

Kansas

UNIFORM APPLICATION

FY 2021 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
(generated on 08/24/2022 10.43.59 AM)

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

Mailing Address 503 S. Kansas Ave.

City Topeka

Zip Code 66603

II. Contact Person for the Block Grant

First Name Andrew

Last Name Brown

Agency Name Kansas Department for Aging and Disability Services

Mailing Address 503 S. Kansas Ave.

City Topeka

Zip Code 66603

Telephone 785-291-3359

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Email Address andrew.brown@ks.gov

III. Expenditure Period

State Expenditure Period

From 7/1/2019

To 6/30/2020

Block Grant Expenditure Period

From 10/1/2017

To 9/30/2019

IV. Date Submitted

Submission Date 11/25/2020 5:47:33 PM

Revision Date 1/19/2021 4:33:23 PM

V. Contact Person Responsible for Report Submission

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Footnotes:

The 2021 Substance Abuse Block Grant report was posted for public comment on the KDADS website at:
<https://www.kdads.ks.gov/commissions/behavioral-health/substance-abuse-and-mental-health-services-administration-block-grant>
There was no public comment received.

Laura Howard, Secretary

Laura Kelly, Governor

November 24, 2020

Linda Fulton, Ph.D.
SAMHSA/Center for Substance Abuse Treatment
Division of State and Community Assistance (DSCA)
Performance Partnership Grant Branch
5600 Fishers Lane, 13N16-F
Rockville, MD 20857

Ernest Fields
Public Health Advisor
SAMHSA/CMHS/DSCSD
State Grants Western Branch
5600 Fishers Lane, Room 14E69D
Rockville, Maryland 20851

Dear Ms. Fulton and Mr. Fields,

Kansas announced its first presumptive positive case of COVID-19 on March 9, 2020. Governor Laura Kelly issued an emergency declaration for the State of Kansas in response to COVID-19 (coronavirus) on March 12, 2020 (please see attached) and announced the first COVID-19 related death in Kansas. By the end of the State Fiscal year (7/1/20), there were 14,990 cases from 96 counties with 272 deaths. By the end of the Federal Fiscal year (9/30/20), there were 59,749 cases of COVID from all 105 Kansas counties with 678 deaths reported

<https://www.coronavirus.kdheks.gov/DocumentCenter/View/1529/Nov-18-case-summary?bidId=>
<https://governor.kansas.gov/governor-issues-emergency-declaration-for-covid-19/>.

Over this time period, Kansas Behavioral Health services utilization and spending were impacted by many factors including statewide and county public health mandates reducing gathering sizes and stay at home orders for more infection control. Another example is residential admissions. Residential admissions are likely lower. Several residential facilities limited or stopped admissions to accommodate for patient safety during the national emergency (one person per room; social distancing; reduced group therapy sizes). Telephonic and telemedicine contacts were used to maximize physical distancing for outpatient services when possible, but providers were not equipped to at the onset of the pandemic to provide most of their services remotely due to lack of connectivity primarily in the rural and frontier areas of the state and lack of equipment. These barriers to service delivery reduced the numbers served. Providers were also impacted by staff illness or quarantines. COVID-19 also impacted courts with court closures in some counties impacting court ordered referrals for behavioral health services.

It should also be noted that in addition to the State's Medicaid utilization of Behavioral Health services being decreased, the State's Federal Medical Assistance Percentage (FMAP) was greatly reduced due to additional Medicaid assistance provided to states during the Public Health Emergency. The decrease in utilization along with the additional federal share of cost are the primary drivers for Kansas' maintenance of effort (MOE) shortfall for State Fiscal Year 2020.

In accordance with the attached letter from the Assistant Secretary for Mental Health and Substance Use, Dr. Elinore McCance-Katz, MOE shortfall considerations dated July 17, 2020, Kansas would like to request approval for the Public Health Emergency Waiver. The Kansas MOE requirements impacted include:

Substance Abuse Block Grant (SABG) Report

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

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

Mental Health Block Grant (MHBG) Report

MHBG Table 3 - Set-aside for Children's Mental Health Services

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Please let us know if you have any questions or concerns.

Sincerely,



Andrew Brown
Behavioral Health Services Commissioner
Behavioral Health Services Commission
Kansas Dept. for Aging and Disability Services (KDADS)
503 S. Kansas Ave.
Topeka, KS 66603

STATE OF DISASTER EMERGENCY PROCLAMATION

Executive Department
State of Kansas
Topeka, Kansas

By the Governor

By virtue of the authority vested in me by the Kansas Emergency Management Act, Chapter 48, Article 9, of the Kansas Statutes Annotated, to meet the inherent dangers of disasters to which the State and its citizens have been exposed, and upon advice of the State Adjutant General as the Director of the Division of Emergency Management, I hereby proclaim a State of Disaster Emergency as follows:

NATURE OF THE DISASTER:

On March 7, 2020, the Secretary of the Kansas Department of Health & Environment (KDHE) confirmed the first case of novel coronavirus (COVID-19) in the state of Kansas and considers that a public health emergency exists within the state of Kansas. The United States Centers for Disease Control and Prevention (CDC) identifies the potential public health threat posed by COVID-19 both globally and in the United States as “high” and the United States Department of Health & Human Services declared a public health emergency for COVID-19 beginning January 27, 2020. The World Health Organization (WHO) declared a global pandemic on March 11, 2020. The first COVID-related fatality occurred in Kansas on March 12, 2020.

The Kansas Department of Health & Environment (KDHE) is providing guidance and taking measures to minimize the risk of exposure and infection to the state’s general public while supporting public health and medical professionals with disease investigation, lab testing, epidemiology surveillance and other activities associated with the control and spread of the virus.

The Kansas Division of Emergency Management (KDEM) is coordinating resources across state government to support local public health and county emergency managers in alleviating the impacts to people, property, and infrastructure and assessing the magnitude and long-term effects of the incident.

DATE THAT DISASTER AFFECTED THE AREA:

March 12, 2020

AREA AFFECTED BY THE DISASTER:

Entire 105 counties in Kansas.

I hereby proclaim, direct and order the Adjutant General of the State of Kansas to activate the disaster response and recovery portions of the Kansas Response Plan. The Adjutant General shall coordinate local and inter-jurisdictional disaster plans applicable to the political subdivisions of areas affected by this Proclamation.

Any or all of the powers conferred upon the Governor by the Kansas Emergency Management Act may be delegated to the Adjutant General as deemed appropriate during this period of proclaimed State of Disaster Emergency. This may be delegated by written orders, or oral orders subsequently reduced to writing with reference to this Proclamation.

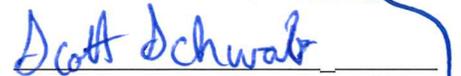
I hereby suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business, or the order or rules and regulations of any state agency which implements such statute, if strict compliance with the provisions of such statutes, order or rule and regulation would prevent, hinder, or delay in any way necessary action in coping with the disaster as set forth in KSA 48-925(c)(1).

This Proclamation shall be filed promptly with the Division of Emergency Management, the Office of the Secretary of State and each city clerk or county clerk, as appropriate, in the area to which this Proclamation applies. Further dissemination of this Proclamation shall occur by means calculated to bring its contents to the attention of the general public.

DONE At the Capitol in
Topeka Under the Great Seal of
the State this 12, day of March
A.D., 2020

THE GOVERNOR:





Secretary of State



Assistant Secretary of State



Substance Abuse and Mental Health
Services Administration

5600 Fishers Lane • Rockville, MD 20857

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



July 17, 2020

Dear State Authority for Mental and Substance Use Disorders:

The COVID-19 pandemic has impacted the behavioral health of the nation in that many individuals with existing or newly developing mental and substance use disorders have experienced additional stressors through the declining economy and high unemployment rates. These health conditions will not only affect individuals who are in recovery, but also new individuals with mild to moderate symptoms because of prolonged stress and isolation. Accordingly, treatment providers will likely see increases in the demand for access to services. Additionally, individuals who have lost their employment, and the insurance that was tied to that employment, may result in the SAMHSA block grant funding being more important than ever in assisting states with funding their mental and substance use disorder programs.

SAMHSA recognizes that COVID-19 may have also impacted your state through an economic downturn due to the loss of tax revenue and employment during state stay at home orders. Based on current economic projections, we understand that many states are not generating normal levels of tax revenue. Additionally, due to state closures and stay at home orders, critical services in the behavioral health field may have been impacted due to social distancing guidelines and it is expected that states will have spent less money overall on services this year, which may create additional maintenance of effort (MOE) shortfall considerations. If this is the case, it may be possible that your state will be unable to fulfill your MOE requirement this year.

Extraordinary Economic Circumstances Waiver

For both the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Mental Health Block Grant (MHBG) there is a process that allows for the consideration of a MOE waiver for any state that experiences extraordinary economic circumstances in a state fiscal year:

Upon the request of a State, the Secretary may waive all or part of the requirement established in subsection (a) if the Secretary determines that extraordinary economic conditions exist in the State, or any part of the State, to justify the waiver.

1930(c)(1), Public Health Service Act (42 USC 300x-30(c)(1))[SABG MOE waiver provision]

The Secretary may, upon the request of a State, waive the requirement established in paragraph (1) in whole or in part if the Secretary determines that extraordinary economic conditions in the State in the fiscal year involved or in the previous fiscal year justify the waiver.

