM + 45 KCPST + 28 KCPS). Director of Adult Services will work with Contractors to see if they can break down the number of peers trained into this format for future reporting. Recovery Housing: Regarding recovery housing, we do not have the number housed in Oxford houses for FY2023 but in this time frame,						

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**Footnotes:**

NOT FINAL

## IV: Population and Services Reports

### Tables 11a, 11b and 11c - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

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

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

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

	Total							American Indian or Alaska Native							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	20	10	0	0	0	0	0	30	0	0	0	0	0	0	0
13-17 years	411	582	0	0	0	0	0	993	2	0	0	0	0	0	0
18-20 years	245	327	0	0	0	0	0	572	0	2	0	0	0	0	0
21-24 years	576	626	0	0	0	0	0	1,202	7	5	0	0	0	0	0
25-44 years	3,749	4,300	0	0	0	0	0	8,049	40	28	0	0	0	0	0
45-64 years	924	1,634	0	0	0	0	0	2,558	11	14	0	0	0	0	0
65-74 years	40	85	0	0	0	0	0	125	0	1	0	0	0	0	0
75+ years	2	3	0	0	0	0	0	5	0	0	0	0	0	0	0
Not Available	19	20	0	0	0	0	0	39	0	0	0	0	0	0	0
<b>Total</b>	<b>5,986</b>	<b>7,587</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13,573</b>	<b>60</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	<b>188</b>								1						
Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period	1411														
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10	0														

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

Yes  No

Comments on Data (Race)	
Comments on Data (Gender)	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 this information in Table 11a.
Comments on Data (Overall)	Please see the footnote for more information.

<sup>1</sup>Age category 0-5 years is not applicable.

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

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

6-12 years	0	0	0	0	0	0	0	0	2	0	0	0	0	0
13-17 years	0	2	0	0	0	0	0	15	29	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	12	23	0	0	0	0	0
21-24 years	0	1	0	0	0	0	0	23	45	0	0	0	0	0
25-44 years	7	12	0	0	0	0	0	124	225	0	0	0	0	0
45-64 years	1	5	0	0	0	0	0	42	129	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	4	9	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	2	2	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>223</b>	<b>464</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	0							10						

<sup>1</sup>Age category 0-5 years is not applicable.

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

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	5	1	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	123	162	0	0	0	0	0
18-20 years	1	1	0	0	0	0	0	80	88	0	0	0	0	0
21-24 years	0	1	0	0	0	0	0	193	170	0	0	0	0	0
25-44 years	2	1	0	0	0	0	0	1,218	1,280	0	0	0	0	0
45-64 years	1	2	0	0	0	0	0	307	504	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	14	24	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	4	4	0	0	0	0	0
<b>Total</b>	<b>4</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,944</b>	<b>2,234</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	0							64						

<sup>1</sup>Age category 0-5 years is not applicable.

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

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	2	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	16	19	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	3	11	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	11	15	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	148	123	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	22	35	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0

75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	3	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>205</b>	<b>203</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>						
<b>Pregnant Women</b>	0							9						

<sup>1</sup>Age category 0-5 years is not applicable.

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

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	3	2	0	0	0	0	0	6	3	0	0	0	0	0
13-17 years	46	78	0	0	0	0	0	155	209	0	0	0	0	0
18-20 years	22	33	0	0	0	0	0	111	133	0	0	0	0	0
21-24 years	37	65	0	0	0	0	0	276	251	0	0	0	0	0
25-44 years	206	375	0	0	0	0	0	1,756	1,952	0	0	0	0	0
45-64 years	55	88	0	0	0	0	0	450	795	0	0	0	0	0
65-74 years	1	8	0	0	0	0	0	21	38	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	1	1	0	0	0	0	0
Not Available	2	4	0	0	0	0	0	8	6	0	0	0	0	0
<b>Total</b>	<b>372</b>	<b>653</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,784</b>	<b>3,388</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	10							76						

<sup>1</sup>Age category 0-5 years is not applicable.

