Kansas

UNIFORM APPLICATION
FY 2020 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name	Kansas Department for Aging and Disability Services (KDADS)
Organizational Unit	Behavioral Health Services
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II. Contact Person for the Block Grant

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III. Expenditure Period

State Expenditure Period

From	7/1/2018
To	6/30/2019

Block Grant Expenditure Period

From	10/1/2016
To	9/30/2018

IV. Date Submitted

Submission Date	11/27/2019 5:20:49 PM
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Footnotes:

The 2020 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. Public Comment received is available to SAMHSA upon request.

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #:	1
Priority Area:	Provide access to community based services for adults with severe mental illness 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 serious mental illness are able to maintain community living and build a support system of care to improve their quality of life.

Strategies to attain the goal:

Identify opportunities to increase access to services for SMI.

Examine adequacy of SMI-related service rates.

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

Explore potential partnership opportunities with the Kansas Department of Corrections to increase referrals and to address barriers related to stigma of mental illness and treatment.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	SPMI served with Block Grant funds
Baseline Measurement:	Number of SPMI served with Block Grant funds in SFY 17.
First-year target/outcome measurement:	1 percent increase in number of SPMI served with Block Grant funds since SFY 17
Second-year target/outcome measurement:	1 percent increase in number of SPMI served with Block Grant funds since SFY 18
New Second-year target/outcome measurement(*if needed*)**:**	1 percent increase in number of SPMI served since SFY 18 (Baseline = SFY 2017, First-year = SFY 2018, Second-year = SFY 2019)

Data Source:

KDADS' Automated Information Management System (AIMS)

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

Quarterly report from Community Mental Health Centers (CMHCs)

Description of Data:

Proportion of total number of SMI in a given SFY

New Description of Data:(*if needed*)

Data issues/caveats that affect outcome measures:

Individuals not correctly identified as SPMI

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)*:

SFY 2017 Total number of SPMI served: 18,565 (this number includes all SPMI served, not just block-grant funded)

SFY 2018 Total number of SPMI served: 18,901 (this number includes all SPMI served, not just block-grant funded)

Percent of increase: 1.81% increase

Kansas will be using a different data source for this measurement as the current Kansas data system does not track concurrent, multiple funding sources and any changes between funding sources. In the future, this data will be pulled from CMHC quarterly reports.

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

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

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

SFY 2017 Total number of SPMI served: 18,565 (this number includes all SPMI served, not just block-grant funded)

SFY 2018 Total number of SPMI served: 18,901 (this number includes all SPMI served, not just block-grant funded)

SFY 2019 Total number of SPMI served: 19,661 (this number includes all SPMI served, not just block-grant funded)

Percent of increase: 4.02% increase

Priority #:	2
Priority Area:	Provide access to community based services for children with serious emotional disturbance, 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 offered treatment needed to ensure they can maintain in the community and improve their education, family and quality of life.

Strategies to attain the goal:

Build awareness of the SED diagnosis and service availability for families of children with SED who are in need of treatment and services, and for other systems that have contact with children.

Identify opportunities to increase access to services for SED.

Examine adequacy of SED-related service rates.

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

Coordinate care and build partnerships with Kansas Department of Children and Families and Kansas Department of Education to increase referrals and to address barriers related to SED children's access to needed treatment and support in schools, child welfare and other locations.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	SED served with Block Grant funds
Baseline Measurement:	Number of SED served with Block Grant funds in SFY 17
First-year target/outcome measurement:	1 percent increase in number of SED served with Block Grant funds since SFY 17
Second-year target/outcome measurement:	1 percent increase in number of SED served with Block Grant funds since SFY 18
New Second-year target/outcome measurement *(if needed)*:	1 percent increase in number of SED served since SFY 18

Data Source:

KDADS' Automated Information Management System (AIMS)

New Data Source *(if needed)*:

Description of Data:

Proportion of total number of SED in a given SFY

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Individuals not correctly identified as SED

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)*:
Kansas is proposing a new first-year target/outcome measurement as the current Kansas data system does not track concurrent, multiple funding sources and any changes between funding sources. Kansas proposes that the new target/outcome will measure all SED children served, not just Block Grant funded.

Baseline of all SED children served (SFY 2017) = 29,912 served
All SED children served in SFY 2018 = 30,650
Calculated percent of increase/decrease: 2.41% increase in all SED youth served

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

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

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

Baseline of all SED children served (SFY 2017) = 29,912 served All SED children served in SFY 2018 = 30,650 All SED children served in SFY 2019 = 32,668 Calculated percent of increase/decrease: 6.58% increase in all SED youth served

Priority #: 3

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 SFY 17

First-year target/outcome measurement:	5 percent increase in number of youth experiencing ESMI served with Block Grant funded-intervention in SFY 17
Second-year target/outcome measurement:	5 percent increase in number of youth experiencing ESMI served with Block Grant funded-intervention in SFY 18
New Second-year target/outcome measurement*(if needed)***:**	5 percent increase in number of youth experiencing ESMI served with Block Grant funded-intervention in SFY19 (Baseline would be SFY 2018).

Data Source:

KDADS' Automated Information Management System (AIMS)

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

Quarterly reports from FEP grantees

Description of Data:

Proportion of total number of youth experiencing ESMI served with Block Grant funded-intervention in a given SFY

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Individuals not correctly identified as being ESMI, funding cuts to overall Block Grant

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)***:**
SFY 2018 Baseline: 48
The data source has changed and going forward will be reported based upon the quarterly reports submitted by the FEP grantees.

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

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

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

SFY 2019: 54 served is an increase of 6 or 12.5%

Priority #:	4
Priority Area:	Reduce underage drinking in Kansas
Priority Type:	SAP
Population(s):	PP

Goal of the priority area:

Reduce 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 utilized SAMHSA's definition when reviewing individual strategic plans.

Annual Performance Indicators to measure goal success

Indicator #:	1

Indicator:	Question: On how many occasions, if any, have you had beer, wine, or hard liquor in the past 30 days?
Baseline Measurement:	Question: On how many occasions, if any, have you had beer, wine, or hard liquor in the past 30 days? Baseline year 16.31percent (2017)
First-year target/outcome measurement:	15.17 percent
Second-year target/outcome measurement:	14.03 percent
New Second-year target/outcome measurement*(if needed)***:**	16.36 percent

Data Source:

Kansas Communities That Care 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 receive 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. Funded communities are required to achieve a 60 percent participation rate; if at time of funding 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:
Baseline reported in 2017 underage alcohol use was 16.31% while 2018 reported use was 16.51%. With only 6 block-grant funded counties addressing underage drinking, and 4 counties addressing underage drinking using other funding, there was not enough statewide saturation to reduce population-level targets. However, four of the six funded communities showed a reduction in reported past month alcohol use ranging from 1.05 percentage point decrease to 3.86 percentage point decrease from baseline. Funded counties were in their first year of implementing strategies to reduce underage drinking. Outcomes related to their efforts are not fully demonstrated at this time. Prevention science indicates that longer term outcomes aren't typically reflected until 3-to 5 years of implementation have occurred.

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

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

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

State level underage alcohol use was 16.31% in 2017, 16.51% in 2018, and 16.36% in 2019. Second year target of 14.03% was not achieved. With only 6 block-grant funded counties addressing underage drinking, and 4 counties addressing underage drinking using other funding, there was not enough statewide saturation to reduce population-level targets.
Funded Cohort I communities had a two-percentage point or 12 percent reduction in youth alcohol use from a baseline of 17% in 2017 to 15% in 2019. While 15.0% is just shy of the 14.03% second-year target, the reduction in alcohol use was statistically significant, $X2$ (1, N=19318) = 14.5, p<.001. While a goal is to expand funding to more communities, future block grant priority performance targets will include state targets and outcomes but also funded coalition targets and outcomes which more accurately reflect performance related to block grant funds. We also keep in mind that outcomes related to their efforts are not fully demonstrated at this time. Prevention science indicates that longer term outcomes aren't typically reflected until 3-to 5 years of implementation have occurred.

How second year target was achieved (optional):

Indicator #:	2
Indicator:	Total number of aggregate program, policy, practice and service activities related to implementation of evidence-based strategies designed to reduce underage drinking
Baseline Measurement:	Total number of aggregate program, policy, practice and service activities related to implementation of evidence-based strategies designed to reduce underage drinking – 12 (2017 communities were in SPF assessment and planning phase)
First-year target/outcome measurement:	24 (per three funded communities); 8 community activities per funded community
Second-year target/outcome measurement:	36 (per three funded communities); 12 community activities per funded community
New Second-year target/outcome measurement (if needed):	12 community activities per funded community /Overall 15 unique instances of program, policy and practice changes.

Data Source:

Community Check Box

New Data Source (if needed):

Description of Data:

Community Check Box is a smart, helpful, easy-to-use web-based tool to capture and display data that shows where and how well communities are progressing toward their goals. This process helps support meaningful evaluations, promote accountability, and encourage continual improvements in work. The CheckBox is provided per our evaluation contract by the University of Kansas, Workgroup for Community Health and Development, this tool has been utilized in our state for over 10 years.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Data is entered into the Community CheckBox system by communities themselves, so much of the data collection is depended upon accurate data entry; that being said the state provides training and on-going technical support to all communities and the Workgroup for Community Health and Development does provide reliability reports to each community on a regular bases. Additionally all grant awards require weekly documentation in the system.