1915(b)(3)(A), Public Health Service Act (42 USC 300x-4(b)(3)(A))[MHBG grant MOE waiver provision]

The Interim Final Rule implementing subparts II and III, part B, title XIX of the Public Health Service Act defines extraordinary economic conditions as “[a] financial crisis in which the total tax revenue declines at least 1.5 percent **AND** either unemployment increases by at least 1 percent, **OR** employment declines by at least 1.5 percent.” (45 CFR 96.134(b)). If your state believes that it will possibly qualify for an economic waiver please indicate this on your 2021 block grant report on the appropriate MOE table. Once your project officer has reviewed your submission you will receive a letter explaining how to apply for a waiver. Waiver requests should be submitted in a formal letter to SAMHSA and should include: 1) a narrative explaining why the MOE was not met; 2) information from your state offices on employment/unemployment numbers; and 3) information on any changes to tax revenue from the previous year. Once your request is received, SAMHSA will verify the official state numbers utilizing records from the Bureau of Labor Statistics and information from the Census Bureau regarding total tax revenue to determine whether your state qualifies for a waiver.

Public Health Emergency Waiver

SAMHSA will also consider requests from states who do not meet the extraordinary economic conditions waiver requirements under 45 CFR 96.134(b). This process will be based on SAMHSA’s public health emergency (COVID-19) waiver authority under section 1957 of the Public Health Service Act (42 USC 300x-67), which provides in pertinent part:

In the case of a public health emergency (as determined under section 319), the Secretary, on a State by State basis, may, as the circumstances of the emergency reasonably require and for the period of the emergency, grant an extension, or waive application deadlines or compliance with any other requirement, of a grant authorized under section 1911, or 1921.

If the waiver request is granted, you will receive formal notification. If the waiver is denied for any reason, you will have the option to request a determination of material compliance decision citing other factors that will be outlined in your early notification letter.

Sincerely,



Elinore F. McCance-Katz, M.D., Ph.D.
Assistant Secretary for Mental Health and
Substance Use

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Reduce underage drinking in Kansas
Priority Type: SAP
Population(s): PP

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: On how many occasions, if any, have you had beer, wine, or hard liquor in the past 30 days? (at least once)
Baseline Measurement: State = 16.36%; KPCCI Communities 14.20%
First-year target/outcome measurement: State = 16.12%; KPCCI Communities = 13.45%
Second-year target/outcome measurement: State = 15.91%; KPCCI Communities = 12.8%
New Second-year target/outcome measurement(if needed):

Data Source:

Kansas Communities That Care (KCTC) Student Survey

New Data Source(if needed):

Description of Data:

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

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

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):

Priority #: 2

Priority Area: Reduce adolescent marijuana use in Kansas

Priority Type: SAP

Population(s): PP

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

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

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

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

Data Source:

Kansas Communities That Care (KCTC) Student Survey

New Data Source(if needed):

Description of Data:

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

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):

Priority #: 3
Priority Area: Reduce low perception of harm from alcohol and marijuana use among Kansas youth
Priority Type: SAP
Population(s): PP

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: How much do you think people risk harming themselves, physically or in other ways, if they take one or two drinks of an alcoholic beverage nearly every day? (no risk)
Baseline Measurement: State = 14.41%; KPC Communities = 16.92%
First-year target/outcome measurement: State = 13.91%; KPC Communities = 16.42%
Second-year target/outcome measurement: State = 13.41%; KPC Communities = 15.92%

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

Data Source:
Kansas Communities That Care (KCTC) Student Survey

New Data Source(if needed):

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

New Description of Data:(if needed)

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

specific action plans demonstrating that they will implement strategies to increase participation.

New Data issues/caveats that affect outcome measures:

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):

Indicator #:

2

Indicator:

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

Baseline Measurement:

State = 16.66%; KPC Communities = 22.32%

First-year target/outcome measurement:

State = 16.16%; KPC Communities = 21.82%

Second-year target/outcome measurement:

State = 15.66%; KPC Communities = 21.32%

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

Data Source:

Kansas Communities That Care (KCTC) Student Survey

New Data Source(if needed):

Description of Data:

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):

Priority #: 4
Priority Area: KPCCI at-risk population identification and implementation of appropriate evidence-based strategies
Priority Type: SAP
Population(s): PP

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of KPCCI communities completing at risk population assessment
Baseline Measurement:
First-year target/outcome measurement: All (100%) funded KPCCI communities will complete assessment to identify one 'at risk' population within their community and plan for appropriate prevention strategies to reduce risk. Community-level data will be used to measure progress.
Second-year target/outcome measurement: All (100%) funded KPCCI communities will implement prevention strategies to reduce risk among identified at risk population. Community-level data will be used to measure risk reduction.
New Second-year target/outcome measurement(if needed):

Data Source:

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

New Data Source(if needed):

Description of Data:

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

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):

Priority #: 5

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

Priority Type: MHS

Population(s): SED

Goal of the priority area:

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

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.

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: Establishing a baseline for FY2020

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

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

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

Data Source:

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

New Data Source(if needed):

Description of Data:

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

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

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

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

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Baseline (FY2020): 46/600 = 7.67%

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

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:

Establishing a baseline for FY2020.

First-year target/outcome measurement:

Establishing a baseline for FY2020.

Second-year target/outcome measurement:

Based upon the established baseline, determine a realistic target/outcome measure.

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

Data Source:

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

New Data Source(if needed):

Description of Data:

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

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

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

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Baseline (FY2020): 98/600 = 16.33%

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

Priority #: 6

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

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

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

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.

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: Establishing a baseline for FY2020.

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

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

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

Data Source:

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

New Data Source(if needed):

Description of Data:

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

Denominator: Screens resulting in admission to inpatient within reporting period

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

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

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Baseline (FY2020): 40/1694 = 2.36%

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

Indicator #:

2

Indicator:

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

Baseline Measurement:

Establish a baseline for FY2020.

First-year target/outcome measurement:

Establish a baseline for FY2020.

Second-year target/outcome measurement:

Based upon the baseline, determine a realistic target/outcome measurement.

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

Data Source:

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

New Data Source(if needed):

Description of Data:

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

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

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

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Baseline (FY2020): 147/2050 = 7.17%

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

Priority #: 7

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

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

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

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

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

Data Source:

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

New Data Source(if needed):

Description of Data:

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):

Priority #: 8
Priority Area: Recovery Oriented System of Care
Priority Type: SAT
Population(s): PWWDC, PWID, TB

Goal of the priority area:

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

Strategies to attain the goal:

Increase the peer mentoring workforce capacity.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of Kansas Certified Peer Mentors increase.
Baseline Measurement: Set a baseline (FY19)
First-year target/outcome measurement: Increase the percentage of Kansas Certified Peer Mentors by 10% in FY20
Second-year target/outcome measurement: Increase the percentage of Kansas Certified Peer Mentors by 10% in FY21 from FY20
New Second-year target/outcome measurement(if needed):

Data Source:

Adult Consumer Affairs tracking spreadsheet

New Data Source(if needed):

Description of Data:

Certified Peer Mentor roster

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Training contractor reporting timeliness and accuracy.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):

Priority #: 9
Priority Area: Expand access to youth experiencing their first psychotic episode and offer treatment and support within two years of the episode.
Priority Type: MHS
Population(s): ESMI

Goal of the priority area:

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

Strategies to attain the goal:

Identify opportunities to increase access to services for ESMI.
Examine adequacy of ESMI-related service rates.
Establish care coordination and case management requirements for our contractors that are provided through treatment and continuing care.
Identify potential partners who may have contact with young people in this age group to educate and build awareness around early intervention and treatment availability such as the Kansas Department of Children and Families, colleges, schools and social media.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: ESMI served with Block Grant funded intervention.
Baseline Measurement: Number of youth experiencing ESMI served with Block Grant funded intervention in SFY19.
First-year target/outcome measurement: 5% increase in number of youth experiencing ESMI served with Block Grant funded intervention in SFY20
Second-year target/outcome measurement: 5% increase in number of youth experiencing ESMI served with Block Grant funded intervention in SFY21 from number in SFY20.

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

Data Source:

KDADS' Automated Information Management System (AIMS)

New Data Source(if needed):

Quarterly provider reports

Description of Data:

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Individuals not correctly identified as being ESMI

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

Footnotes:

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

This table provides a report of SABG and State expenditures by the State Substance Abuse Authority during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds for authorized activities to prevent and treat substance use disorder. For detailed instructions, refer to those in the Block Grant Application System (BGAS)

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$8,794,656.00		\$14,492,988.00	\$572,185.00	\$7,601,753.00	\$0.00	\$1,208,048.00
a. Pregnant Women and Women with Dependent Children*	\$1,866,235.00		\$648,388.00	\$0.00	\$500,000.00	\$0.00	\$0.00
b. All Other	\$6,928,421.00		\$13,844,600.00	\$572,185.00	\$7,101,753.00	\$0.00	\$1,208,048.00
2. Substance Abuse Primary Prevention	\$2,357,362.00		\$0.00	\$2,289,413.00	\$903,723.00	\$0.00	\$0.00
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**	\$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)	\$961,289.00		\$27,252.00	\$404.00	\$538,787.00	\$0.00	\$0.00
11. Total	\$12,113,307.00	\$0.00	\$14,520,240.00	\$2,862,002.00	\$9,044,263.00	\$0.00	\$1,208,048.00

*Prevention other than primary prevention

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

Please indicate the expenditures are actual or estimated.