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

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	4	2	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	54	83	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	16	36	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	29	73	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	248	304	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	35	62	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	5	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	4	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>386</b>	<b>570</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	18							0						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use<sup>1</sup>

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

<b>Total</b>	<b>American Indian or Alaska Native</b>
--------------	---

	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>2</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	1	3	0	0	0	0	0	4	0	0	0	0	0	0	0
18-20 years	9	37	0	0	0	0	0	46	0	0	0	0	0	0	0
21-24 years	37	83	0	0	0	0	0	120	0	0	0	0	0	0	0
25-44 years	248	727	0	0	0	0	0	975	0	0	0	0	0	0	0
45-64 years	115	327	0	0	0	0	0	442	0	0	0	0	0	0	0
65-74 years	7	28	0	0	0	0	0	35	0	0	0	0	0	0	0
75+ years	0	2	0	0	0	0	0	2	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>417</b>	<b>1,207</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,624</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	<b>0</b>								0						

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

<sup>2</sup>Age category 0-5 years is not applicable.

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

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

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

<sup>1</sup>Age category 0-5 years is not applicable.

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

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

<sup>1</sup>Age category 0-5 years is not applicable.

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

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

<sup>1</sup>Age category 0-5 years is not applicable.

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

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	1	3	0	0	0	0	0	0	0	0	0	0	0	0

18-20 years	9	37	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	37	83	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	248	727	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	115	327	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	7	28	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>417</b>	<b>1,207</b>	<b>0</b>											
<b>Pregnant Women</b>	0							0						

<sup>1</sup>Age category 0-5 years is not applicable.

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

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

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11c - Sexual Orientation Unduplicated Count of Persons Served for Alcohol and Other Drugs

A. Age	Sexual Orientation								
	B. Straight or Heterosexual	C. Homosexual (Gay or Lesbian)	D. Bisexual	E. Queer	F. Pansexual	G. Questioning	H. Asexual	I. Other	J. Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Footnotes:**

COVID 19 impacts such as facility closures for cleaning due to staff or patient illness and workforce shortages continued to impact utilization during this time period.

**Table 11A - Data Source: KSURS**

All Kansas substance use treatment providers who accept public funding have been required since 2019 to collect and submit TEDS data to the Kansas Substance Use Reporting Solution (KSURS). Providers have two options to submit data to KSURS: 1) manually enter treatment information through an online application; or 2) submit a bulk load in a file format provided and validated by the state. KSURS was designed and deployed to be a temporary solution while the State explored other options. Wellsky was selected by KDADS to provide and manage our new solution for SUD data collection for state and federal reporting.

As of October 2nd, 2023, the new system Wellsky Human Services (WHS) has been deployed to production. This includes only data that is keyed in. The bulk upload feature is still in development. As of this writing, users are not yet using the system but are going through the process of registering to key data into WHS. KSURS is still in production and will continue to offer all features until everyone is able to register for the new system. Once a user is registered to key data into WHS, all new admission episodes will need to be entered into WHS. For all admissions that were entered into KSURS, all associated discharges will still be allowed and encouraged in KSURS for ninety days from the date that the admission feature is removed from KSURS. Providers who bulk upload their data will be allowed to use KSURS for up to a year from the date they have received the final specifications for the bulk upload feature giving them time to enhance their electronic health record systems (EHRs) to match Wellsky's bulk upload requirements.

This work effort also includes a comprehensive upgrade of IT systems at all four State hospitals both from the infrastructure and software perspective. That is in progress and will be complete next year.

**Table 11B - COVID-19 Number of Admissions/Persons Served Source: Administrative Services Organization (ASO) or Carelon**

The Contractor's dataset collected from providers does include gender and the date of birth to calculate age of the persons served. The dataset from the Contractor does not collect race, ethnicity, or pregnancy as this information is collected in the State data collection system (KSURS).