New Data issues/caveats that affect outcome measures:

The funded communities implemented evidence-based strategies that were unique program, policy and practice changes and also provided recurring service such as prevention education curriculum classes. An example of a unique program change would be the first instance of implementing a prevention education curriculum in a school. Recurring activities refers to all subsequent implementations.

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Second year target/outcome for Priority #4, indicator #2 was achieved for 4 out of the 6 communities prioritizing this outcome. The total of six funded communities exceed the initial target of three. There were 1211 community activities (i.e., community change and service activities) implemented across the funded communities related to underage drinking prevention. The range of 5 to 150 activities were implemented in each of the 6 funded communities. Only Finney County recorded implementation of 995 activities which were recurring, prevention education programs. Dickinson, Johnson & Sedgwick were other communities that met or exceeded the target for implementation of evidence-based strategies. Two other communities did not meet target of 12 community changes addressing underage drinking.

Priority #:	5
Priority Area:	Reduce low perception of harm from marijuana use among Kansas youth
Priority Type:	SAP
Population(s):	PP

Goal of the priority area:

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

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 utilized SAMHSA's definition when reviewing individual strategic plans.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Question: How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?
Baseline Measurement:	Question: How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly? (No risk) - Baseline year 16.78 percent (2017)
First-year target/outcome measurement:	16.28 percent
Second-year target/outcome measurement:	15.78 percent
New Second-year target/outcome measurement*(if needed)***:**	16.66 percent

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 receive 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 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 work continues to engage them. Funded communities are required to achieve a 60 percent participation rate; if at time of funding they are not at 60percent 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:
First year target/outcome for Priority #2 related to no risk of harm from regular marijuana use was not met, however, there was a small

percentage change in the desired direction. Baseline reported no risk of regular marijuana use was 16.78% while 2018 reported no risk at 16.62%. Of the 6 block-grant funded counties, only one addressed low perceived risk of harm from marijuana use. There was not enough statewide saturation to reduce population-level targets. Funded counties were in their first year of implementing strategies to reduce underage drinking. Outcomes related to their efforts are not fully demonstrated at this time. Prevention science indicates that longer term outcomes typically aren't reflected until 3-to 5 years of implementation have occurred.

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

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

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

Marijuana use has increased for both youth and adults. With that, the perception that there is 'no risk' of harm from regular use has increased and thus, year-one and year-two targets have not been reached. While the state had an increase in those indicating no risk of harm from regular marijuana use, funded Cohort I grantees had no change. There is not enough statewide saturation to reduce population-level targets. While a goal is to expand funding to more communities, future block grant priority performance targets will include state targets and outcomes but also funded coalition targets and outcomes which more accurately reflect performance related to block grant funds. We also keep in mind that outcomes related to their efforts are not fully demonstrated at this time. Prevention science indicates that longer term outcomes aren't typically reflected until 3-to 5 years of implementation have occurred.

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

Indicator #:	2
Indicator:	Total number of aggregate program, policy, practice and service activities related to the implementation of evidence-based strategies targeting perceived risk of harm associated with regular marijuana use.
Baseline Measurement:	Total number of aggregate program, policy, practice and service activities related to the implementation of evidence-based strategies targeting perceived risk of harm associated with regular marijuana use. Baseline year: 1 (2017 communities were in SPF assessment and planning phase)
First-year target/outcome measurement:	5 community level activities per funded community
Second-year target/outcome measurement:	10 community level activities per funded community

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

Data Source:

Community Check Box

New Data Source*(if needed)*:

Description of Data:

Community Check Box is a smart, helpful, easy-to-use web-based tool to capture and display data that shows where and how well communities are progressing toward their goals. This process helps support meaningful evaluations, promote accountability, and encourage continual improvements in work. The CheckBox is provided per our evaluation contract by the University of Kansas, Workgroup for Community Health and Development. This tool has been utilized in our state for over 10 years.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Data is entered into the Community CheckBox system by communities themselves, so much of the data collection is depended upon accurate data entry. However, the State provides training and on-going technical support to all communities and the Workgroup for Community Health and Development does provide reliability reports to each community on a regular basis. Additionally, all grant awards require weekly documentation in the system.

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)*:

First year target/outcome for Priority #2, indicator #2 was achieved for the one community addressing prioritizing this outcome. There were 54 community activities (i.e., community change and service activities) implemented across the funded communities related to marijuana use. The average community activities implemented in each community was 11, with a range of 0 to 44 activities implemented in each of the six funded communities. The average was largely impacted by the community (Finney County) with 44 community activities. The other funded communities did not meet the target of 5 community activities addressing marijuana for each funded community, with only one community (Finney County) achieving this goal. However, of the 6 block-grant funded counties, only one addressed low perceived risk of harm from marijuana use.

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

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

One of the six communities prioritized this outcome. There were 144 community activities implemented by Finney county related to low perceived harm from marijuana use. Other counties had activities related to marijuana use but none targeting perceived risk of harm.Marijuana use increased for the state but has largely remained stable in the funded communities. The funded communities therefore, targeted their efforts more on underage drinking prevention outcomes compared to marijuana use. Moreover communities were transitioning from planning phase to implementation, resulting in fewer activities. Goals will be met as communities receive further funding for Implementation and have increased capacity to target specific risk factors.

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

Priority #:   6

Priority Area: Reduce methamphetamine use among young adults

Priority Type: SAP

Population(s):   PP

Goal of the priority area:

Decrease the number of young adults (age 18-25) in need of treatment for methamphetamine and increase the average age of first use of methamphetamine among treatment admissions.

Strategies to attain the goal:

Kansas will utilize the SPF process to identify communities of high need and significant capacity to address the issue. Funding will allow local communities to create a strategic plan that is guided by the SPF elements and identify appropriate evidence-based strategies that directly correlate to their individual needs identified after completion of a comprehensive needs assessment.

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Question: Have you used methamphetamines in the last 30 days?

Baseline Measurement: Question: Have you used methamphetamines in the last 30 days? Baseline year: 1.7 percent (2017)

First-year target/outcome measurement: 1.5 percent

Second-year target/outcome measurement: 1.0 percent

New Second-year target/outcome measurement*(if needed)*:   0.68%

Data Source:

Kansas Young Adult Survey (KYAS)

New Data Source*(if needed)*:

Description of Data:

The new Kansas Young Adult Survey measures behavioral health among Kansans aged 18-25. In addition to asking about use of alcohol, tobacco, and other drugs, this survey addresses major sources of stress, general health, mental health and depression, and perceived risk of harm from substance use. It also includes questions related to prescription drug misuse, knowledge of proper disposal of unused drugs, gambling, and driving safety.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

The survey utilized a representative sample and was conducted for the first time in 2017; currently, funding is only available to conduct second survey in 2019, although the state plans to seek additional resources to enhance the availability of date for the target population.

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:
The Kansas Young Adult Survey will be administered again in spring 2019. Progress toward target will be reviewed at that time.

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

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

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

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

Indicator #:   2

Indicator: Total number of aggregate program, policy, practice and service activities related to the implementation of evidence-based strategies targeting young adult methamphetamine use

Baseline Measurement: Total number of aggregate program, policy, practice and service activities related to the implementation of evidence-based strategies targeting young adult methamphetamine use. Baseline year: 0 communities were in SPF assessment and planning phase) (2017)

First-year target/outcome measurement: 3 community-level activities per funded community

Second-year target/outcome measurement: 6 community level activities per funded community

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

Data Source:

Community Check Box

New Data Source *(if needed)*:

Description of Data:

Community Check Box is a smart, helpful, easy-to-use web-based tool to capture and display data that shows where and how well communities are progressing toward their goals. This process helps support meaningful evaluations, promote accountability, and encourage continual improvements in work. The CheckBox is provided per our evaluation contract by the University of Kansas, Workgroup for Community Health and Development. This tool has been utilized in our state for over 10 years.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Data is entered into the Community CheckBox system by communities themselves, so much of the data collection is depended upon accurate data entry. The State provides training and on-going technical support to all communities and the Workgroup for Community Health and Development does provide reliability reports to each community on a regular bases. Additionally, all grant awards require weekly documentation in the system.

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:

Currently, none of the funded communities chose to address methamphetamine use in young adults. This is not a population that has been specifically targeted in Kansas before. Additionally, there are few Evidence-Based Strategies to specifically address methamphetamine use with the young adult population. Additional supports (training and technical assistance) may be needed to support communities in this regard.

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

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

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

Progress towards the goal is the same as year 1. None of the funded communities chose to address methamphetamine use in young adults. This is not a population that has been specifically targeted in Kansas before. Additionally, there are few Evidence-Based Strategies to specifically address methamphetamine use with the young adult population. Additional supports (training and technical assistance) may be needed to support communities in this regard.

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

Priority #: 7

Priority Area: Behavioral Health Prevention and Promotion

Priority Type: SAP

Population(s): Other (Adolescents w/SA and/or MH)

Goal of the priority area:

Educate, increase awareness, promote, advocate, and disseminate resources to support suicide prevention, mental health promotion, and the reduction of co-occurring risk factors.