Actual Estimated

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

Footnotes:

During Period 09.30.19-09.29.20 180,092.27 was spent on Technical Assistance. 124,631.58 was expended during SFY 2020 and 55,460.69 was expended in SFY 2021.

These expenditures differ from the Assessment plan for 2019-2020, this is due to the state assessment plan being based on SFY2018 expenditures. A new methodology for calculating Medicaid expenditures based on encounters was introduced in SFY 2019.

These amounts are over a 12 month period and appear to be reasonable compared to individual Block Grant Reports for 2019 and 2020.

III: Expenditure Reports

Table 3A SABG – Syringe Services Program

Expenditure Start Date: 07/01/2019 Expenditure End Date: 06/30/2020

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of Locations (include mobile if any)	Narcan Provider (Yes or No)
No Data Available					

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

Footnotes:

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

III: Expenditure Reports

Table 3B SABG – Syringe Services Program

Expenditure Start Date: 07/01/2019 Expenditure End Date: 06/30/2020

[Please enter total number of individuals served]

Syringe Service Program Name	# of Unique Individuals Served		HIV Testing	Treatment for Substance Use Conditions	Treatment for Physical Health	STD Testing	Hep C
	0	ONSITE Testing	0	0	0	0	0
		Referral to testing	0	0	0	0	0

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

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

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

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

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Expenditure Category	FY 2018 SA Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$8,925,687.00
2. Primary Prevention	\$2,645,184.00
3. Tuberculosis Services	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**	\$0.00
5. Administration (excluding program/provider level)	\$595,045.00
Total	\$12,165,916.00

*Prevention other than Primary Prevention

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

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

Footnotes:
Block Grant expenditures include \$265,000 of Technical Assistance Funds. Amount is added into Line 2.

III: Expenditure Reports

Table 5a - SABG Primary Prevention Expenditures Checklist

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

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective					
Information Dissemination	Indicated					
Information Dissemination	Universal					
Information Dissemination	Unspecified	\$222,740.00				
Information Dissemination	Total	\$222,740.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Selective					
Education	Indicated					
Education	Universal					
Education	Unspecified	\$202,340.00				
Education	Total	\$202,340.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Selective					
Alternatives	Indicated					
Alternatives	Universal					
Alternatives	Unspecified	\$68,060.00				
Alternatives	Total	\$68,060.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Selective					
Problem Identification and Referral	Indicated					
Problem Identification and Referral	Universal					
Problem Identification and Referral	Unspecified	\$62,040.00				
Problem Identification and Referral	Total	\$62,040.00	\$0.00	\$0.00	\$0.00	\$0.00

Community-Based Process	Selective					
Community-Based Process	Indicated					
Community-Based Process	Universal					
Community-Based Process	Unspecified	\$170,400.00				
Community-Based Process	Total	\$170,400.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal					
Environmental	Unspecified	\$107,340.00				
Environmental	Total	\$107,340.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 Tobacco	Selective					
Section 1926 Tobacco	Indicated					
Section 1926 Tobacco	Universal					
Section 1926 Tobacco	Unspecified	\$0.00				
Section 1926 Tobacco	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Selective					
Other	Indicated					
Other	Universal					
Other	Unspecified	\$72,405.00				
Other	Total	\$72,405.00	\$0.00	\$0.00	\$0.00	\$0.00
	Grand Total	\$905,325.00				

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

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

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

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.

No SABG funds were spent on Section 1926.

III: Expenditure Reports

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

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

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	<input type="text"/>				
Universal Indirect	<input type="text"/>				
Selective	<input type="text"/>				
Indicated	<input type="text"/>				
Column Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

Footnotes:

III: Expenditure Reports

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

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2018 SABG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Targeted 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"/>
Targeted 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"/>
Underserved Racial and Ethnic Minorities	<input type="checkbox"/>

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Activity	A. MHBG	B. SABG Treatment	C. SABG Prevention	D. SABG Combined*
1. Information Systems	\$0.00	\$0.00	\$223,588.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$526,114.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$324,464.00	\$0.00
4. Planning Council Activities (MHBG required, SABG optional)	\$0.00	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$102,050.00	\$0.00
6. Research and Evaluation	\$0.00	\$0.00	\$393,741.00	\$0.00
7. Training and Education	\$0.00	\$0.00	\$169,902.00	\$0.00
8. Total	\$0.00	\$0.00	\$1,739,859.00	\$0.00

*SABG combined, showing amounts for non-direct services/system development when you cannot separate out the amounts devoted specifically to treatment or prevention. For the combined column, do not include any amounts listed in the prevention and treatment columns.

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

Footnotes:

Amount of SABG Primary Prevention funds (from Table 4, Row 2) used for SABG Prevention Resource Development Activities for SABG Prevention, Column C = \$1,739,859

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

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

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

										Source of Funds SAPT Block Grant					
Entity Number	I-BHS ID (formerly I-SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program	
6000735	KS100546		North East	Ashby House	142 South 7th Street	Salina	KS	67401	\$41,851	\$41,851	\$41,851	\$0	\$0	\$0	
X	X		West	Barton County	1400 Main St Ste 207	Great Bend KS	KS	67530	\$0	\$0	\$0	\$0	\$0	\$0	
X	X		North East	Boys & Girls club of Pottawatomie	16281 Q Road	Mayetta	KS	66509	\$15,050	\$0	\$0	\$15,050	\$0	\$0	
4	KS900940		West	Center for Counseling	5815 Broadway Avenue	Great Bend	KS	67530	\$14,730	\$14,730	\$0	\$0	\$0	\$0	
x	x		North East	Center for Learning Tree	PO Box 189	Girard	KS	66743	\$259,042	\$0	\$0	\$259,042	\$0	\$0	
550031	KS900502		North East	Central Kansas Foundation	1805 South Ohio Street	Salina	KS	67401	\$371,652	\$371,652	\$0	\$0	\$0	\$0	
x	x		North East	Chase County Drug Free Action Team	PO Box 14	Cottonwood	KS	66845	\$5,561	\$0	\$0	\$5,561	\$0	\$0	
5300629	KS100347		Kansas City Metro	Chautauqua Counseling Center Mission	5960 Dearborn Street Suite 1	Mission	KS	66202	\$113,513	\$113,513	\$0	\$0	\$0	\$0	
X	X		Kansas City Metro	City of Olathe	PO Box 768	Olathe	KS	66051	\$50,438	\$0	\$0	\$50,438	\$0	\$0	
X	X		South Central	City of Wellington	317 S Washington Ave	Wellington	KS	67152	\$0	\$0	\$0	\$0	\$0	\$0	
KS100240	KS100240		West	City On a Hill	529 North New York Street	Liberal	KS	67901	\$154,718	\$154,718	\$154,718	\$0	\$0	\$0	
6930874	KS101121		West	City on a Hill	P.O. Box 401	Scott City	KS	67871	\$92,401	\$92,401	\$3,710	\$0	\$0	\$0	
6930875	KS101233		West	City On A Hill	P.O. Box 401	Scott City	KS	67871	\$149,609	\$149,609	\$149,609	\$0	\$0	\$0	
220018	KS105086		Wichita	COMCARE of Sedgwick County	4035 East Harry Street	Wichita	KS	67218-3724	\$202,618	\$202,618	\$0	\$0	\$0	\$0	
60220	KS900494		South East	Community MHC of Crawford County	911 East Centennial Drive	Pittsburg	KS	66762	\$482,791	\$482,791	\$104,046	\$0	\$0	\$0	
KS100096	KS100096		West	Compass Behavioral Health	P.O. Box 1905	Garden City	KS	67846	\$0	\$0	\$0	\$0	\$0	\$0	
970843	KS101126		South Central	Corner House Inc	418 Market Street	Emporia	KS	66801	\$88,790	\$88,790	\$0	\$0	\$0	\$0	
KS102471	KS104360		South Central	DCCCA Inc	1319 West May	Wichita	KS	67213	\$730,562	\$730,562	\$730,562	\$0	\$0	\$0	
KS101614	KS101614		South Central	DCCCA Inc	3312 Clinton Parkway	Lawrence	KS	66047	\$474,809	\$474,809	\$0	\$0	\$0	\$0	
590035	KS750162		North East	DCCCA Inc	1739 East 23rd Street	Lawrence	KS	66046	\$581,924	\$581,924	\$581,924	\$0	\$0	\$0	
KS103263	KS100600		West	Dream Inc	2818 Vine Street	Hays	KS	67600	\$69,095	\$69,095	\$0	\$0	\$0	\$0	
X	X		South East	Drug Free Osage County Inc	PO Box 42	Lyndon	KS	66451	\$0	\$0	\$0	\$0	\$0	\$0	
5840716	KS100477		Kansas City Metro	Eagle Recovery Services	5 South Peoria Street Suite 206	Louisburg	KS	66053	\$14,587	\$14,587	\$0	\$0	\$0	\$0	
2001515	KS101480		North East	Families and Communities Together	416 S Date St	Hillsboro	KS	67063	\$0	\$0	\$0	\$0	\$0	\$0	
X	X		West	Finney County Community Health Coalition	310 E Walnut St Ste 202	Garden City	KS	67846	\$68,643	\$0	\$0	\$68,643	\$0	\$0	