**Table 11C**

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 - SUPTRS BG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States**

Expenditure Period Start Date: 7/1/2022      Expenditure Period End Date: 6/30/2023

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

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

**Footnotes:**  
N/A - Kansas is not a HIV designated or previously designated state.

NOT FINAL

## IV: Population and Services Reports

### Table 13 - Charitable Choice – Required

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance use disorder provider ("alternative provider") to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2022 Expenditure Period End Date: 6/30/2023

#### Notice to Program Beneficiaries - Check all that apply:

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

#### Referrals to Alternative Services - Check all that apply:

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

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

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

The current Administrative Services Organization (ASO) discussed Charitable Choice and shared the link to the Federal Laws and Regulations with SUPTRS -BG community treatment providers in their Carelon Q & A Session meeting held with providers on 11/3/2023.

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

#### Footnotes:

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](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 that all ASO providers agree to. 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.

## V: Performance Data and Outcomes

**Table 14 - Treatment Performance Measure: Employment/Education Status (From Admission to Discharge)**

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	85	76
Total number of clients with non-missing values on employment/student status [denominator]	374	374
Percent of clients employed or student (full-time and part-time)	22.7 %	20.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		1,747
Number of CY 2022 discharges submitted:		768
Number of CY 2022 discharges linked to an admission:		442
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		428
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		374

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

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1	44
Total number of clients with non-missing values on employment/student status [denominator]	64	64
Percent of clients employed or student (full-time and part-time)	1.6 %	68.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		151
Number of CY 2022 discharges submitted:		129
Number of CY 2022 discharges linked to an admission:		73
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		73

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	64
---	----

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

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	818	1,022
Total number of clients with non-missing values on employment/student status [denominator]	1,658	1,658
Percent of clients employed or student (full-time and part-time)	49.3 %	61.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		4,508
Number of CY 2022 discharges submitted:		3,112
Number of CY 2022 discharges linked to an admission:		2,515
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,318
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		1,658

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

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	52	83
Total number of clients with non-missing values on employment/student status [denominator]	149	149
Percent of clients employed or student (full-time and part-time)	34.9 %	55.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		649
Number of CY 2022 discharges submitted:		303
Number of CY 2022 discharges linked to an admission:		210
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		192

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

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**Footnotes:**

COVID 19 and Behavioral Health workforce shortages continued to impact utilization during this time period.

All Kansas substance use treatment providers who accept public funding have been required since 2019 to collect and submit TEDS data to the Kansas Substance Use Reporting Solution (KSURS). Providers have two options to submit data to KSURS: 1) manually enter treatment information through an online application; or 2) submit a bulk load in a file format provided and validated by the state. KSURS was designed and deployed to be a temporary solution while the State explored other options. Wellsky was selected by KDADS to provide and manage our new solution for SUD data collection for state and federal reporting.

As of October 2nd, 2023, the new system Wellsky Human Services (WHS) has been deployed to production. This includes only data that is keyed in. The bulk upload feature is still in development. As of this writing, users are not yet using the system but are going through the process of registering to key data into WHS. KSURS is still in production and will continue to offer all features until everyone is able to register for the new system. Once a user is registered to key data into WHS, all new admission episodes will need to be entered into WHS. For all admissions that were entered into KSURS, all associated discharges will still be allowed and encouraged in KSURS for ninety days from the date that the admission feature is removed from KSURS. Providers who bulk upload their data will be allowed to use KSURS for up to a year from the date they have received the final specifications for the bulk upload feature giving them time to enhance their electronic health record systems (EHRs) to match Wellsky's bulk upload requirements.

This work effort also includes a comprehensive upgrade of IT systems at all four State hospitals both from the infrastructure and software perspective. The upgrade is in progress and will be complete next year.