Strategies to attain the goal:

• Provide training to the community and state level workforce to increase the knowledge around co-occurring risk and protective factors, suicide prevention, Adverse Childhood Experiences
• Compile and disseminate a list of strategies that have demonstrated effectiveness at addressing both SUD and mental health concerns.
• Continue date collection that encompasses a more holistic understanding of behavioral health needs

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Kansas school districts participating in the systematic data collection of youth depression, suicidal thoughts, plans, attempts, and co-occurring risk factors

Baseline Measurement: Number of Kansas school districts participating in the systematic data collection of youth depression, suicidal thoughts, plans, attempts, and co-occurring risk factors. Baseline year: KCTC 190 districts; KCTC Depression/Suicide Module 134 districts (2017)

First-year target/outcome measurement: 195/140

Second-year target/outcome measurement: 198/145

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

Data Source:

Kansas Communities That Care (KCTC) Student Survey participation rate and KCTC Optional Depression/Suicide Module participation rate

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 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 work continues to engage them. Funded communities are required to achieve a 60percent participation rate; if at time of funding they are not at 60percent 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)***:**
First year target has been achieved. In 2018, 213 Kansas schools districts and 7 private schools participated in the KCTC student survey. In addition, 187 districts and 5 private schools participated in the optional suicide module resulting in the ability to systematically measure and monitor youth depression, suicide thoughts, plans and attempts the state, county and school district levels. This also allows for the examination of co-occurring risk factors.

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

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

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

Several factors contributed to the increase in participation in the optional depression and suicide module. First, there is an increased awareness in the state and across the nation to the rising number of suicide deaths, especially among young people. Second, recent legislation such as the Jason Flatt Act helped ensure school staff were trained in early recognition and response. Third, the Kansas State Department of Education is focusing on social-emotional learning (SEL) and growth. To assist districts with data to monitor and measure SEL, KCTC questions were aligned to SEL standards and annual reports are now provided to districts who participate in the survey. Statewide training on how to use and interpret the data and reports was also provided. The combination of these and other events has increased the awareness and value of the KCTC student survey, increasing participation.

Indicator #:	2
Indicator:	Gambling and Behavioral Health survey
Baseline Measurement:	Number of surveys completed Baseline year: 0 participants (2017)
First-year target/outcome measurement:	1,600
Second-year target/outcome measurement:	2,100
New Second-year target/outcome measurement*(if needed)***:**	N/A

Data Source:

2017 Kansas Gambling and Behavioral Health Survey

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

Description of Data:

Kansas will complete Gambling and Behavioral Health survey in the summer of 2017. This survey was initially conducted in 2012; the 2017 version will include some enhancements and will ask additional behavioral health related questions.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The survey is conducted on a random sample, so achieving the desired participation rate may be a challenge.

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)*:

The number of surveys completed during the baseline year was 1,755. The 2017 survey was administered using a stratified random sample of households throughout the State of Kansas in September, 2017. Therefore, the survey was actually administered in SFY 2018, not SFY 2017. This survey is a follow-up to a statewide survey conducted in 2012 to assess gambling prevalence, type, and frequency, myths, perception, and public opinion about gambling, and awareness of problem gambling treatment. Another important purpose was to estimate the scope of at-risk gambling statewide and winthin each gambling region. In an effort to help expand the understanding of conditions associated with problem gambling, the 2017 Kansas Gambling Survey also asked broader behavioral health questions related to depression, suicide, and substance use.

Due to the expense of the survey, this survey is currently scheduled to be administered every 2 years. This survey is only for those 18 and older. The next survey scheduled is not until 2019. Alternative measures targeting problem gambling and co-morbidity with mental health and substance abuse will be explored.

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

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

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

The last survey was administered in SFY 2018. Due to the expense of the survey, this survey is currently scheduled to be administered every 2 years. The next survey is projected for 2020. Alternative measures targeting problem gambling and co-morbidity with mental health and substance abuse will be explored.

Priority #:	8
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:

Pregnant women and women with dependent children are free from the adverse effects of substance use disorders that they have experienced.

Strategies to attain the goal:

Require assessors to document in the KCPC that the designated women's facility where they have referred PWWDC has no available beds.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	PWWDCs served with Block Grant funds
Baseline Measurement:	Proportion of total PWWDCs served with Block Grant funds in SFY 17 by designated women's facilities
First-year target/outcome measurement:	10 percent increase in proportion of total PWWDCs served with Block Grant funds in SFY 17 by designated women's facilities in compared to number of PWWDC served with Block Grant funds since SFY 17
Second-year target/outcome measurement:	10 percent increase in proportion of total PWWDCs served with Block Grant funds in SFY 17 by designated women's facilities in compared to number of PWWDC served with Block Grant funds since SFY 18

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

Data Source:

KDADS' Kansas Client Placement Criteria (KCPC) system

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

Description of Data:

Proportion (percent) of total PWWDCs in a given SFY served by designated women's facilities

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Individuals not correctly identified as being PWWDCs

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:
SFY17 Total of pregnant women and women with dependent children admitted to Designated Women's Facilities = 136 (19.13%)
SFY18 Total of pregnant women and women with dependent children admitted to Designated Women's Facilities = 143 (19.97%)
Percent of increase/decrease: .84% increase
The ASO uses the following reports to review and measure progress of goals: Appointment Access report, Designated Women's Facilities report, Interim Services report and the Priority Population Assessments. The proposed strategies to increase the percentage include continued monitoring and education to PWWDC about Designated Women's Programs when PWWDCs are accessing services through providers and/or Beacon.

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

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

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

In October of 2018 , the state of Kansas discontinued the use of the Kansas Client Placement Criteria (KCPC) – the data source used by the Administrative Service Organization to report this Annual Performance Indicator. Data reported only includes data for the portion of SFY19 where KCPC was operational (July 1, 2018 through September 30, 2018). Therefore, whether the second year target was achieved could not be determined at this time. A new data collection tool, the Kansas Substance Use Reporting System (KSURS), was implemented October 2, 2019 and Kansas has just begun collecting the gap data from providers.
SFY19 Q1 (7/1/18 - 9/30/18) Total of pregnant women and women with dependent children admitted to Designated Women's Facilities = 41

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

Priority #: 9

Priority Area: Increase timely access to services for PWID

Priority Type:

Population(s):

Goal of the priority area:

PWID are free from the adverse effects of substance use disorders that they have experienced.

Strategies to attain the goal:

Identify opportunities to increase access to services for PWID.

Examine adequacy of PWID-related service rates.

Reinstated Statewide Quality Committee (SQC) reviews reports indicating PWID treatment access timeframes generated by ACO. Data are analyzed and trends identified.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	PWID admission to treatment within required timeframes
Baseline Measurement:	Proportion of PWIDs who were not admitted to treatment within required timeframes who were utilizing Block Grant funds in SFY 17
First-year target/outcome measurement:	10percent decrease in proportion of PWIDs who were not admitted to treatment within required timeframes utilizing Block Grant funds compared to SFY 17
Second-year target/outcome measurement:	10 percent decrease in proportion of PWIDs who were not admitted to treatment within required timeframes utilizing Block Grant funds compared to SFY 18

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

Data Source:

KDADS' Kansas Client Placement Criteria (KCPC) system

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

Description of Data:

Proportion (percent) of total PWIDs who were not admitted to treatment within required timeframes utilizing Block Grant funds in a given SFY

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Individuals not correctly identified as being PWIDs, PWIDs voluntarily choosing delay in treatment admission dates

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:
SFY17 Total admitted for treatment for pregnant women and women with dependent children: 711/66.82%*
SFY 18 Total admitted for treatment for pregnant women and women with dependent children: 716/62.37%*
*Source: DWF Facility Summary
There is not a standardized report to track and monitor this measure. A proposed strategy is to explore developing a new report to track this information or alter an existing DWF report to include this information .

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

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

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

In October of 2018 , the state of Kansas discontinued the use of the Kansas Client Placement Criteria (KCPC) – the data source used by the Administrative Service Organization to report this Annual Performance Indicator. Data reported only includes data for the portion of SFY19 where KCPC was operational (July 1, 2018 through September 30, 2018). Therefore, whether the second year target was achieved could not be determined at this time. A new data collection tool, the Kansas Substance Use Reporting System (KSURS), was implemented October 2, 2019 and Kansas has just begun collecting the gap data from providers.
SFY19 Q1 (7/1/18 - 9/30/18) Aggregate total of persons who inject drugs (PWID) - formerly known as intravenous drug users (IVDU):
14 day measure - 40.7% met

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

Priority #:	10
Priority Area:	Referrals for TB screening
Priority Type:	SAT

Population(s):   TB

Goal of the priority area:

Individuals at risk for TB know their TB status

Strategies to attain the goal:

Charts reviewed in accordance with Block Grant monitoring procedure.

Providers who are found deficient in referring individuals for TB screening are identified, and ACO develops corrective action plan.

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Priority population charts indicate that they are referred fro TB screening

Baseline Measurement: Not established due to new Block Grant monitoring procedure.

First-year target/outcome measurement: Representative sample of the charts of 95 percent of all individuals identified as a member of the priority populations (PWWDC, PWID, HIV) indicate that they are referred for TB screening.