	KS100071	KS100071	✓	South East	Four County Mental Health Center	1601 West 4th Street	Coffeyville	KS	67337	\$124,887	\$111,396	\$0	\$13,491	\$0	\$0
X	X	X	✗	State Wide	Friends of Kiowa District Hospital	1002 S 4th ST	Kiowa	KS	67070	\$15,050	\$0	\$0	\$15,050	\$0	\$0
X	X	X	✗	Kansas City Metro	Friends of Recovery	6422 Santa Fe Drive	Overland Park	KS	66202	\$23,050	\$23,050	\$0	\$0	\$0	\$0
X	X	X	✗	State Wide	Grant County	PO Box 65	Ulysses	KS	67880	\$15,050	\$0	\$0	\$15,050	\$0	\$0
190015	KS301404	X	✗	Kansas City Metro	Guidance Center Recovery Services	500 Limit Street	Leavenworth	KS	66048	\$15,398	\$15,398	\$0	\$0	\$0	\$0
X	X	X	✗	South Central	Haysville Healthy Habitats Drug Free	7106 South Broadway Street	Haysville	KS	67060	\$58,039	\$0	\$0	\$58,039	\$0	\$0
07480986	KS101525	X	✗	Kansas City Metro	Heartland Regional Alcohol & Drug Assessment Center	5500 Buena Vista Street	Roeland Park	KS	66205	\$406,650	\$406,650	\$0	\$0	\$0	\$0
90008	KS100064	✓	✓	West	High Plains Mental Health Center	208 East 7th Street	Hays	KS	67601	\$2,831	\$2,831	\$0	\$0	\$0	\$0
4120388	KS103800	✓	✓	South Central	Higher Ground	247 North Market Street	Wichita	KS	67202	\$30,201	\$30,201	\$0	\$0	\$0	\$0
x	x	X	✗	South Central	Indian Alcoholism treatment Services	313 N Seneca St # 101	Wichita	KS	67203	\$12,961	\$12,961	\$0	\$0	\$0	\$0
KS101354	2000118	X	✗	North East	Jefferson County	PO Box 458	Oskaloosa	KS	66066	\$48,577	\$0	\$0	\$48,577	\$0	\$0
110503	KS100146	✓	✓	Kansas City Metro	Johnson County Mental Health Center	310 North Monroe Street	Olathe	KS	66061	\$296,714	\$296,714	\$0	\$0	\$0	\$0
X	X	X	✗	State Wide	Kansas Family Partnerships Inc	5942 SW 29th ST	Topeka	KS	66614	\$0	\$0	\$0	\$0	\$0	\$0
850061	KS101978	X	✗	North East	Kerrs Counseling/Concordia	P.O. Box 254	Concordia	KS	66901	\$44,995	\$44,995	\$0	\$0	\$0	\$0
290023	KS901187	✓	✓	South East	Labette Center for MH Services Inc	P.O. Box 258	Parsons	KS	67357	\$28,736	\$28,736	\$0	\$0	\$0	\$0
X	X	X	✗	West	Meade County	PO Bpx 687	Meade, KS	KS	67864	\$0	\$0	\$0	\$0	\$0	\$0
KS102064	KS102064	X	✗	South Central	Mental Health Association of South Central KS	55 N Woodlawn St Ste 3105	Wichita	KS	67208	\$2,104	\$2,104	\$0	\$0	\$0	\$0
3270630	KS100414	✓	✓	Wichita	Miracles Inc	1015 East 2nd Street	Wichita	KS	67214	\$296,185	\$296,185	\$296,185	\$0	\$0	\$0
3270797	KS101161	✓	✓	Wichita	Miracles Inc	1250 North Market Street	Wichita	KS	67214	\$171,174	\$171,174	\$171,174	\$0	\$0	\$0
930760	KS105409	✓	✓	South Central	Mirror Inc	710 East 12th Street	Newton	KS	67114	\$1,312,110	\$1,261,943	\$0	\$50,167	\$0	\$0
X	X	X	✗	North East	Morris County	221 Hackaday St	Council Grove	KS	66846	\$0	\$0	\$0	\$0	\$0	\$0
680044	KS900718	✓	✓	West	New Chance Inc	2500 East Wyatt Earp Boulevard	Dodge City	KS	67801	\$315,450	\$315,450	\$0	\$0	\$0	\$0
X	X	X	✗	South Central	Partners for Wichita Inc	925 Waco Ave	Wichita	KS	67203	\$54,161	\$0	\$0	\$54,161	\$0	\$0
200016	KS301909	✓	✓	North East	Pawnee Mental Health Services	P.O. Box 747	Manhattan	KS	66505	\$27,482	\$27,482	\$0	\$0	\$0	\$0
210714	KS104279	✓	✓	South Central	Prairie View Inc	508 South Ash Street	Hillsboro	KS	67063	\$13,994	\$13,994	\$0	\$0	\$0	\$0
7110903	KS101665	✓	✓	State Wide	Preferred Family Healthcare Inc	830 South Hillside Street	Wichita	KS	67211	\$381,449	\$381,449	\$0	\$0	\$0	\$0
6680824	KS100908	✓	✓	Kansas City Metro	Professional Treatment Services	P.O. Box 7141	Overland Park	KS	66207	\$0	\$0	\$0	\$0	\$0	\$0
X	X	X	✗	West	Quality of Life Coalition Inc	300N Cedar St Ste 210	Abilene	KS	67410	\$77,509	\$0	\$0	\$77,509	\$0	\$0
660042	KS901104	✓	✓	Wichita	Recovery Concepts Inc	2604 West 9th North Building 200	Wichita	KS	67203	\$52,976	\$52,976	\$0	\$0	\$0	\$0
X	X	X	✗	South Central	Reno County Communities that Care	1520 N Plum Street	Hutchinson	KS	67501	\$50,236	\$0	\$0	\$50,236	\$0	\$0
6370802	KS100829	✓	✓	North East	Restoration Center Manhattan	235 West 7th Street	Junction City	KS	66441	\$156,194	\$156,194	\$0	\$0	\$0	\$0
X	X	X	✗	South Central	Rice County Coalition for Children	217 E Avenue NO	Lyons	KS	67554	\$40,516	\$0	\$0	\$40,516	\$0	\$0
					Saint Francis										

2001654	KS101487	✘	West	Community and residential services	509 Elm St	Salina	KS	67401	\$23,125	\$23,125	\$0	\$0	\$0	\$0
KS101671	KS101671	✔	North East	Shawnee Regional Prevention Center	2209 SW 29th Street	Topeka	KS	66611-1908	\$22,443	\$0	\$0	\$22,443	\$0	\$0
820058	KS102166	✘	North East	Sims/Kemper Clinical Counseling	1701 SW Medford Avenue	Topeka	KS	66604	\$91,166	\$91,166	\$0	\$0	\$0	\$0
1010077	KS750089	✔	West	Smoky Hill Foundation for Chemical Dep	2714 Plaza Avenue	Hays	KS	67601	\$56,234	\$56,234	\$0	\$0	\$0	\$0
2000723	KS101405	✘	South East	Southeast Kansas Mental Health Center	1106 South 9th Street	Humboldt	KS	66748	\$14,299	\$14,299	\$0	\$0	\$0	\$0
300747	KS901138	✘	South East	Spring River Mental Health	P.O. Box 126	Columbus	KS	66725	\$19,508	\$19,508	\$0	\$0	\$0	\$0
7470984	KS101327	✘	Wichita	Substance Abuse Center of KS	940 North Waco Avenue	Wichita	KS	67203	\$497,482	\$497,482	\$0	\$0	\$0	\$0
310025	KS901500	✘	South East	Sumner Mental Health Ctr/Wellington	1601 West 16th Street	Wellington	KS	67152	\$9,995	\$9,995	\$0	\$0	\$0	\$0
6180761	KS100587	✘	South East	Therapy Services Burlington	420 Kennedy Street	Burlington	KS	66839	\$38,013	\$38,013	\$0	\$0	\$0	\$0
700046	KS900593	✘	West	Thomas Cnty Alcohol/Drug Abuse Council	P.O. Box 100	Colby	KS	67701	\$0	\$0	\$0	\$0	\$0	\$0
326976	326976	✘	South Central	Tiyospaye	247 N Market st	wichita	KS	67202	\$211,667	\$211,667	\$0	\$0	\$0	\$0
X	X	✘	North East	Topeka Community Foundation	5431 SW 29th St Ste 300	Topeka	KS	66614	\$0	\$0	\$0	\$0	\$0	\$0
x	x	✘	West	United 4 Youth Countrywide	713 Main st.	Seneca	KS	66538	\$50,964	\$0	\$0	\$50,964	\$0	\$0
X	X	✘	North East	University of Manhattan	1221 Thurston St	Manhattan	KS	66502	\$150	\$0	\$0	\$150	\$0	\$0
X	X	✘	North East	USD 111 Doniphan West Schools	PO Box 308	Highland	KS	66035	\$10,238	\$0	\$0	\$10,238	\$0	\$0
2002268	KS101544	✘	North East	Valeo Behavioral Healthcare	330 SW Oakley Street	Topeka	KS	66608	\$727,244	\$727,244	\$0	\$0	\$0	\$0
461414	461414	✘	North East	Valley Hope	1816 N 2nd Street	Atchison	KS	66002	\$1,421	\$1,421	\$0	\$0	\$0	\$0
x	x	✘	South Central	Wichita State Univeristy	1845 Fairmount ST	Wichita	KS	67260	\$0	\$0	\$0	\$0	\$0	\$0
Total									\$9,831,012	\$8,925,687	\$2,233,778	\$905,325	\$0	\$0

* Indicates the imported record has an error.
0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

III: Expenditure Reports

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

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

Expenditure Period Start Date: 07/01/2019 Expenditure Period End Date: 06/30/2020

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2018) + B2(2019)</u> 2 (C)
SFY 2018 (1)	\$20,676,315.00	
SFY 2019 (2)	\$15,805,371.18	\$18,240,843.09
SFY 2020 (3)	\$15,198,307.00	

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

SFY 2018 Yes X No _____
 SFY 2019 Yes X No _____
 SFY 2020 Yes X No _____

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

Yes _____ No X

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

If yes, SFY: _____

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

Yes _____ No _____

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

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

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

Numbers are Based on SFY20 Actual Expenditures. Actuals are from Funds #1000-2999 in Program codes 33***(SUD programs). This include all expenditures in Fund 2661(DUI and SUD fee Fund) and all Expenditures in 2371(another SUD Fee Fund).