NOT FINAL

## V: Performance Data and Outcomes

**Table 15 - Treatment Performance Measure: Stability of Housing (From Admission to Discharge)**

### Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	326	361
Total number of clients with non-missing values on living arrangements [denominator]	388	388
Percent of clients in stable living situation	84.0 %	93.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		1,747
Number of CY 2022 discharges submitted:		768
Number of CY 2022 discharges linked to an admission:		442
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		428
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		388

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

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	65	68
Total number of clients with non-missing values on living arrangements [denominator]	69	69
Percent of clients in stable living situation	94.2 %	98.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		151
Number of CY 2022 discharges submitted:		129
Number of CY 2022 discharges linked to an admission:		73
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		73
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		69

**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]	1,698	1,715
Total number of clients with non-missing values on living arrangements [denominator]	1,753	1,753
Percent of clients in stable living situation	96.9 %	97.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		4,508
Number of CY 2022 discharges submitted:		3,112
Number of CY 2022 discharges linked to an admission:		2,515
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,318
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		1,753

**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]	152	150
Total number of clients with non-missing values on living arrangements [denominator]	156	156
Percent of clients in stable living situation	97.4 %	96.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		649
Number of CY 2022 discharges submitted:		303
Number of CY 2022 discharges linked to an admission:		210
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		192
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		156

**Footnotes:**

COVID 19 and Behavioral Health workforce shortages continued to impact utilization during this time period.

All Kansas substance use treatment providers who accept public funding have been required since 2019 to collect and submit TEDS data to the Kansas Substance Use Reporting Solution (KSURS). Providers have two options to submit data to KSURS: 1) manually enter treatment information through an online application; or 2) submit a bulk load in a file format provided and validated by the state.

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As of October 2nd, 2023, the new system Wellsky Human Services (WHS) has been deployed to production. This includes only data that is keyed in. The bulk upload feature is still in development. As of this writing, users are not yet using the system but are going through the process of registering to key data into WHS. KSURS is still in production and will continue to offer all features until everyone is able to register for the new system. Once a user is registered to key data into WHS, all new admission episodes will need to be entered into WHS. For all admissions that were entered into KSURS, all associated discharges will still be allowed and encouraged in KSURS for ninety days from the date that the admission feature is removed from KSURS. Providers who bulk upload their data will be allowed to use KSURS for up to a year from the date they have received the final specifications for the bulk upload feature giving them time to enhance their electronic health record systems (EHRs) to match Wellsky's bulk upload requirements.

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NOT FINAL

## V: Performance Data and Outcomes

**Table 16 - Treatment Performance Measure: Criminal Justice Involvement (From Admission to Discharge)**

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	353	388
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	428	428
Percent of clients without arrests	82.5 %	90.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		1,747
Number of CY 2022 discharges submitted:		768
Number of CY 2022 discharges linked to an admission:		442
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		430
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		428

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

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	69	71
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	73	73
Percent of clients without arrests	94.5 %	97.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		151
Number of CY 2022 discharges submitted:		129
Number of CY 2022 discharges linked to an admission:		73
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		73

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	73
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 5/1/2023]

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,751	1,712
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,851	1,851
Percent of clients without arrests	94.6 %	92.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		4,508
Number of CY 2022 discharges submitted:		3,112
Number of CY 2022 discharges linked to an admission:		2,515
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,447
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		1,851

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

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	123	133
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	141	141
Percent of clients without arrests	87.2 %	94.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		649
Number of CY 2022 discharges submitted:		303
Number of CY 2022 discharges linked to an admission:		210
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		200

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

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**Footnotes:**

COVID 19 and Behavioral Health workforce shortages continued to impact utilization during this time period.

All Kansas substance use treatment providers who accept public funding have been required since 2019 to collect and submit TEDS data to the Kansas Substance Use Reporting Solution (KSURS). Providers have two options to submit data to KSURS: 1) manually enter treatment information through an online application; or 2) submit a bulk load in a file format provided and validated by the state. KSURS was designed and deployed to be a temporary solution while the State explored other options. Wellsky was selected by KDADS to provide and manage our new solution for SUD data collection for state and federal reporting.