Second-year target/outcome measurement: Representative sample of the charts of 100 percent of all individuals identified as a member of the priority populations (PWWDC, PWID, HIV) indicate that they are referred for TB screening.

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

Data Source:

SUD Treatment Block Grant Monitoring Tool

New Data Source*(if needed)*:

Description of Data:

Proportion of data collected on SUD Treatment Block Grant Monitoring Tools indicating that priority populations were referred for TB screening.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Individuals who choose not to disclose their at-risk status, individuals not correctly identified as being members of the priority population.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Kansas substance abuse treatment providers are required to use an assessment tool called the KCPC (Kansas Client Placement Criteria). The KCPC was built upon ASAM criteria. This tool collects a wide array of client information including information about the person's biomedical conditions and complications. In the tool, there is a section where the assessor completes TB Risk Assessment questions including whether the person has had a TB test in the last 30 days.

On a separate interim services screen that is completed by assessors for pregnant women and/or IVDU, there is an introduction on the page that "At a minimum, SAPT interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care." The system then has a question for the assessor about whether SAPT interim services will be provided.

While Kansas does collect TB information in the KCPC system, a new Block Grant monitoring procedure has not yet been developed. Due to limited state resources, chart reviews are not currently being conducted.

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

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

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

Kansas substance abuse treatment providers were required to use an assessment tool called the KCPC (Kansas Client Placement Criteria). The KCPC was built upon ASAM criteria. This tool collected a wide array of client information including information about the person's biomedical conditions and complications. In the tool, there was a section where the assessor completed TB Risk Assessment questions including whether the person has had a TB test in the last 30 days.

On a separate interim services screen that was completed by assessors for pregnant women and/or IVDU, there was an introduction on the page that "At a minimum, SAPT interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary.

In October of 2018 , the State of Kansas discontinued the use of the Kansas Client Placement Criteria (KCPC). A new data collection tool, the Kansas Substance Use Reporting System (KSURS), was implemented October 2, 2019. The first phase in development of the new system focused on Federally required data (primarily TEDS). The modernization phase is in development and what will be captured in the new system has not yet been determined. While Kansas did collect TB information in the KCPC system, a new Block Grant monitoring procedure has not yet been developed for the new system. Due to limited state resources, chart reviews are not currently being conducted.

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

Priority #:   11

Priority Area: Referrals for HIV screening

Priority Type: SAT

Population(s):   EIS/HIV

Goal of the priority area:

Individuals at risk for HIV know their HIV status

Strategies to attain the goal:

Charts reviewed in accordance with Block Grant monitoring procedure.

Providers who are found deficient in referring individuals for HIV screening are identified, and ACO develops corrective action plan.

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Chart review indicates that priority populations and others at risk are referred fro HIV screening

Baseline Measurement: Not established due to new Block Grant monitoring procedure

First-year target/outcome measurement: Representative sample of the charts of 95 percent of all individuals identified as a member of the priority populations (PWWDC, PWID, TB) indicate that they are referred for HIV screening

Second-year target/outcome measurement: Representative sample of the charts of 100 percent of all individuals identified as a member of the priority populations (PWWDC, PWID, TB) indicate that they are referred for HIV screening

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

Data Source:

SUD Treatment Block Grant Monitoring Tool

New Data Source*(if needed)*:

Description of Data:

Proportion of data collected on SUD Treatment Block Grant Monitoring Tools indicating that priority populations were referred for HIV screening

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Individuals who choose not to disclose their at-risk status, individuals not correctly identified as being members of the priority population

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Kansas substance abuse treatment providers are required to use an assessment tool called the KCPC (Kansas Client Placement Criteria). The KCPC was built upon ASAM criteria. This tool collects a wide array of client information including information about the person's biomedical conditions and complications. In the tool, there is a section where the assessor indicates whether the person has ever participated in a list of high risk behaviors. There is also a data field where the assessor marks whether the person has ever tested positive for HIV/AIDS.

On a separate interim services screen that is completed by assessors for pregnant women and/or IVDU, there is an introduction on the page that "At a minimum, SAPT interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care." The system then has a question for the assessor about whether SAPT interim services will be provided.

While Kansas does collect HIV information in the KCPC system, a new Block Grant monitoring procedure has not yet been developed. Due to limited state resources, chart reviews are not currently being conducted.

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

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

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

Kansas substance abuse treatment providers were required to use an assessment tool called the KCPC (Kansas Client Placement Criteria). The KCPC was built upon ASAM criteria. This tool collected a wide array of client information including information about the person's biomedical conditions and complications. In the tool, there was a section where the assessor indicates whether the person has ever participated in a list of high risk behaviors. There is also a data field where the assessor marks whether the person has ever tested positive for HIV/AIDS.

On a separate interim services screen that was completed by assessors for pregnant women and/or IVDU, there was an introduction on the page that "At a minimum, SAPT interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary.

In October of 2018 , the State of Kansas discontinued the use of the Kansas Client Placement Criteria (KCPC). A new data collection tool, the Kansas Substance Use Reporting System (KSURS), was implemented October 2, 2019. The first phase in development of the new system focused on Federally required data (primarily TEDS). The modernization phase is in development and what will be captured in the new system has not yet been determined. While Kansas did collect TB information in the KCPC system, a new Block Grant monitoring procedure has not yet been developed for the new system. Due to limited state resources, chart reviews are not currently being conducted.

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

Footnotes:

The Federal Report instructions accompanying the MHBG and SABG reports differed for Table 1 (Priority Areas and Annual Performance Indicators) section. After reaching out to each of our Federal Block Grant Project Officers for the SABG and MHBG for clarification on whether we use the new indicators just submitted for the 2020-2021 plan (SABG Report Instructions) or the second year target for the 2018-2019 application (MHBG Report Instructions), we received direction on 10/11/19 to use the second year target for the 2018-2019 application.

The SABG Report instructions are in the process of being edited and corrected and we were advised to use the correct data as eventually the correction would be made in the Instructions. It was also advised to make an annotation to the BGAS table indicating what we have reported and to acknowledge the error, so we would have it documented during review.

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 abuse. For detailed instructions, refer to those in the Block Grant Application System (BGAS). **Include ONLY funds expended by the executive branch agency administering the SABG.**

Expenditure Period Start Date: 7/1/2018   Expenditure Period End Date: 6/30/2019

Activity (See instructions for using 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	$8,978,732		$15,500,999	$687,130	$7,942,987	$0	$949,787
a. Pregnant Women and Women with Dependent Children*	$2,050,311				$949,690		
b. All Other	$6,928,421		$15,500,999	$687,130	$6,993,297		$949,787
2. Substance Abuse Primary Prevention	$2,416,598			$2,572,290	$290,946		
3. Tuberculosis Services							
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) **							
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)	$927,536		$88,360	$10,141	$615,765		
11. Total	**$12,322,866**	**$0**	**$15,589,359**	**$3,269,561**	**$8,849,698**	**$0**	**$949,787**

*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 thre 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 <u>actual</u> or <u>estimated</u>.

◉ Actual   ○ Estimated

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Footnotes:

During the Period of 09.30.18-09.29.19 $265,000 has been spent on Technical Assistance. $140, 355.33 was expended during the State fiscal year of 2019 and the remaining $124,644.67 was expended in State fiscal year 2020.

These expenditures differ from the Assessment plan for 2018-2019, this is due to the state assessment plan being based on SFY2017 expenditures. The previous plan had a different methodology calculating Medicaid expenditure data. The methodology was changed in order to best reflect the true expenditures related to substance abuse.

These amounts are over a 12 month period and appear to be reasonable compared to individual Block Grant Reports for 2018 and 2019.

◉ Actual   ○ Estimated

III: Expenditure Reports

Table 3A SABG – Syringe Services Program

Expenditure Start Date: 07/01/2018   Expenditure End Date: 06/30/2019

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG funds used for SSP	SUD Treatment Provider	Number Of Locations (include mobile if any)	Narcan Provided
No Data Available					

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Footnotes:

III: Expenditure Reports

Table 3B SABG – Syringe Services Program

Expenditure Start Date: 07/01/2018   Expenditure End Date: 06/30/2019

Syringe Service Program Name	# of Unique Individuals Served		[Please enter total number of 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

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Footnotes:

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: 10/1/2016   Expenditure Period End Date: 9/30/2018

Expenditure Category	FY 2017 SA Block Grant Award
1. Substance Abuse Prevention* and Treatment	$8,924,851
2. Primary Prevention	$2,379,961
3. Tuberculosis Services	$0
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**	$0
5. Administration (excluding program/provider level)	$594,990
Total	**$11,899,802**

*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

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Footnotes:

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: 10/1/2016   Expenditure Period End Date: 9/30/2018