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

Footnotes:
 The State of Kansas Financial and Information Services Commission has been in the process of developing a new methodology for our Maintenance of Effort for this table. We have notified our Federal SABG Project Officer about the methodology change and received

guidance. We would like to request Technical Assistance from SAMHSA for further guidance and approval.

The MOE calculation differs from Table 2 due to Medicaid Expenditures. The Amount of the MOE includes Medicaid expenditure data of 5,547,202 as well as the 9,651,105.38 of State Funds.

In SFY 2020 we have noted a shortfall in our calculations of the MOE due to Covid and were approved for a waiver in the amount of 3,042,536

The figures are based on our approved waiver of 3,042,536. This is rounded down to the closest dollar. This table was revised due to the 07/11/ 2022 revision request.

Please see 8a calculation spreadsheet and waiver request attached to this report.

Table 8a MOE

Fund Description	SPY 20 SMART Actuals	
add:		
1000- State general Funds	2,752,663.40	= Fund 1000 expenses in Programs 33*** excluding 334** (Medicaid)
Secretary's Office Overhead Admin- Salaries	-	
Legal administration support for SUD	-	
2661-Fee Funds	4,159,210.47	=all expenditures in Fund 2661 minus DUI funds
2661 DUI-Funds	656,477.51	= 2661-1120 program 33292
2661- DUI Funds- KDOC	-	
2371- PGAGF**(SUD treatment & admin)	2,082,754.00	=PG treatment program 33229
2371- PGAGF**(PG Treatment, Admin & contracts/grants)	601,205.52	=fund 2371 in Program 33299+ prevention program codes+ admin program codes
SAPT	12,113,306.89	= all expenditures in Fund 3301
Medicaid Assistance State Match (SGF + Fee Funds)	5,547,202.00	=encounter data provided by brad *state portion of medicaid expenses (1-.6174)
Medicaid Fed (assistance + admin)	8,947,970.94	= Medicaid in treatment
Medicaid Secretary's Office Overhead administration- salaries	27,252.20	
Misc Fed	2,862,002.44	=Total of Fed Funds in Table 2
Subtotal	39,750,045.37	
Less:		
2661- DUI Funds- KDOC	-	
Problem Gambling Expenditures	601,205.52	
SAPT	12,113,306.89	
Medicaid Federal Portion	8,947,970.94	
Medicaid Secretary's Office Overhead administration- salaries	27,252.20	
Misc Fed	2,862,002.44	
Synar		
Total	15,198,307.38	9,651,105.38

14,492,988.24 Encounter data provided by brad FY2020

Fund	amount	chk fig
1000	2,752,663.40	(0.00)
2661	4,815,687.98	-
2371	2,683,959.52	-

9,651,105.38

Table 8a MOE

Fund Description	year medicaid method									
	current reporting year	year previous	year previous							
	changed	1	2	3	4	5	6	7	8	9
	SPY20	SPY19	SPY 18	SPY17	SPY 16	SPY 15	SPY14	SPY13	SPY12	SPY11
add:										
1000- State general Funds	2,752,663.40	1,923,641.80	2,181,346.19	1,521,960.41	2,652,015.00	2,483,791.00	2,067,502.00	2,161,237.00	3,097,503.00	
Secretary's Office Overhead Admin- Salaries	-	-	-	211,813.83	-	-	-	-	-	
Legal administration support for SUD	-	-	-	8,541.00	-	-	-	-	-	
2661-Fee Funds	4,159,210.47	4,734,274.38	4,453,494.53	5,412,510.08	4,505,519.00	4,582,480.00	4,737,393.00	4,135,447.00	4,426,069.00	
2661 DUI-Funds	656,477.51	417,526.45	249,783.92	333,036.00	650,000.00	621,309.00	610,616.55	1,024,261.00	634,060.00	
2661- DUI Funds- KDOC	-	-	-	380,045.00	382,850.00	-	471,025.70	-	-	
2371- PGAGF**(SUD treatment & admin)	2,082,754.00	2,080,000.00	2,000,000.00	1,002,000.00	992,000.00	1,014,000.00	1,000,000.00	955,000.00	797,406.00	
2371- PGAGF**(PG Treatment, Admin & contracts/grants)	601,205.52	644,042.57	716,043.10	717,090.87	855,255.00	1,068,636.00	1,179,375.00	762,195.00	1,179,375.00	
SAPT	12,113,306.89	12,322,865.63	12,310,310.00	11,881,787.63	12,077,709.00	12,263,162.00	12,512,976.00	12,395,498.00	12,592,926.00	
Medicaid Assistance State Match (SGF + Fee Funds)	5,547,202.00	6,649,928.55	7,362,353.86	6,733,329.06	6,372,857.08	5,964,917.67	5,700,935.41	4,943,456.98	4,943,456.98	
Medicaid Fed (assistance + admin)	8,947,970.94	8,851,070.41	9,799,310.14	8,643,078.94	8,097,753.92	7,788,639.33	7,529,362.59	6,423,425.02	6,423,425.02	
Medicaid Secretary's Office Overhead administration- salaries	27,252.20	88,360.02	-	28,883.70	-	-	-	-	-	
Misc Fed	2,862,002.44	3,269,561.96	6,955,683.54	862,860.67	905,980.00	2,368,866.00	2,490,863.00	2,127,909.00	1,781,768.00	
Subtotal	39,750,045.37	40,981,271.77	46,028,325.28	37,736,937.19	37,491,939.00	38,155,801.00	38,300,049.25	34,928,429.00	23,329,732.00	
Less:										
2661- DUI Funds- KDOC	-	-	-	380,045.00	382,850.00	-	471,025.70	-	396,730.00	
Problem Gambling Expenditures	601,205.52	644,042.57	716,043.10	717,090.87	855,255.00	1,068,636.00	1,179,375.00	762,195.00	775,206.00	
SAPT	12,113,306.89	12,322,865.63	12,310,310.00	11,881,787.63	12,077,709.00	12,263,162.00	12,512,976.00	12,395,498.00	12,592,926.00	
Medicaid Federal Portion	8,947,970.94	8,851,070.41	9,799,310.14	8,643,078.94	8,097,753.92	7,788,639.33	7,529,362.59	6,423,425.02	6,423,425.02	
Medicaid Secretary's Office Overhead administration- salaries	27,252.20	88,360.02	-	28,883.70	-	-	-	-	-	
Misc Fed	2,862,002.44	3,269,561.96	6,955,683.54	862,860.67	905,980.00	2,368,866.00	2,490,863.00	2,127,909.00	1,781,768.00	
Synar										
VO Re-payments										
Total	15,198,307.38	15,805,371.18	16,246,978.50	15,223,190.38	15,172,391.08	14,666,497.67	14,116,446.96	12,208,084.28	6,971,526.00	
MOE Requirement	16,026,174.84	15,735,084.44	15,197,790.73	14,919,444.38	14,391,472.31	13,162,265.62	9,589,805.14			
MOE Requirement Surplus (SHORTFALL)	(827,867.46)	70,286.75	1,049,187.76	303,746.00	780,918.77	1,504,232.05	4,526,641.82			

Fiscal Year	Federal percentage	State percentage	Total Percentage
2020	61.74%	38.26%	100.00%
2019	57.10%	42.90%	100.00%
2018	54.74%	45.26%	100.00%
2017	56.21%	43.79%	100.00%
2016	55.96%	44.04%	100.00%
2015	56.63%	43.37%	100.00%
2014	56.91%	43.09%	100.00%
2013	56.51%	43.49%	100.00%
2012	56.91%	43.09%	100.00%

Sum of Sum Amount	Column Labels	
Row Labels	2371	Grand Total
32423	2,500.00	2,500.00
33120	7,360.27	7,360.27
33219	39,775.00	39,775.00
33229	2,082,754.00	2,082,754.00
33299	551,570.25	551,570.25
Grand Total	2,683,959.52	2,683,959.52