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NOT FINAL

## V: Performance Data and Outcomes

**Table 17 - Treatment Performance Measure: Change in Abstinence - Alcohol Use (From Admission to Discharge)**

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	308	344
All clients with non-missing values on at least one substance/frequency of use [denominator]	376	376
Percent of clients abstinent from alcohol	81.9 %	91.5 %

#### 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]		48
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	68	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		70.6 %

#### 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]		296
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	308	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.1 %

#### Notes (for this level of care):

Number of CY 2022 admissions submitted:	1,747
Number of CY 2022 discharges submitted:	768
Number of CY 2022 discharges linked to an admission:	442
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	430
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	376

**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]	50	52
All clients with non-missing values on at least one substance/frequency of use [denominator]	54	54
Percent of clients abstinent from alcohol	92.6 %	96.3 %

**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]		3
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		75.0 %

**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]		49
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	50	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.0 %

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	151
Number of CY 2022 discharges submitted:	129
Number of CY 2022 discharges linked to an admission:	73
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	73
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	54

**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]	1,877	2,124
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,302	2,302
Percent of clients abstinent from alcohol	81.5 %	92.3 %

**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]		345
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	425	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		81.2 %

**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]		1,779
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,877	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.8 %

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	4,508
Number of CY 2022 discharges submitted:	3,112
Number of CY 2022 discharges linked to an admission:	2,515
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,447
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	2,302

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]**Intensive Outpatient (IO)****A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	156	174
All clients with non-missing values on at least one substance/frequency of use [denominator]	190	190
Percent of clients abstinent from alcohol	82.1 %	91.6 %

**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]		26
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	34	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		76.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		148
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	156	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.9 %

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	649
Number of CY 2022 discharges submitted:	303
Number of CY 2022 discharges linked to an admission:	210
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	200
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	190

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

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**Footnotes:**

COVID 19 and Behavioral Health workforce shortages continued to impact utilization during this time period.

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NOT FINAL

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	168	277
All clients with non-missing values on at least one substance/frequency of use [denominator]	376	376
Percent of clients abstinent from drugs	44.7 %	73.7 %

#### 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]		143
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	208	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		68.8 %

#### 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]		134
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	168	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		79.8 %

#### Notes (for this level of care):

Number of CY 2022 admissions submitted:	1,747
Number of CY 2022 discharges submitted:	768
Number of CY 2022 discharges linked to an admission:	442
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	430
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	376

**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]	45	49
All clients with non-missing values on at least one substance/frequency of use [denominator]	54	54
Percent of clients abstinent from drugs	83.3 %	90.7 %

**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]		8
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	9	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		88.9 %

**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]		41
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	45	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		91.1 %

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	151
Number of CY 2022 discharges submitted:	129
Number of CY 2022 discharges linked to an admission:	73
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	73
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	54

**Outpatient (OP)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,426	1,880
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,302	2,302
Percent of clients abstinent from drugs	61.9 %	81.7 %

**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]		649
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	876	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		74.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,231
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,426	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		86.3 %

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	4,508
Number of CY 2022 discharges submitted:	3,112
Number of CY 2022 discharges linked to an admission:	2,515
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,447
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	2,302

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

**Intensive Outpatient (IO)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	105	124
All clients with non-missing values on at least one substance/frequency of use [denominator]	190	190
Percent of clients abstinent from drugs	55.3 %	65.3 %

### 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]		52
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	85	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		61.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		72
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	105	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		68.6 %

#### Notes (for this level of care):

Number of CY 2022 admissions submitted:	649
Number of CY 2022 discharges submitted:	303
Number of CY 2022 discharges linked to an admission:	210
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	200
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	190

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

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#### Footnotes:

COVID 19 and Behavioral Health workforce shortages continued to impact utilization during this time period.