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	$	$	$	$	$
Information Dissemination	Indicated	$	$	$	$	$
Information Dissemination	Universal	$	$	$	$	$
Information Dissemination	Unspecified	$ 222,740	$	$	$	$
Information Dissemination	**Total**	**$222,740**	**$**	**$**	**$**	**$**
Education	Selective	$	$	$	$	$
Education	Indicated	$	$	$	$	$
Education	Universal	$	$	$	$	$
Education	Unspecified	$ 102,340	$	$	$	$
Education	**Total**	**$102,340**	**$**	**$**	**$**	**$**
Alternatives	Selective	$	$	$	$	$
Alternatives	Indicated	$	$	$	$	$
Alternatives	Universal	$	$	$	$	$
Alternatives	Unspecified	$ 18,060	$	$	$	$
Alternatives	**Total**	**$18,060**	**$**	**$**	**$**	**$**
Problem Identification and Referral	Selective	$	$	$	$	$
Problem Identification and Referral	Indicated	$	$	$	$	$
Problem Identification and Referral	Universal	$	$	$	$	$
Problem Identification and Referral	Unspecified	$ 12,040	$	$	$	$
Problem Identification and Referral	**Total**	**$12,040**	**$**	**$**	**$**	**$**
Community-Based Process	Selective	$	$	$	$	$

Community-Based Process	Indicated	$	$	$	$	$
Community-Based Process	Universal	$	$	$	$	$
Community-Based Process	Unspecified	$ 120,400	$	$	$	$
Community-Based Process	**Total**	**$120,400**	**$**	**$**	**$**	**$**
Environmental	Selective	$	$	$	$	$
Environmental	Indicated	$	$	$	$	$
Environmental	Universal	$	$	$	$	$
Environmental	Unspecified	$ 102,340	$	$	$	$
Environmental	**Total**	**$102,340**	**$**	**$**	**$**	**$**
Section 1926 Tobacco	Selective	$	$	$	$	$
Section 1926 Tobacco	Indicated	$	$	$	$	$
Section 1926 Tobacco	Universal	$	$	$	$	$
Section 1926 Tobacco	Unspecified	$ 0	$	$	$	$
Section 1926 Tobacco	**Total**	**$0**	**$**	**$**	**$**	**$**
Other	Selective	$	$	$	$	$
Other	Indicated	$	$	$	$	$
Other	Universal	$	$	$	$	$
Other	Unspecified	$ 62,182	$	$	$	$
Other	**Total**	**$62,182**	**$**	**$**	**$**	**$**
	Grand Total	**$640,102**	**$**	**$**	**$**	**$**

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Footnotes:

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: 10/1/2016   Expenditure Period End Date: 9/30/2018

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct					
Universal Indirect					
Selective					
Indicated					
Column Total	$0	$0	$0	$0	$0

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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 2017 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: 10/1/2016   Expenditure Period End Date: 9/30/2018

Targeted Substances	
Alcohol	☑
Tobacco	☐
Marijuana	☑
Prescription Drugs	☐
Cocaine	☐
Heroin	☐
Inhalants	☐
Methamphetamine	☑
Synthetic Drugs (i.e. Bath salts, Spice, K2)	☐
Targeted Populations	
Students in College	☑
Military Families	☐
LGBTQ	☐
American Indians/Alaska Natives	☐
African American	☐
Hispanic	☐
Homeless	☐
Native Hawaiian/Other Pacific Islanders	☐
Asian	☐
Rural	☑
Underserved Racial and Ethnic Minorities	☐

Footnotes:

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Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2016   Expenditure Period End Date: 9/30/2018

Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
			Resource Development Expenditures Checklist			
1. Planning, Coordination and Needs Assessment		$324,464.00				$324,464.00
2. Quality Assurance		$102,050.00				$102,050.00
3. Training (Post-Employment)		$169,902.00				$169,902.00
4. Education (Pre-Employment)						$0.00
5. Program Development		$526,114.00				$526,114.00
6. Research and Evaluation		$393,741.00				$393,741.00
7. Information Systems		$223,588.00				$223,588.00
8. Total	$0.00	$1,739,859.00	$0.00	$0.00	$0.00	$1,739,859.00

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Footnotes:
Amount of SABG Primary Prevention funds (from Table 4, Row 2) used for SABG Prevention Resource Development Activities for SABG Prevention, Column B, and/or SABG Combined, Column B = $1,739,859.00

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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: 10/1/2016   Expenditure Period End Date: 9/30/2018

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	153 South 8th Street	Salina	KS	67401	$63,616	$63,616	$63,616	$0	$0	$0
X	X	✘	West	Barton County	1400 Main St Ste 207	Great Bend KS	KS	67530	$7,019	$0	$0	$7,019	$0	$0
4	KS900940	✔	West	Center for Counseling	5815 Broadway Street	Great Bend	KS	67530	$17,086	$17,086	$0	$0	$0	$0
x	x	✘	North East	Center for Learning Tree	PO Box 189	Girard	KS	66743	$0	$0	$0	$0	$0	$0
550031	KS900502	✔	North East	Central Kansas Foundation	1805 South Ohio Street	Salina	KS	67401	$477,083	$477,083	$0	$0	$0	$0
x	x	✘	North East	Chase County Drug Free Action Team	PO Box 14	Cottonwood	KS	66845	$9,439	$0	$0	$9,439	$0	$0
5300629	KS100347	✘	Kansas City Metro	Chautauqua Counseling Center Mission	5960 Dearborn Street Suite 1	Mission	KS	66202	$96,687	$96,687	$0	$0	$0	$0
X	X	✘	Kansas City Metro	City of Olathe	PO Box 768	Olathe	KS	66051	$71,575	$0	$0	$71,575	$0	$0
X	X	✘	South Central	City of Wellington	317 S Washington Ave	Wellington	KS	67152	$10,487	$0	$0	$10,487	$0	$0
KS100240	KS100240	✔	West	City On a Hill	529 North New York Street	Liberal	KS	67901	$64,740	$64,740	$64,740	$0	$0	$0
6930874	KS101121	✔	West	City on a Hill	P.O. Box 401	Scott City	KS	67871	$39,000	$39,000	$1,800	$0	$0	$0
6930875	KS101233	✔	West	City On A Hill	P.O. Box 401	Scott City	KS	67871	$90,993	$90,993	$90,993	$0	$0	$0
220018	KS105086	✔	Wichita	COMCARE of Sedgwick County	4035 East Harry Street	Wichita	KS	67218	$227,103	$227,103	$0	$0	$0	$0
60220	KS900494	✔	South East	Community MHC of Crawford County	911 East Centennial Drive	Pittsburg	KS	66762	$516,392	$516,392	$121,520	$0	$0	$0
KS100096	KS100096	✔	West	Compass Behavioral Health	P.O. Box 1905	Garden City	KS	67846	$84	$84	$0	$0	$0	$0
970843	KS101126	✔	South Central	Corner House Inc	418 Market Street	Emporia	KS	66801	$87,189	$87,189	$0	$0	$0	$0
KS101614	KS101614	✔	South Central	DCCCA Inc	3312 Clinton Parkway	Lawrence	KS	66047	$610,480	$610,480	$0	$0	$0	$0
KS102471	KS104360	✘	South Central	DCCCA Inc	1319 West May	Wichita	KS	67213	$527,128	$527,128	$527,128	$0	$0	$0
590035	KS750162	✔	North East	DCCCA Inc	1739 East 23rd Street	Lawrence	KS	66046	$594,895	$594,895	$594,895	$0	$0	$0
KS103263	KS100600	✘	West	Dream Inc	2818 Vine Street	Hays	KS	67600	$61,805	$61,805	$0	$0	$0	$0
X	X	✘	South East	Drug Free Osage County Inc	PO Box 42	Lyndon	KS	66451	$11,036	$0	$0	$11,036	$0	$0
5840716	KS100477	✔	Kansas City Metro	Eagle Recovery Services	5 South Peoria Street Suite 206	Louisburg	KS	66053	$16,384	$16,384	$0	$0	$0	$0
2001515	KS101480	✘	North East	Families and Communities Together	416 S Date St	Hillsboro	KS	67063	$7,901	$0	$0	$7,901	$0	$0
X	X	✘	West	Finney County Community Health Coalition	310 E Walnut St Ste 202	Garden City	KS	67846	$82,444	$0	$0	$82,444	$0	$0
KS100071	KS100071	✘	South East	Four County Mental Health Center	P.O. Box 688	Independence	KS	67301	$111,776	$100,267	$0	$11,509	$0	$0