2,683,959.52

Sum of Sum Amount	Column Labels	
Row Labels	2661	Grand Total
01031	76,501.05	76,501.05
31041	51,616.71	51,616.71
31911	39,505.35	39,505.35
32111	2,879.15	2,879.15
32226	105,650.00	105,650.00
33111	26,806.75	26,806.75
33113	86.80	86.80
33115	4,645.66	4,645.66
33120	201,870.29	201,870.29
33215	55,234.84	55,234.84
33221	753,143.96	753,143.96
33225	1,176,726.99	1,176,726.99
33226	47,316.73	47,316.73
33227	500,000.00	500,000.00
33291	427,000.00	427,000.00
33292	1,346,703.70	1,346,703.70
Grand Total	4,815,687.98	4,815,687.98

Sum of Sum Amount Row Labels	Column Labels			1000 Total	Grand Total
	1000 0611	0801	1010		
33115		19365.41		19365.41	19,365.41
33212			808712.99	808712.99	808,712.99
33222			1924585	1924585	1,924,585.00
33411	835.38			835.38	835.38
33418	130			130	130.00
Grand Total	965.38	19365.41	2733297.99	2753628.78	2,753,628.78

965.38



Substance Abuse and Mental Health
Services Administration

5600 Fishers Lane • Rockville, MD 20857

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



June 1, 2021

Andrew Brown, M.S.W.
Commissioner of Behavioral Health Services
Kansas Department for Aging and Disability Services
503 S. Kansas Avenue
Topeka, KS 66603

Dear Mr. Brown:

This is a final response to your letter requesting a waiver of the State of Kansas's (hereinafter referred to as "state") maintenance of effort (MOE) requirement for the Substance Abuse Prevention and Treatment Block Grant (SABG) program under Section 1930 of the Public Health Service (PHS) Act for state fiscal year (SFY) 2020. Your request for a waiver cited "extraordinary economic conditions" faced by the state during the fiscal year in question.

The Interim Final Rule (45 CFR 96.134(b)) defines "extraordinary economic conditions" as a "financial crisis in which the total tax revenue declines at least one and one-half percent, and either unemployment increases by at least one percentage point, or employment declines by at least one and one-half percent." A review of tax revenue data published by the U.S. Department of Commerce, Census Bureau, and unemployment data published by the U.S. Department of Labor, Bureau of Labor Statistics along with SFY 2020 supporting documentation provided by the state indicates that Kansas meets the MOE waiver criteria outlined in 45 CFR 96.134(b). Therefore, the data support granting an MOE waiver request for SFY 2020. This letter will serve as notice to the state that a waiver is granted for SFY 2020 for \$3,042,536.

The federal fiscal year 2021 SABG application submitted by the Kansas Department for Aging and Disability Services contains a signed funding agreement, which provides an assurance of compliance regarding MOE. Therefore, the state has assured SAMHSA that the State of Kansas will continue to make the concerted effort necessary to bring the state into compliance with Section 1930 of the PHS Act.

I look forward to working closely with you to ensure a continuum of quality substance abuse prevention and treatment services is made available to the citizens of the State of Kansas through continued state and federal funding of these critical prevention and treatment services.

Sincerely,



Tom Coderre
Acting Assistant Secretary for Mental Health and
Substance Use

cc:

Mr. Robert Morrison

Executive Director

National Association of State Alcohol and Drug Abuse Directors (NASADAD)

rmorrison@nasadad.org



Substance Abuse and Mental Health
Services Administration

5600 Fishers Lane • Rockville, MD 20857

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



June 1, 2021

Andrew Brown, M.S.W.
Commissioner of Behavioral Health Services
Kansas Department for Aging and Disability Services
503 S. Kansas Avenue
Topeka, KS 66603

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III: Expenditure Reports

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

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

Expenditure Period Start Date: 07/01/2019 Expenditure Period End Date: 06/30/2020

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 2018		\$ 2,864,878.00	
SFY 2019		\$ 3,397,874.30	
SFY 2020		\$ 3,062,179.22	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2021 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)): \$ 3062179.22

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). Number is based on treatment for women's services given by providers through Beacon Inc. Medicaid encounter data for women's services is also added. 1,865,562 was spent on the SABG the rest was paid through state expenditures and Medicaid funds.

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

Footnotes:
 State provided 1,865,562 of block grant dollars, 648,388.14 in Medicaid expenditures and 548,229.08 of State general funds. Difference from Table 2 Column A Row 1a is due to Medicaid expenditures.
 The state plans to spend 3,062,179.22 on Women's Block Grant funds in SFY 2021. This is based on expenditures made in SFY2020.
 Please see the request from the Kansas Department for Aging and Disability Services (KDADS) attached to this report for more information.

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act(42 U.S.C. § 300x29) about the primary prevention activities conducted by the entities listed on SABG Table 7.

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	1. Information Dissemination	
	1. Clearinghouse/information resources centers	2
	2. Resources directories	1
	3. Media campaigns	12
	4. Brochures	8
	5. Radio and TV public service announcements	8
	6. Speaking engagements	9
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	6
	8. Information lines/Hot lines	1
	9. Social Media	10
	2. Education	
	1. Parenting and family management	5
	2. Ongoing classroom and/or small group sessions	5
	3. Peer leader/helper programs	2
	4. Education programs for youth groups	9
	7. Afterschool program	1
	3. Alternatives	
	2. Youth/adult leadership activities	2
	6. Recreation activities	2
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	3
	2. Student Assistance Programs	1
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	11
	2. Systematic planning	12

3. Multi-agency coordination and collaboration/coalition	9
5. Accessing services and funding	2
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	5
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	7
5. Beverage Training and Saturation Patrols	9

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

Footnotes:

IV: Population and Services Reports

Table 10 - Treatment Utilization Matrix

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Level of Care	Number of Admissions \geq Number of Persons Served		Costs per Person (C, D & E)		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	7	6			
2. Free-Standing Residential	1431	1178			
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	4	4			
4. Short-term (up to 30 days)	1998	1729			
5. Long-term (over 30 days)	229	224			
AMBULATORY (OUTPATIENT)					
6. Outpatient	5252	4940			
7. Intensive Outpatient	833	785			
8. Detoxification	2	2			
OUD MEDICATION ASSISTED TREATMENT					
9. OUD Medication-Assisted Detoxification	59	48			
10. OUD Medication-Assisted Treatment Outpatient	78	76			

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 SABG 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 SABG Reports, the LOC is "OUD Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "OUD Medication-Assisted Treatment Detoxification," Row 9 and "OUD Medication Assisted Treatment Outpatient," Row 10. OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment. The change was made to better align with language that reflects not all medications used to treat opioid use disorder (OUD) are opioid-based and more importantly convey that medications do not merely substitute one drug for another.

Footnotes:

Rows 1 - 10 Data Source: KSURS

COVID 19 impacted utilization during this time period. For example, residential admissions are likely lower. Several residential facilities limited or stopped admissions to accommodate for patient safety during the national emergency (one person per room; social distancing). Kansas has a new substance use disorder treatment data collection system (KSURS). Providers continue to update back data into KSURS also impacting the data reported.

IV: Population and Services Reports

Table 11 - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions to and persons served in SABG-funded services.

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	402	136	69	29	16	1	0	1	2	1	1	7	11	88	40	170	93	58	34
2. 18 - 24	1050	302	239	54	55	4	0	1	2	11	14	9	13	213	133	407	310	92	67
3. 25 - 44	4544	1267	1322	228	166	13	5	14	12	78	71	13	22	671	662	1732	1673	231	211
4. 45 - 64	1431	507	334	130	64	0	1	1	2	31	21	1	4	196	139	702	457	53	23
5. 65 and Over	76	23	14	10	6	0	0	0	0	0	0	0	0	17	6	36	22	4	0
6. Total	7503	2235	1978	451	307	18	6	17	18	121	107	30	50	1185	980	3047	2555	438	335
7. Pregnant Women	121		73		10		0		2		4		3		29		88		15
Number of persons served who were admitted in a period prior to the 12 month reporting period		1733																	
Number of persons served outside of the levels of care described on Table 10		0																	

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

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

Footnotes:

Data Source: KSURS

COVID 19 impacted utilization during this time period. For example, residential admissions are likely lower. Several residential facilities limited or stopped admissions to accommodate for patient safety during the national emergency (one person per room; social distancing). Kansas has a new substance use disorder treatment data collection system (KSURS). Providers continue to update back data into KSURS also impacting the data reported. Data Integrity edits are being added to the new system as needed to reduce or eliminate data entry errors.

IV: Population and Services Reports

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

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

Footnotes:

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

IV: Population and Services Reports

Table 13 - Charitable Choice

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Notice to Program Beneficiaries - Check all that apply:

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

Referrals to Alternative Services - Check all that apply:

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

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

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

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

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	24	17
Total number of clients with non-missing values on employment/student status [denominator]	317	317
Percent of clients employed or student (full-time and part-time)	7.6 %	5.4 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		2,258
Number of CY 2019 discharges submitted:		366
Number of CY 2019 discharges linked to an admission:		347
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		345
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		317

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	3	5
Total number of clients with non-missing values on employment/student status [denominator]	88	88
Percent of clients employed or student (full-time and part-time)	3.4 %	5.7 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		218
Number of CY 2019 discharges submitted:		91
Number of CY 2019 discharges linked to an admission:		91
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		90

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	88
---	----

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
 [Records received through 2/1/2021]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	605	767
Total number of clients with non-missing values on employment/student status [denominator]	1,344	1,344
Percent of clients employed or student (full-time and part-time)	45.0 %	57.1 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		5,406
Number of CY 2019 discharges submitted:		2,545
Number of CY 2019 discharges linked to an admission:		2,308
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,175
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		1,344

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
 [Records received through 2/1/2021]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	60	81
Total number of clients with non-missing values on employment/student status [denominator]	250	250
Percent of clients employed or student (full-time and part-time)	24.0 %	32.4 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		1,000
Number of CY 2019 discharges submitted:		452
Number of CY 2019 discharges linked to an admission:		378
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		335

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):

250

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

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

Footnotes:

Kansas implemented a new substance use disorder treatment data collection system (KSURS) in October 2019. Providers continue to update back data into KSURS impacting the data reported to SAMHSA for Tables 14 -20. Data Integrity edits are being added to the new system as needed to reduce or eliminate data entry errors.