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NOT FINAL

## V: Performance Data and Outcomes

**Table 19 – State Description of Social Support of Recovery Data Collection**

### Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	25	103
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	200	200
Percent of clients participating in self-help groups	12.5 %	51.5 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	39.0 %	
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		1,747
Number of CY 2022 discharges submitted:		768
Number of CY 2022 discharges linked to an admission:		442
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		430
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		200

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

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	60	62
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	64	64
Percent of clients participating in self-help groups	93.8 %	96.9 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	3.1 %	
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		151
Number of CY 2022 discharges submitted:		129

Number of CY 2022 discharges linked to an admission:	73
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	73
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	64

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

### Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	371	643
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,488	1,488
Percent of clients participating in self-help groups	24.9 %	43.2 %
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]	18.3 %	

#### Notes (for this level of care):

Number of CY 2022 admissions submitted:	4,508
Number of CY 2022 discharges submitted:	3,112
Number of CY 2022 discharges linked to an admission:	2,515
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,447
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	1,488

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

### Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	28	46
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	131	131
Percent of clients participating in self-help groups	21.4 %	35.1 %
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]	13.7 %	

#### Notes (for this level of care):

Number of CY 2022 admissions submitted:	649
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Number of CY 2022 discharges submitted:	303
Number of CY 2022 discharges linked to an admission:	210
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	200
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	131

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

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**Footnotes:**

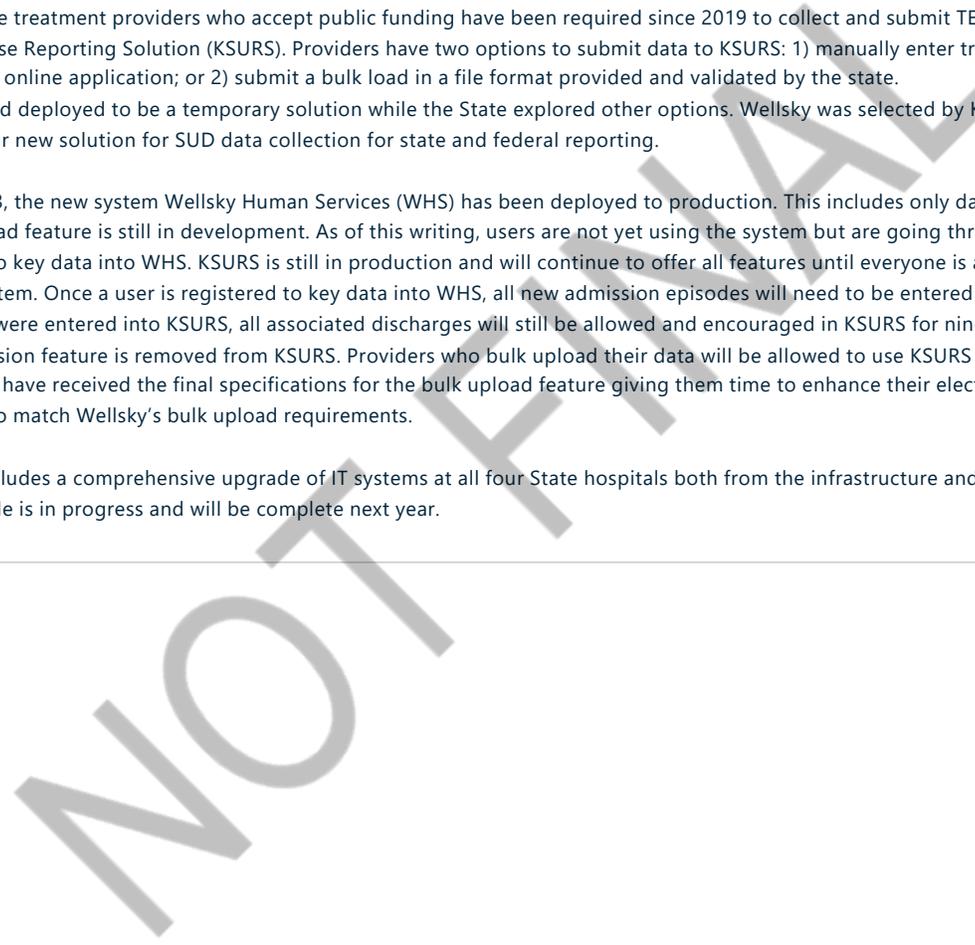
COVID 19 and Behavioral Health workforce shortages continued to impact utilization during this time period.