X	X	✖	Kansas City Metro	Friends of Recovery	6422 Santa Fe Drive	Overland Park	KS	66202	$44,788	$44,788	$0	$0	$0	$0
190015	KS301404	✖	Kansas City Metro	Guidance Center Recovery Services	500 Limit Street	Leavenworth	KS	66048	$18,842	$18,842	$0	$0	$0	$0
X	X	✖	South Central	Haysville Healthy Habitats Drug Free	7106 South Bradway Street	Haysville	KS	67060	$57,593	$0	$0	$57,593	$0	$0
07480986	KS101525	✖	Kansas City Metro	Heartland Regional Alcohol & Drug Assessment Center	5500 Buena Vista Street	Roeland Park	KS	66205	$374,954	$374,954	$0	$0	$0	$0
90008	KS100064	✖	West	High Plains Mental Health Center	208 E 7th st	Hays	KS	67601	$977	$977	$0	$0	$0	$0
4120388	KS103800	✔	South Central	Higher Ground	247 North Market Street	Wichita	KS	67202	$252,915	$252,915	$0	$0	$0	$0
x	x	✖	South Central	Indian Alcholism treatment Services	313 N Seneca St # 101	Wichita	KS	67203	$89,933	$89,933	$0	$0	$0	$0
KS101354	2000118	✖	North East	Jefferson County	PO Box 458	Oskaloosa	KS	66066	$48,782	$0	$0	$48,782	$0	$0
110503	KS100146	✔	Kansas City Metro	Johnson County Mental Health Center	310 North Monroe Street	Olathe	KS	66061	$425,180	$425,180	$0	$0	$0	$0
X	X	✖	State Wide	Kansas Family Partnerships Inc	5942 SW 29th ST	Topeka	KS	66614	$0	$0	$0	$0	$0	$0
850061	KS101978	✖	North East	Kerrs Counseling/Concordia	P.O. Box 254	Concordia	KS	66901	$28,230	$28,230	$0	$0	$0	$0
290023	KS901187	✔	South East	Labette Center for MH Services Inc	P.O. Box 258	Parsons	KS	67357	$16,040	$16,040	$0	$0	$0	$0
X	X	✖	West	Meade County	PO Bpx 687	Meade, KS	KS	67864	$1,808	$0	$0	$1,808	$0	$0
KS102064	KS102064	✖	South Central	Mental Health Association of South Central KS	55 N Woodlawn St Ste 3105	Wichita	KS	67208	$14,852	$14,852	$0	$0	$0	$0
3270630	KS100414	✔	Wichita	Miracles Inc	1015 East 2nd Street	Wichita	KS	67214	$262,505	$262,505	$262,505	$0	$0	$0
3270797	KS101161	✔	Wichita	Miracles Inc	1250 North Market Street	Wichita	KS	67214	$106,777	$106,777	$106,777	$0	$0	$0
930760	KS105409	✔	South Central	Mirror Inc	710 East 12th Street	Newton	KS	67114	$1,382,853	$1,357,853	$85,651	$25,000	$0	$0
X	X	✖	North East	Morris County	221 Hackaday St	Council Grove	KS	66846	$5,306	$0	$0	$5,306	$0	$0
680044	KS900718	✔	West	New Chance Inc	2500 East Wyatt Earp Boulevard	Dodge City	KS	67801	$379,684	$379,684	$0	$0	$0	$0
X	X	✖	South Central	Partners for Wichita Inc	925 Waco Ave	Wichita	KS	67203	$63,188	$0	$0	$63,188	$0	$0
200016	KS301909	✔	North East	Pawnee Mental Health Services	1558 Hayes Drive	Manhattan	KS	66502	$47,188	$47,188	$0	$0	$0	$0
210714	KS104279	✔	South Central	Prairie View Inc	508 South Ash Street	Hillsboro	KS	67063	$14,155	$14,155	$0	$0	$0	$0
7110903	KS101665	✔	State Wide	Preferred Family Healthcare Inc	830 South Hillside Street	Wichita	KS	67211	$146,430	$146,430	$0	$0	$0	$0
6680824	KS100908	✔	Kansas City Metro	Professional Treatment Services	P.O. Box 7141	Overland Park	KS	66207-0141	$30,308	$30,308	$0	$0	$0	$0
X	X	✖	West	Quality of Life Coalition Inc	300N Cedar St Ste 210	Abilene	KS	67410	$72,535	$0	$0	$72,535	$0	$0
660042	KS901104	✔	Wichita	Recovery Concepts Inc	2604 West 9th North Building 200	Wichita	KS	67203	$0	$0	$0	$0	$0	$0
X	X	✖	South Central	Reno County Communities that Care	1520 N Plum Street	Hutchinson	KS	67501	$37,107	$0	$0	$37,107	$0	$0
6370802	KS100829	✖	North East	Restoration Center Manhattan	235 West 7th Street	Junction City	KS	66441	$146,230	$146,230	$0	$0	$0	$0
X	X	✖	South Central	Rice County Coalition for Children	217 E Avenue NO	Lyons	KS	67554	$49,457	$0	$0	$49,457	$0	$0
2001654	KS101487	✖	West	Saint Francis Community and residential services	509 Elm St	Salina	KS	67401	$22,604	$22,604	$0	$0	$0	$0
KS101671	KS101671	✔	North East	Shawnee Regional Prevention Center	2209 SW 29th Street	Topeka	KS	66611	$35,244	$0	$0	$35,244	$0	$0

ID	License	Status	Region	Name	Address	City	State	Zip						
820058	KS102166	✗	North East	Sims/Kemper Clinical Counseling	1701 SW Medford Avenue	Topeka	KS	66604	$89,080	$89,080	$0	$0	$0	$0
1010077	KS750089	✓	West	Smoky Hill Foundation for Chemical Dep	2714 Plaza Avenue	Hays	KS	67601	$45,518	$45,518	$0	$0	$0	$0
2000723	KS101405	✗	South East	Southeast Kansas Mental Health Center	1106 South 9th Street	Humboldt	KS	66748	$12,639	$12,639	$0	$0	$0	$0
300747	KS901138	✗	South East	Spring River Mental Health	P.O. Box 126	Columbus	KS	66725	$14,708	$14,708	$0	$0	$0	$0
7470984	KS101327	✗	Wichita	Substance Abuse Center of KS	940 North Waco Avenue	Wichita	KS	67203	$676,867	$676,867	$0	$0	$0	$0
310025	KS901500	✗	South East	Sumner Mental Health Ctr/Wellington	1601 West 16th Street	Wellington	KS	67152	$12,184	$12,184	$0	$0	$0	$0
6180761	KS100587	✗	South East	Therapy Services Burlington	420 Kennedy Street	Burlington	KS	66839	$17,477	$17,477	$0	$0	$0	$0
700046	KS900593	✗	West	Thomas Cnty Alcohol/Drug Abuse Council	P.O. Box 100	Colby	KS	67701	$25,597	$25,597	$0	$0	$0	$0
X	X	✗	North East	Topeka Community Foundation	5431 SW 29th St Ste 300	Topeka	KS	66614	$1,710	$0	$0	$1,710	$0	$0
x	x	✗	West	United 4 Youth Countrywide	713 Main st.	Seneca	KS	66538	$19,202	$0	$0	$19,202	$0	$0
X	X	✗	North East	University of Manhattan	1221 Thurston St	Manhattan	KS	66502	$11,761	$0	$0	$11,761	$0	$0
2002268	KS101544	✗	North East	Valeo Behavioral Healthcare	330 SW Oakley Street	Topeka	KS	66608	$659,404	$659,404	$0	$0	$0	$0
x	x	✗	South Central	Wichita State Univeristy	1845 Fairmount ST	Wichita	KS	67260	$0	$0	$0	$0	$0	$0
Total									$9,564,954	$8,924,851	$1,919,625	$640,102	$0	$0

* Indicates the imported record has an error.

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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 for authorized activities to prevent and treat substance abuse 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: 07/01/2018 Expenditure Period End Date: 06/30/2019

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	B1(2017) + B2(2018) 2 (C)
SFY 2017 (1)	$19,195,210	
SFY 2018 (2)	$20,676,315	$19,935,763
SFY 2019 (3)	$15,805,371	

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

SFY 2017	Yes	__X__	No	_____
SFY 2018	Yes	__X__	No	_____
SFY 2019	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 SFY19 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 Feed Fund).

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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 6,955,673 as well as the 8,849,698 of State Funds.

III: Expenditure Reports

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

This table provides a report of all statewide, non-federal funds expended on specialized treatment and related services which meet the SABG requirements for pregnant women and women with dependent children during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2018 Expenditure Period End Date: 06/30/2019

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 2017		$ 2,763,923.00	
SFY 2018		$ 2,864,878.00	
SFY 2019		$ 3,397,874.30	◉ Actual ○ Estimated
Enter the amount the State plans to expend in SFY 2020 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)): $ 3397874.30			

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. 2,050,311 was spent on the SABG the rest was paid through state expenditures.

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> **Footnotes:**
> State provided 2,050,311 of block grant dollars and 1,347,563.30 in Medicaid dollars. Difference from Table 2 Column A Row 1a is due to Medicaid expenditures.
>
> The state plans to spend 3,397,874.30 on Women's Block Grant funds in SFY 2020. This is based on expenditures made in SFY2019.