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	275	293
Total number of clients with non-missing values on living arrangements [denominator]	315	315
Percent of clients in stable living situation	87.3 %	93.0 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		2,258
Number of CY 2019 discharges submitted:		366
Number of CY 2019 discharges linked to an admission:		347
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		345
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		315

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	80	86
Total number of clients with non-missing values on living arrangements [denominator]	86	86
Percent of clients in stable living situation	93.0 %	100.0 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		218
Number of CY 2019 discharges submitted:		91
Number of CY 2019 discharges linked to an admission:		91
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		90
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		86

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]	1,276	1,306
Total number of clients with non-missing values on living arrangements [denominator]	1,352	1,352
Percent of clients in stable living situation	94.4 %	96.6 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		5,406
Number of CY 2019 discharges submitted:		2,545
Number of CY 2019 discharges linked to an admission:		2,308
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,175
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		1,352

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]	220	227
Total number of clients with non-missing values on living arrangements [denominator]	251	251
Percent of clients in stable living situation	87.6 %	90.4 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		1,000
Number of CY 2019 discharges submitted:		452
Number of CY 2019 discharges linked to an admission:		378
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		335
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		251

Footnotes:

Kansas implemented a new substance use disorder treatment data collection system (KSURS) in October 2019. Providers continue to update back data into KSURS impacting the data reported to SAMHSA for Tables 14 -20. Data Integrity edits are being added to the new system as needed to reduce or eliminate data entry errors.

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	255	298
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	313	313
Percent of clients without arrests	81.5 %	95.2 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		2,258
Number of CY 2019 discharges submitted:		366
Number of CY 2019 discharges linked to an admission:		347
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		345
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		313

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	72	82
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	83	83
Percent of clients without arrests	86.7 %	98.8 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		218
Number of CY 2019 discharges submitted:		91
Number of CY 2019 discharges linked to an admission:		91
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		90

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	83
---	----

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
 [Records received through 2/1/2021]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,592	1,661
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,754	1,754
Percent of clients without arrests	90.8 %	94.7 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		5,406
Number of CY 2019 discharges submitted:		2,545
Number of CY 2019 discharges linked to an admission:		2,308
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,276
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		1,754

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
 [Records received through 2/1/2021]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	249	273
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	286	286
Percent of clients without arrests	87.1 %	95.5 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		1,000
Number of CY 2019 discharges submitted:		452
Number of CY 2019 discharges linked to an admission:		378
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		366

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):

286

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

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

Footnotes:

Kansas implemented a new substance use disorder treatment data collection system (KSURS) in October 2019. Providers continue to update back data into KSURS impacting the data reported to SAMHSA for Tables 14 -20. Data Integrity edits are being added to the new system as needed to reduce or eliminate data entry errors.

V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	164	210
All clients with non-missing values on at least one substance/frequency of use [denominator]	228	228
Percent of clients abstinent from alcohol	71.9 %	92.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		46
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	64	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		71.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		164
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	164	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):

Number of CY 2019 admissions submitted:	2,258
Number of CY 2019 discharges submitted:	366
Number of CY 2019 discharges linked to an admission:	347
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	345
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	228

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]	57	68
All clients with non-missing values on at least one substance/frequency of use [denominator]	74	74
Percent of clients abstinent from alcohol	77.0 %	91.9 %

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]		11
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	17	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		64.7 %

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]		57
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	57	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):

Number of CY 2019 admissions submitted:	218
Number of CY 2019 discharges submitted:	91
Number of CY 2019 discharges linked to an admission:	91
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	90
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	74

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	789	1,019
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,142	1,142
Percent of clients abstinent from alcohol	69.1 %	89.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		265
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	353	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		75.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		754
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	789	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.6 %

Notes (for this level of care):

Number of CY 2019 admissions submitted:	5,406
Number of CY 2019 discharges submitted:	2,545
Number of CY 2019 discharges linked to an admission:	2,308
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,276
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,142

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]**Intensive Outpatient (IO)****A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	147	185
All clients with non-missing values on at least one substance/frequency of use [denominator]	208	208
Percent of clients abstinent from alcohol	70.7 %	88.9 %

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]		45
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	61	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		73.8 %

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]		140
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	147	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.2 %

Notes (for this level of care):

Number of CY 2019 admissions submitted:	1,000
Number of CY 2019 discharges submitted:	452
Number of CY 2019 discharges linked to an admission:	378
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	366
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	208

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

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

Footnotes:

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V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	48	174
All clients with non-missing values on at least one substance/frequency of use [denominator]	228	228
Percent of clients abstinent from drugs	21.1 %	76.3 %

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]		135
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	180	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		75.0 %

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]		39
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	48	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		81.3 %

Notes (for this level of care):

Number of CY 2019 admissions submitted:	2,258
Number of CY 2019 discharges submitted:	366
Number of CY 2019 discharges linked to an admission:	347
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	345
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	228

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]	31	60
All clients with non-missing values on at least one substance/frequency of use [denominator]	74	74
Percent of clients abstinent from drugs	41.9 %	81.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		29
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	43	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		67.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		31
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	31	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):

Number of CY 2019 admissions submitted:	218
Number of CY 2019 discharges submitted:	91
Number of CY 2019 discharges linked to an admission:	91
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	90
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	74

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]	606	935
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,142	1,142
Percent of clients abstinent from drugs	53.1 %	81.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		398
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	536	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		74.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		537
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	606	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		88.6 %

Notes (for this level of care):

Number of CY 2019 admissions submitted:	5,406
Number of CY 2019 discharges submitted:	2,545
Number of CY 2019 discharges linked to an admission:	2,308
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,276
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,142

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	71	148
All clients with non-missing values on at least one substance/frequency of use [denominator]	208	208
Percent of clients abstinent from drugs	34.1 %	71.2 %

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]		83
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	137	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		60.6 %

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]		65
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	71	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		91.5 %

Notes (for this level of care):

Number of CY 2019 admissions submitted:	1,000
Number of CY 2019 discharges submitted:	452
Number of CY 2019 discharges linked to an admission:	378
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	366
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	208

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

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

Footnotes:

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V: Performance Indicators and Accomplishments

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

Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	27	248
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	279	279
Percent of clients participating in self-help groups	9.7 %	88.9 %
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]	79.2 %	
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		2,258
Number of CY 2019 discharges submitted:		366
Number of CY 2019 discharges linked to an admission:		347
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		345
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		279

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	40	86
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	86	86
Percent of clients participating in self-help groups	46.5 %	100.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	53.5 %	
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		218
Number of CY 2019 discharges submitted:		91

Number of CY 2019 discharges linked to an admission:	91
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	90
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	86

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	245	740
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,535	1,535
Percent of clients participating in self-help groups	16.0 %	48.2 %
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]	32.2 %	

Notes (for this level of care):

Number of CY 2019 admissions submitted:	5,406
Number of CY 2019 discharges submitted:	2,545
Number of CY 2019 discharges linked to an admission:	2,308
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,276
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,535

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	51	130
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	225	225
Percent of clients participating in self-help groups	22.7 %	57.8 %
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]	35.1 %	

Notes (for this level of care):

Number of CY 2019 admissions submitted:	1,000
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Number of CY 2019 discharges submitted:	452
Number of CY 2019 discharges linked to an admission:	378
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	366
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	225

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

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

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V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	3	2	3	3
2. Free-Standing Residential	7	2	3	5
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	36	36	36	36
4. Short-term (up to 30 days)	24	17	26	28
5. Long-term (over 30 days)	30	19	27	34
AMBULATORY (OUTPATIENT)				
6. Outpatient	112	42	88	143
7. Intensive Outpatient	70	23	42	93
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification	3	1	2	5
10. OUD Medication-Assisted Treatment Outpatient	108	30	77	169

Level of Care	2019 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	4	2
2. Free-Standing Residential	1036	952
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	1	1
4. Short-term (up to 30 days)	366	347

5. Long-term (over 30 days)	91	91
AMBULATORY (OUTPATIENT)		
6. Outpatient	2545	2278
7. Intensive Outpatient	452	366
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification	0	3
10. OUD Medication-Assisted Treatment Outpatient	0	42

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file

[Records received through 2/1/2021]

SAMHSA's Treatment Episode Data Set (TEDS) data are used to pre-populate the tables that comprise SAMHSA's National Outcome Measures (NOMs) and include Table 20 – Retention – Length of Stay (in Days) of Clients Completing Treatment. In FY 2020, SAMHSA modified the "Level of Care" (LOC) and "Type of Treatment Service/Setting" for Opioid Replacement Therapy/Medication-Assisted Treatment in Table 20.