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## V: Performance Data and Outcomes

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

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	1	1	1	1
2. Free-Standing Residential	5	2	3	5
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	241	241	241	241
4. Short-term (up to 30 days)	25	17	26	28
5. Long-term (over 30 days)	47	30	49	59
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	125	49	94	162
7. Intensive Outpatient	59	23	38	65
8. Detoxification	6	2	3	4
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification <sup>1</sup>	4	2	4	4
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	114	32	91	176

Level of Care	2022 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	1	1
2. Free-Standing Residential	1062	968
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	1	1
4. Short-term (up to 30 days)	768	442

5. Long-term (over 30 days)	129	73
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	3112	2454
7. Intensive Outpatient	303	210
8. Detoxification	199	193
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification <sup>1</sup>		37
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>		61

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

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

<sup>2</sup> 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 Data and Outcomes

**Table 21 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: 30-Day Use**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. 30-day Cigarette Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2020 - 2021		1.2
	Age 18+ - CY 2020 - 2021		14.4
3. 30-day Use of Other Tobacco Products	<p><b>Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]<sup>[1]</sup>?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2020 - 2021		7.2
	Age 18+ - CY 2020 - 2021		
4. 30-day Use of Marijuana	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2020 - 2021		4.1
	Age 18+ - CY 2020 - 2021		12.9
5. 30-day Use of Illicit Drugs Other Than Marijuana	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illicit drug]?<sup>[2]</sup>"</p> <p><b>Outcome Reported:</b> Percent who reported having used illicit drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).</p>		
	Age 12 - 17 - CY 2020 - 2021		1.9

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.

[2]NSDUH asks separate questions for each illicit drug. The number provided combines responses to all questions about illicit drugs other than marijuana or hashish.

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**Footnotes:**

NOT FINAL

## V: Performance Data and Outcomes

**Table 22 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Risk/Harm of Use**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	<b>Source Survey Item:</b> 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]" <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. Perception of Risk From Cigarettes	<b>Source Survey Item:</b> 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]" <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2020 - 2021		88.0
	Age 18+ - CY 2020 - 2021		
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> 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]" <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2020 - 2021		69.1
	Age 18+ - CY 2020 - 2021		

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**Footnotes:**

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of alcohol.</p>		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. Age at First Use of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2020 - 2021		13.4
	Age 18+ - CY 2020 - 2021		
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product]<sup>[1]</sup>?[Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2020 - 2021		13.9
	Age 18+ - CY 2020 - 2021		
4. Age at First Use of Marijuana or Hashish	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2020 - 2021		14.3
	Age 18+ - CY 2020 - 2021		
5. Age at First Use Heroin	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of heroin.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever]<sup>[2]</sup> in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.</p>		

	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

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

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

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**Footnotes:**

NOT FINAL

## V: Performance Data and Outcomes

**Table 24 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Disapproval/Attitudes**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	<p><b>Source Survey Item:</b> 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]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
2. Perception of Peer Disapproval of Cigarettes	<p><b>Source Survey Item:</b> 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]"</p> <p><b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2020 - 2021		
3. Disapproval of Using Marijuana Experimentally	<p><b>Source Survey Item:</b> 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]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
4. Disapproval of Using Marijuana Regularly	<p><b>Source Survey Item:</b> 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]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
5. Disapproval of Alcohol	<p><b>Source Survey Item:</b> 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]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2020 - 2021		

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**Footnotes:**

## V: Performance Data and Outcomes

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

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

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**Footnotes:**

NOT FINAL

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	<p><b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a>.</p> <p><b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2020		

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**Footnotes:**

NOT FINAL

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	<p><b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System</p> <p><b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.</p>		
	CY 2021		