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: 10/1/2016   Expenditure Period End Date: 9/30/2018

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	1
	2. Resources directories	0
	3. Media campaigns	17
	4. Brochures	10
	5. Radio and TV public service announcements	10
	6. Speaking engagements	5
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	11
	8. Information lines/Hot lines	1
	9. Social Media	11
	2. Education	
	1. Parenting and family management	7
	2. Ongoing classroom and/or small group sessions	13
	3. Peer leader/helper programs	2
	4. Education programs for youth groups	3
	5. Mentors	5
	6. Preschool ATOD prevention programs	0
	3. Alternatives	
	1. Drug free dances and parties	0
	2. Youth/adult leadership activities	5
	3. Community drop-in centers	0
	4. Community service activities	0
	5. Outward Bound	0
	6. Recreation activities	6
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	0
	2. Student Assistance Programs	2

3. Driving while under the influence/driving while intoxicated education programs	0	

5. Community-Based Process

1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	2	
2. Systematic planning	3	
3. Multi-agency coordination and collaboration/coalition	19	
4. Community team-building	4	
5. Accessing services and funding	2	

6. Environmental

1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	1	
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	8	

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: 7/1/2018   Expenditure Period End Date: 6/30/2019

Level of Care	Number of Admissions ≥ Number of Persons Served		Costs per Person		
	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	0	0			
2. Free-Standing Residential	345	312			
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0			
4. Short-term (up to 30 days)	828	519			
5. Long-term (over 30 days)	95	74			
AMBULATORY (OUTPATIENT)					
6. Outpatient	1905	1820			
7. Intensive Outpatient	440	414			
8. Detoxification	0	0			
MEDICATION-ASSISTED TREATMENT					
9. Medication-Assisted Treatment	1460	1460			

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Footnotes:

In October of 2018 , the state of Kansas discontinued the use of the Kansas Client Placement Criteria (KCPC) – the data source used to complete the above SAPT Block Grant report table. Data reported in Tables 10, 11, 14 -20 only accounts for the portion of SFY 19 KCPC was operational for one quarter of this report period (July 1, 2018 through September 30, 2018). A new data collection tool, the Kansas Substance Use Reporting System (KSURS), was implemented October 2, 2019 and Kansas has just begun collecting the gap data from providers to complete the SAPT Block Grant report tables. Kansas will report additional data as it becomes available in future report revisions.
Source (#1 - #8) = KCPC 7/1/18 - 9/30/18
Source (#9) = STR/SOR

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 and persons for services funded through the SABG.

Expenditure Period Start Date: 7/1/2018   Expenditure Period End Date: 6/30/2019

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA 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	206	84	49	26	8	0	1	2	0	3	1	0	0	27	5	105	57	37	7
2. 18 - 24	432	186	120	47	13	1	0	0	0	12	7	0	0	32	14	225	131	53	23
3. 25 - 44	1568	679	560	119	62	7	4	1	4	19	35	0	0	47	31	790	641	82	55
4. 45 - 64	499	223	147	66	24	1	1	0	1	11	7	0	0	12	6	293	176	20	10
5. 65 and Over	29	15	8	5	0	0	0	0	0	0	0	0	0	1	0	21	8	0	0
6. Total	2734	1187	884	263	107	9	6	3	5	45	50	0	0	119	56	1434	1013	192	95
7. Pregnant Women	60		45		6		0		0		5		0		4		55		5
Number of persons served who were admitted in a period prior to the 12 month reporting period	1877																		
Number of persons served outside of the levels of care described on Table 10																			

Are the values reported in this table generated from a client based system with unique client identifiers?   ◉ Yes ○ No
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Footnotes:
In October of 2018 , the state of Kansas discontinued the use of the Kansas Client Placement Criteria (KCPC) – the data source used to complete the above SAPT Block Grant report table. Data reported in Tables 10, 11, 14 -20 only accounts for the portion of SFY 19 KCPC was operational for one quarter of the reporting period (July 1, 2018 through September 30, 2018). A new data collection tool, the Kansas Substance Use Reporting System (KSURS), was implemented October 2, 2019 and Kansas has just begun collecting the gap data from providers to complete the SAPT Block Grant report tables. Kansas will report additional data as it becomes available in future report revisions.

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

Expenditure Period Start Date: 7/1/2018   Expenditure Period End Date: 6/30/2019

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:		

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Footnotes:

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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: 7/1/2018   Expenditure Period End Date: 6/30/2019

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.

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Footnotes:

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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]	37	93
Total number of clients with non-missing values on employment/student status [denominator]	206	206
Percent of clients employed or student (full-time and part-time)	18.0 %	45.1 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		1,216
Number of CY 2018 discharges submitted:		1,478
Number of CY 2018 discharges linked to an admission:		1,176
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,163
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		206

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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]	4	30
Total number of clients with non-missing values on employment/student status [denominator]	59	59
Percent of clients employed or student (full-time and part-time)	6.8 %	50.8 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		30
Number of CY 2018 discharges submitted:		278
Number of CY 2018 discharges linked to an admission:		214
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		214

	Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	59

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]	910	1,255
Total number of clients with non-missing values on employment/student status [denominator]	1,858	1,858
Percent of clients employed or student (full-time and part-time)	49.0 %	67.5 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		5,977
Number of CY 2018 discharges submitted:		5,453
Number of CY 2018 discharges linked to an admission:		4,582
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,304
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		1,858

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]	35	67
Total number of clients with non-missing values on employment/student status [denominator]	134	134
Percent of clients employed or student (full-time and part-time)	26.1 %	50.0 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		1,106
Number of CY 2018 discharges submitted:		1,316
Number of CY 2018 discharges linked to an admission:		1,048
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		989

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	134

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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]	174	191
Total number of clients with non-missing values on living arrangements [denominator]	205	205
Percent of clients in stable living situation	84.9 %	93.2 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		1,216
Number of CY 2018 discharges submitted:		1,478
Number of CY 2018 discharges linked to an admission:		1,176
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,163
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		205

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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]	50	58
Total number of clients with non-missing values on living arrangements [denominator]	60	60
Percent of clients in stable living situation	83.3 %	96.7 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		30
Number of CY 2018 discharges submitted:		278
Number of CY 2018 discharges linked to an admission:		214
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		214
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		60

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]	1,786	1,846
Total number of clients with non-missing values on living arrangements [denominator]	1,863	1,863
Percent of clients in stable living situation	95.9 %	99.1 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		5,977
Number of CY 2018 discharges submitted:		5,453
Number of CY 2018 discharges linked to an admission:		4,582
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,304
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		1,863

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]	116	124
Total number of clients with non-missing values on living arrangements [denominator]	133	133
Percent of clients in stable living situation	87.2 %	93.2 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		1,106
Number of CY 2018 discharges submitted:		1,316
Number of CY 2018 discharges linked to an admission:		1,048
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		989
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		133

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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]	1,028	1,174
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,176	1,176
Percent of clients without arrests	87.4 %	99.8 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		1,216
Number of CY 2018 discharges submitted:		1,478
Number of CY 2018 discharges linked to an admission:		1,176
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,176
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		1,176

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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]	179	212
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	213	213
Percent of clients without arrests	84.0 %	99.5 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		30
Number of CY 2018 discharges submitted:		278
Number of CY 2018 discharges linked to an admission:		214
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		214

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		213

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]	4,127	4,472
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4,496	4,496
Percent of clients without arrests	91.8 %	99.5 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		5,977
Number of CY 2018 discharges submitted:		5,453
Number of CY 2018 discharges linked to an admission:		4,582
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,564
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		4,496

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]	924	1,030
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,038	1,038
Percent of clients without arrests	89.0 %	99.2 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		1,106
Number of CY 2018 discharges submitted:		1,316
Number of CY 2018 discharges linked to an admission:		1,048
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,044

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	1,038

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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]	847	1,130
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,173	1,173
Percent of clients abstinent from alcohol	72.2 %	96.3 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION
Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		301
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	326	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		92.3 %

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]		829
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	847	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.9 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		1,216
Number of CY 2018 discharges submitted:		1,478
Number of CY 2018 discharges linked to an admission:		1,176
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,176
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		1,173

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]	152	201
All clients with non-missing values on at least one substance/frequency of use [denominator]	213	213
Percent of clients abstinent from alcohol	71.4 %	94.4 %

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]		50
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]		82.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		151
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	152	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.3 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		30
Number of CY 2018 discharges submitted:		278
Number of CY 2018 discharges linked to an admission:		214
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		214
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		213

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]	3,133	3,998
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,421	4,421
Percent of clients abstinent from alcohol	70.9 %	90.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		1,098
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,288	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		85.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,900
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,133	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.6 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		5,977
Number of CY 2018 discharges submitted:		5,453
Number of CY 2018 discharges linked to an admission:		4,582
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,564
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		4,421

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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]	695	984
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,022	1,022
Percent of clients abstinent from alcohol	68.0 %	96.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		311
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	327	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		95.1 %

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]		673
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	695	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.8 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		1,106
Number of CY 2018 discharges submitted:		1,316
Number of CY 2018 discharges linked to an admission:		1,048
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,044
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		1,022

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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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]	297	1,091
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,173	1,173
Percent of clients abstinent from drugs	25.3 %	93.0 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION
Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		812
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	876	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		92.7 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION
Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		279
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	297	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		93.9 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		1,216
Number of CY 2018 discharges submitted:		1,478
Number of CY 2018 discharges linked to an admission:		1,176
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,176
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		1,173

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]	59	189
All clients with non-missing values on at least one substance/frequency of use [denominator]	213	213
Percent of clients abstinent from drugs	27.7 %	88.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		133
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	154	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		86.4 %

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]		56
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	59	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		94.9 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:	30
Number of CY 2018 discharges submitted:	278
Number of CY 2018 discharges linked to an admission:	214
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	214
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	213

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]	2,095	3,824
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,421	4,421
Percent of clients abstinent from drugs	47.4 %	86.5 %

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]		2,001
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,326	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		86.0 %

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]		1,823
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,095	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		87.0 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		5,977
Number of CY 2018 discharges submitted:		5,453
Number of CY 2018 discharges linked to an admission:		4,582
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,564
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		4,421

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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]	331	943
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,022	1,022
Percent of clients abstinent from drugs	32.4 %	92.3 %

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]		635
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	691	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		91.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		308
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	331	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		93.1 %
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		1,106
Number of CY 2018 discharges submitted:		1,316
Number of CY 2018 discharges linked to an admission:		1,048
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,044
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		1,022