In prior SABG 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 LOC was changed to "Medication-Assisted Treatment" and the Treatment Service/Setting was changed to "Medication-Assisted Treatment."

The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 20 to the TEDS data submitted to CBHSQ via Eagle Technologies is not possible. In the current and future SABG Reports, the LOC is "OUD Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "OUD Medication-Assisted Treatment Detoxification," Row 9 and "OUD Medication Assisted Treatment Outpatient," Row 10. OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment. The change was made to better align with language that reflects not all medications used to treat opioid use disorder (OUD) are opioid-based and more importantly convey that medications do not merely substitute one drug for another.

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

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V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	<p>Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]</p> <p>Outcome Reported: Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2017 - 2018	23.3	
	Age 21+ - CY 2017 - 2018	58.4	
2. 30-day Cigarette Use	<p>Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]</p> <p>Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2017 - 2018	2.2	
	Age 18+ - CY 2017 - 2018	20.8	
3. 30-day Use of Other Tobacco Products	<p>Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]^[1]?[Response option: Write in a number between 0 and 30.]</p> <p>Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2017 - 2018	2.6	
	Age 18+ - CY 2017 - 2018	10.5	
4. 30-day Use of Marijuana	<p>Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]</p> <p>Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2017 - 2018	3.6	
	Age 18+ - CY 2017 - 2018	6.6	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p>Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]^[2]</p> <p>Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).</p>		
	Age 12 - 17 - CY 2017 - 2018	2.6	

	Age 18+ - CY 2017 - 2018	3.3	
--	--------------------------	-----	--

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

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

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	<p>Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.</p>		
	Age 12 - 20 - CY 2017 - 2018	77.3	
	Age 21+ - CY 2017 - 2018	79.7	
2. Perception of Risk From Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.</p>		
	Age 12 - 17 - CY 2017 - 2018	92.7	
	Age 18+ - CY 2017 - 2018	90.0	
3. Perception of Risk From Marijuana	<p>Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.</p>		
	Age 12 - 17 - CY 2017 - 2018	63.3	
	Age 18+ - CY 2017 - 2018	51.4	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	<p>Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of alcohol.</p>		
	Age 12 - 20 - CY 2017 - 2018		
	Age 21+ - CY 2017 - 2018		
2. Age at First Use of Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2017 - 2018	13.1	
	Age 18+ - CY 2017 - 2018	16.0	
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product]^[1]?[Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2017 - 2018	13.9	
	Age 18+ - CY 2017 - 2018	19.4	
4. Age at First Use of Marijuana or Hashish	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2017 - 2018	14.2	
	Age 18+ - CY 2017 - 2018	19.5	
5. Age at First Use Heroin	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of heroin.</p>		
	Age 12 - 17 - CY 2017 - 2018		
	Age 18+ - CY 2017 - 2018	21.2	
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever]^[2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.</p>		

	Age 12 - 17 - CY 2017 - 2018	14.7	
	Age 18+ - CY 2017 - 2018	31.6	

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

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

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2017 - 2018	96.6	
2. Perception of Peer Disapproval of Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2017 - 2018	93.5	
3. Disapproval of Using Marijuana Experimentally	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2017 - 2018	82.2	
4. Disapproval of Using Marijuana Regularly	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2017 - 2018	83.8	
5. Disapproval of Alcohol	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2017 - 2018	91.4	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	<p>Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]"</p> <p>Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 15 - 17 - CY 2017 - 2018	18.6	
	Age 18+ - CY 2017 - 2018	33.5	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	<p>Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp.</p> <p>Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2017	93.4	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2018	23.8	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol- and Drug-Related Arrests	<p>Source: Federal Bureau of Investigation Uniform Crime Reports</p> <p>Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.</p>		
	CY 2018	34.7	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	<p>Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you?[Response options: Yes, No]"</p> <p>Outcome Reported: Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2017 - 2018	56.9	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p>Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?^[1][Response options: 0 times, 1 to 2 times, a few times, many times]"</p> <p>Outcome Reported: Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2017 - 2018	94.1	

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

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ? Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2017 - 2018	83.7	

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context
 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

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

Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2018	12/31/2018
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies? Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2018	12/31/2018
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	1/1/2018	12/31/2018
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	1/1/2018	12/31/2018
5. Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies	10/1/2017	9/30/2019

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).

The KU Center for Community Health and Development online Community Check Box (CCB) monitoring and evaluation system was used to collect the NOMS data. Data for Table 31 typically reflect Community Check Box participant description entries for two CSAP strategies: Prevention Education and Problem Identification and Referral. However, for calendar year 2017, not all prevention education reported demographic breakdown comes directly from participant pre/post strategy implementation surveys. and participant level information was documented by communities. For this reporting period, number served, and self-reported demographic breakdown comes directly from participant pre/post strategy implementation surveys.

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 1391 individuals served through individual-based prevention programs and strategies. Participants who reported more than one race were included in the "more than one race" subcategory only.

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Category	Total
A. Age	1,768
0-4	0
5-11	322
12-14	1,222
15-17	114
18-20	7
21-24	1
25-44	14
45-64	20
65 and over	4
Age Not Known	64
B. Gender	1,768
Male	866
Female	902
Gender Unknown	0
C. Race	1,768
White	1,283
Black or African American	142
Native Hawaiian/Other Pacific Islander	28
Asian	47
American Indian/Alaska Native	127
More Than One Race (not OMB required)	23

Race Not Known or Other (not OMB required)	118
D. Ethnicity	1,768
Hispanic or Latino	790
Not Hispanic or Latino	917
Ethnicity Unknown	61

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Category	Total
A. Age	173256
0-4	37
5-11	37
12-14	64044
15-17	91953
18-20	587
21-24	734
25-44	9327
45-64	6096
65 and over	441
Age Not Known	0
B. Gender	173256
Male	65711
Female	107545
Gender Unknown	0
C. Race	173256
White	155930
Black or African American	3950
Native Hawaiian/Other Pacific Islander	17
Asian	2928
American Indian/Alaska Native	2928
More Than One Race (not OMB required)	5856

Race Not Known or Other (not OMB required)	1647
D. Ethnicity	173256
Hispanic or Latino	31186
Not Hispanic or Latino	142070
Ethnicity Unknown	0

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

Footnotes:

V: Performance Indicators and Accomplishments

Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	0	0

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

Footnotes:

V: Performance Indicators and Accomplishments

Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention

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

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

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

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

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

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

Table 34 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	1100	78	1178	0	1	1179
2. Total number of Programs and Strategies Funded	1179	86	1265	0	1	1266
3. Percent of Evidence-Based Programs and Strategies	93.30 %	90.70 %	93.12 %		100.00 %	93.13 %

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

Footnotes:

V: Performance Indicators and Accomplishments

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

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 2,820	\$ 479,795
Universal Indirect	Total # 114	\$ 257,055
Selective	Total # 11	\$ 48,035
Indicated	Total # 0	\$ 120,440
	Total EBPs: 2,945	Total Dollars Spent: \$905,325.00

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

Footnotes:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2021 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2021 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2021 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2021 Prevention Attachment Category D:		
File	Version	Date Added

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

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Sherman "Wes" Cole, Chairperson
Ric Dalke, Vice Chairperson

GOVERNOR LAURA Kelly

November 18, 2020

To Whom It May Concern,

During the past year, the Kansas Governor's Behavioral Health Service Planning Council (GBHSPC) has continued to focus on ensuring that Behavioral Health Services are integrated and meet the needs of Kansas children, adults, and their families who are experiencing mental health, addictions, and co-occurring disorders. GBHSPC members continue to participate in subcommittees and task forces. Currently, the GBHSPC has eight active subcommittees. The subcommittees are: Housing and Homelessness, Justice Involved Youth and Adults, Supportive Employment and Vocational Services, Prevention, Children's, Rural and Frontier, Service Members Veterans and Families, and the Kansas Citizen's Committee on Alcohol and Drugs (KCC). The KCC is a unique subcommittee in that it is established under its own Kansas statute with the purpose to review the substance use disorders service system in Kansas and advise the Secretary on issues and needs for services.

As additional support for recommendations in mental health and substance use disorder programs and recovery services in Kansas with oversight reviews and recommendations for the Block Grant in Kansas, the GBHSPC will be adding three additional subcommittees this year. The new subcommittees are the Aging Populations, Problem Gambling and Other Addictions, and the Evidence Based Practices subcommittees.

Each of the Subcommittees provided their yearly reports and recommendation to the Secretary and Leadership team of the Kansas Department for Aging and Disability Services and the reports are now available on the Behavioral Health Commission Website.

The reports from 2019 from the subcommittees have served as a vital source of information and for the development of recommendations for several special government taskforces in the past year. The reports are currently being utilized by the Kansas Legislature's Mental Health Modernization legislative committee for development of a ten-year planning recommendation to the legislature. The 2020 reports from the GBHSPC subcommittee will be submitted to the committee for further review and recommendations in this ongoing process.

This letter is confirmation that the Kansas FY 2021 Substance Abuse Prevention and Treatment Block Grant report and the FY 2021 Mental Health Block Grant report have both been reviewed and approved by the Kansas Governor's Behavioral Health Service Planning Council (GBHSPC).

Sincerely,

A handwritten signature in black ink that reads "Sherman Wes Cole". The signature is written in a cursive style with a large, sweeping initial "S".

Sherman Wes Cole
Chair, Governor's Behavioral Health Services Planning Council