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**Footnotes:**

NOT FINAL

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol- and Drug-Related Arrests	<p><b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports</p> <p><b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.</p>		
	CY 2021		

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**Footnotes:**

NOT FINAL

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	<p><b>Source Survey Item:</b> 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]</p> <p><b>Outcome Reported:</b> Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2020 - 2021		37.4
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p><b>Source Survey Item:</b> 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?" <sup>[1]</sup>[Response options: 0 times, 1 to 2 times, a few times, many times]</p> <p><b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2020 - 2021		

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

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**Footnotes:**



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**Table 30 – Substance Use Disorder Primary Prevention NOMs Domain: Retention Measure: Percentage of Youth Seeing, or Listening to a Prevention Message**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ?" <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2020 - 2021		

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context  
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### Reporting Period Start and End Dates for Information Reported on SUPTRS BG Tables 31, 32, 33, 34 and 35

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

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2021	12/31/2021
2. Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2021	12/31/2021
3. Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2021	12/31/2021
4. Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention	1/1/2021	12/31/2021
5. Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies	10/1/2020	12/31/2021

#### 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 participants to the More Than One Race subcategory.

There were 4,904 individuals served through individual-based prevention programs and strategies. Participants who reported more than one race were included in the "Race Not Known or Other" subcategory only.

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

Category	Total
<b>A. Age</b>	<b>8,850</b>
0-5	0
6-12	796
13-17	983
18-20	405
21-24	7
25-44	0
45-64	66
65-74	60
75 and Over	10
Age Not Known	6,523
<b>B. Gender</b>	<b>8,850</b>
Male	967
Female	1,091
Trans man	0
Trans woman	0
Gender non-conforming	0
Other	6,792
<b>C. Race</b>	<b>8,850</b>
White	1,654
Black or African American	205
Native Hawaiian/Other Pacific Islander	11

Asian	50
American Indian/Alaska Native	77
More Than One Race (not OMB required)	57
Race Not Known or Other (not OMB required)	6,796
<b>D. Ethnicity</b>	<b>8,850</b>
Hispanic or Latino	1,010
Not Hispanic or Latino	1,048
Ethnicity Unknown	6,792

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

Category	Total
<b>A. Age</b>	<b>295217</b>
0-5	14623
6-12	29027
13-17	28684
18-20	23656
21-24	32849
25-44	67104
45-64	68913
65-74	30361
75 and Over	0
Age Not Known	0
<b>B. Gender</b>	<b>295217</b>
Male	144466
Female	150751
Trans man	
Trans woman	
Gender non-conforming	
Other	
<b>C. Race</b>	<b>295217</b>
White	256245
Black or African American	18294
Native Hawaiian/Other Pacific Islander	126

Asian	3533
American Indian/Alaska Native	5381
More Than One Race (not OMB required)	11638
Race Not Known or Other (not OMB required)	0
<b>D. Ethnicity</b>	<b>295217</b>
Hispanic or Latino	34471
Not Hispanic or Latino	260746
Ethnicity Unknown	0

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

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
<b>5. Total</b>	<b>0</b>	<b>\$0.00</b>
<b>Number of Persons Served<sup>1</sup></b>	<b>8,850</b>	<b>295,217</b>

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

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

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

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

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 USE DISORDER PRIMARY PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention**

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	321	128	449	2	0	451
2. Total number of Programs and Strategies Funded	369	134	503	0	0	503
3. Percent of Evidence-Based Programs and Strategies	86.99 %	95.52 %	89.26 %			89.66 %

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

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total Substance Use Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 537	\$82,405.00
Universal Indirect	Total # 199	
Selective	Total # 5	
Indicated	Total # 0	
Unspecified	Total # 0	\$807,920.00
	Total EBPs: 741	Total Dollars Spent: \$890,325.00

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### Prevention Attachments

#### Submission Uploads

FFY 2024 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category D:		
File	Version	Date Added

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