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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Footnotes:

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IV: Population and Services Reports

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]	91	433
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	497	497
Percent of clients participating in self-help groups	18.3 %	87.1 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	68.8 %	
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		1,216
Number of CY 2018 discharges submitted:		1,478
Number of CY 2018 discharges linked to an admission:		1,176
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,176
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		497

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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]	8	49
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	49	49
Percent of clients participating in self-help groups	16.3 %	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]	83.7 %	
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		30
Number of CY 2018 discharges submitted:		278

		214
Number of CY 2018 discharges linked to an admission:		214
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		214
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		49

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]	341	820
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,182	2,182
Percent of clients participating in self-help groups	15.6 %	37.6 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	22.0 %	
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		5,977
Number of CY 2018 discharges submitted:		5,453
Number of CY 2018 discharges linked to an admission:		4,582
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,564
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):		2,182

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]	58	134
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	333	333
Percent of clients participating in self-help groups	17.4 %	40.2 %
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]	22.8 %	
Notes (for this level of care):		
Number of CY 2018 admissions submitted:		1,106

Number of CY 2018 discharges submitted:	1,316
Number of CY 2018 discharges linked to an admission:	1,048
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,044
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	333

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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IV: Population and Services Reports

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

Level of Care	Average (Mean)	25th Percentile	50th Percentile (Median)	75th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	14	3	4	6
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	69	24	29	50
5. Long-term (over 30 days)	56	28	48	70
AMBULATORY (OUTPATIENT)				
6. Outpatient	124	38	97	168
7. Intensive Outpatient	91	30	61	106
8. Detoxification	0	0	0	0
MEDICATION-ASSISTED TREATMENT				
9. Medication-Assisted Treatment				

Level of Care	2018 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	986	918
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	1478	1176
5. Long-term (over 30 days)	278	214

AMBULATORY (OUTPATIENT)		
6. Outpatient	5453	4580
7. Intensive Outpatient	1316	1048
8. Detoxification	0	0
MEDICATION-ASSISTED TREATMENT		
9. Medication-Assisted Treatment		

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 2/1/2020]

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 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.

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 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 Outpatient includes outpatient and intensive outpatient services/settings.

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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	**Source Survey Item:** NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from **[DATEFILL]** through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2016 - 2017	19.3	
	Age 21+ - CY 2016 - 2017	65.2	
2. 30-day Cigarette Use	**Source Survey Item:** NSDUH Questionnaire: "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2016 - 2017	2.8	
	Age 18+ - CY 2016 - 2017	20.5	
3. 30-day Use of Other Tobacco Products	**Survey Item: NSDUH Questionnaire:** "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you use [other tobacco products][1]?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2016 - 2017	3.8	
	Age 18+ - CY 2016 - 2017	9.8	
4. 30-day Use of Marijuana	**Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2016 - 2017	4.6	
	Age 18+ - CY 2016 - 2017	6.6	
5. 30-day Use of Illegal Drugs Other Than Marijuana	**Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]?[2] **Outcome Reported:** Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2016 - 2017	2.5	

	Age 18+ - CY 2016 - 2017	2.7	

[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.
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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	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2016 - 2017	72.6	
	Age 21+ - CY 2016 - 2017	78.7	
2. Perception of Risk From Cigarettes	**Source Survey Item: NSDUH Questionnaire:** "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2016 - 2017	93.5	
	Age 18+ - CY 2016 - 2017	92.1	
3. Perception of Risk From Marijuana	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2016 - 2017	68.1	
	Age 18+ - CY 2016 - 2017	55.5	

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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	**Source Survey Item: NSDUH Questionnaire:** "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of alcohol.		
	Age 12 - 20 - CY 2016 - 2017	15.2	
	Age 21+ - CY 2016 - 2017		
2. Age at First Use of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2016 - 2017	13.1	
	Age 18+ - CY 2016 - 2017	16.4	
3. Age at First Use of Tobacco Products Other Than Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product][1]?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2016 - 2017	14.3	
	Age 18+ - CY 2016 - 2017	19.4	
4. Age at First Use of Marijuana or Hashish	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2016 - 2017	14.2	
	Age 18+ - CY 2016 - 2017	18.4	
5. Age at First Use Heroin	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of heroin.		
	Age 12 - 17 - CY 2016 - 2017		
	Age 18+ - CY 2016 - 2017		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever][2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] **Outcome Reported:** Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		

| | Age 12 - 17 - CY 2016 - 2017 | | |
| | Age 18+ - CY 2016 - 2017 | | |

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

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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	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2016 - 2017	94.7	
2. Perception of Peer Disapproval of Cigarettes	**Source Survey Item: NSDUH Questionnaire:** "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2016 - 2017	92.9	
3. Disapproval of Using Marijuana Experimentally	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2016 - 2017	84.1	
4. Disapproval of Using Marijuana Regularly	**Source Survey Item: NSDUH Questionnaire:** "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2016 - 2017	84.3	
5. Disapproval of Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2016 - 2017		

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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	**Source Survey Item:** NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] **Outcome Reported:** Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2016 - 2017	21.7	
	Age 18+ - CY 2016 - 2017	36.2	

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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	**Source:** National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at **http://nces.ed.gov/ccd/stfis.asp**. **Measure calculation:** Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2016	94.5	

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V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. 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 2017	24.3	

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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	**Source:** Federal Bureau of Investigation Uniform Crime Reports **Measure calculation:** The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2017	28.4	

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V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	**Source Survey Item:** NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] **Outcome Reported:** Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2016 - 2017	60.3	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?[1][Response options: 0 times, 1 to 2 times, a few times, many times] **Outcome Reported:** Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2016 - 2017	89.7	

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

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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 2016 - 2017	84.8	

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

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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	1/1/2017	12/31/2017
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies? Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2017	12/31/2017
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	1/1/2017	12/31/2017
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	1/1/2017	12/31/2017
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	10/1/2016	9/30/2018

General Questions Regarding Prevention NOMS Reporting

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Data for Table 31 typically reflect Community Check Box participant description entries for two CSAP strategies: Prevention Education and Problem Identification and Referral. However, for calendar year 2017, not all prevention education 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 partipants to the More Than One Race subcategory.

There were 1119 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.

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

Category	Total
A. Age	**1119**
0-4	0
5-11	94
12-14	977
15-17	33
18-20	0
21-24	0
25-44	5
45-64	5
65 and over	1
Age Not Known	4
B. Gender	**1119**
Male	581
Female	525
Gender Not Known	13
C. Race	**1119**
White	743
Black or African American	49
Native Hawaiian/Other Pacific Islander	18
Asian	52
American Indian/Alaska Native	52
More Than One Race (not OMB required)	80

Race Not Known or Other (not OMB required)	125
D. Ethnicity	**1119**
Hispanic or Latino	689
Not Hispanic or Latino	417
Ethnicity Unknown	13

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

Category	Total
A. Age	**144694**
0-4	10917
5-11	14863
12-14	6262
15-17	6281
18-20	6317
21-24	7106
25-44	35174
45-64	37509
65 and over	20265
Age Not Known	0
B. Gender	**144694**
Male	72509
Female	72185
Gender Not Known	0
C. Race	**144694**
White	132491
Black or African American	3301
Native Hawaiian/Other Pacific Islander	40
Asian	2457
American Indian/Alaska Native	1297
More Than One Race (not OMB required)	4896

Race Not Known or Other (not OMB required)	212
D. Ethnicity	**144694**
Hispanic or Latino	26118
Not Hispanic or Latino	118576
Ethnicity Unknown	0

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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**

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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 our infrastructure 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 what programs and strategies they implement in communities. data collected from implementation reports, pre post evaluation documents the Online Documentation System determine number of funded strategies. The SAPT BG Prevention Infrastructure is required to seek program approval as well as document what programs and strategies they implement in their communities. The data is collected from program implementation reports, pre and post evaluation documents and the Online Documentation System to determine the number of funded programs and 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	15	4	19	0	1	20
2. Total number of Programs and Strategies Funded	18	7	25	0	1	26
3. Percent of Evidence-Based Programs and Strategies	83.33 %	57.14 %	76.00 %		100.00 %	76.92 %

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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 #	$
	15	188787.00
Universal Indirect	Total #	$
	4	371674.00
Selective	Total #	$
Indicated	Total #	$
	1	2959.00
Unspecified	Total #	$
	Total EBPs: 20	Total Dollars Spent: $563420.00

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Prevention Attachments

Submission Uploads

FFY 2020 Prevention Attachment Category A:		
File	**Version**	**Date Added**

FFY 2020 Prevention Attachment Category B:		
File	**Version**	**Date Added**

FFY 2020 Prevention Attachment Category C:		
File	**Version**	**Date Added**

FFY 2020 Prevention Attachment Category D:		
File	**Version**	**Date Added**

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

GOVERNOR Laura Kelly

November 27, 2019

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 oversite 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.

This letter is confirmation that the Kansas FFY 2020 Substance Abuse Prevention and Treatment Block Grant report and the FFY 2020 Mental Health Block Grant report have both been reviewed and approved by the Kansas Governor's Behavioral Health Service Planning Council (GBHSPC).

Sincerely,

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