

# Kentucky

## UNIFORM APPLICATION

FY 2022 Substance Abuse Block Grant Report

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022  
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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

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### III. Expenditure Period

#### State Expenditure Period

From 7/1/2020

To 6/30/2021

#### Block Grant Expenditure Period

From 10/1/2018

To 9/30/2020

### IV. Date Submitted

Submission Date 11/30/2021 4:36:11 PM

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**Footnotes:**

## II: Annual Update

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

**Priority #:** 1  
**Priority Area:** Adults with Serious Mental Illness (SMI)  
**Priority Type:** MHS  
**Population(s):** SMI

**Goal of the priority area:**

Increase access to employment for Adults with SMI

**Objective:**

Increase the percentage of Adults having SMI, served by the 14 CMHCs, who are employed by 1% from SFY2019 (baseline) to SFY2021 (end year for SFY2020-SFY2021 MHBG Combined Plan).

**Strategies to attain the goal:**

- \* Each of the 14 CMHCs is required by contract to report employment status annually through the MIS system (Client and Event Data Set)
- \* Provide awareness opportunities and training regarding Recovery Principles and the importance of Supported Employment in the service delivery array. KY uses the Individual Placement and Support (IPS) Supported Employment Model.
- \* Provide training and technical assistance to ensure that CMHCs understand how to engage clients in Supported Employment and bill for this service.
- \* Provide training and technical assistance and fidelity monitoring to ensure most effective implementation of IPS Supported Employment services.
- \* Provide training for how to most effectively supervise the work of IPS Supported Employment specialists.

**Edit Strategies to attain the objective here:**

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Adults with SMI who are employed  
**Baseline Measurement:** The SFY2019 percentage of Adults with SMI served by the 14 CMHCs who are employed. SFY2019: 18.22% = 7,979/43,765  
**First-year target/outcome measurement:** Increase by .25% the percentage of Adults with SMI served by the 14 CMHCs who are employed from SFY2019. This is a comparison across consecutive years. FROM SFY2019: 18.22% TO SFY2020: 18.47%  
**Second-year target/outcome measurement:** Increase by .25% the percentage of Adults with SMI served by the 14 CMHCs who are employed from SFY2019. This is a comparison across consecutive years. FROM SFY2019: 18.22% TO SFY2021: 18.72%

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

**Data Source:**

MIS Client/Event Data Set used by the Department and the 14 CMHCs.

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

**Description of Data:**

Data report to show per State Fiscal Year (SFY): Report ID: BG\_Adult\_1\_5\_State  
\* the total number of unduplicated Adults w SMI served by the 14 CMHCs,  
\* the total number of unduplicated Adults w SMI served by the 14 CMHCs who are employed,  
\* the percentage of Adults w SMI served by the 14 CMHCs who are employed.

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

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

The Department's MIS system expects the Employment Status field to be updated at least annually or at any time employment status changes and will report those employed at year end for the purposes of this measure.

**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:**

Although progress was made towards target, the COVID pandemic may have impacted the employment rate of adults with SMI as it impacted businesses negatively across the country.

The 2020 goal was to reach an employment rate among adults with SMI served to 18.74%. There was an increase of 18.22% in SFY 2019 to 18.25% in SFY 2020.

**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):**

For SFY 2021, 43,204 adults with SMI were served by CMHCs and 8,817 of them were employed, for a total of 20.41% SMI employed. Target for second year was 18.72% employed. Achieved this target.

**Priority #:** 2

**Priority Area:** Early Serious Mental Illness/First Episode of Psychosis

**Priority Type:** MHS

**Population(s):** ESMI

**Goal of the priority area:**

Increase access to evidence-based practices for individuals with early serious mental illness/first episode of psychosis (ESMI/FEP).

**Objective:**

Fully implement Coordinated Specialty Care (CSC) as an evidence-based practice to serve individuals with ESMI/FEP, in at least two (2) additional outpatient sites from SFY 2019 (baseline year) until the end of SFY 2021. KY has named ESMI/FEP programs iHope.

**Strategies to attain the goal:**

Provide training and technical assistance to all outpatient sites funded to provide CSC to this population.  
Utilize consultation from national experts in the field.  
Convene biannual meetings with all key contacts from CMHCs regarding this population, to provide technical assistance/education regarding CSC and the ESMI/FEP population.

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

**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	Coordinated Specialty Care (CSC) as an evidence-based practice to individuals with ESMI/FEP.
<b>Baseline Measurement:</b>	At the end of SFY 2019, three (3) outpatient iHOPE sites had fully implemented Coordinated Specialty Care to serve individuals with ESMI/FEP (CMHC Regions 4, 6, and 11).
<b>First-year target/outcome measurement:</b>	By the end of SFY 2020, at least one (1) additional outpatient site will offer fully implemented CSC to individuals with ESMI/FEP.

**Second-year target/outcome measurement:** By the end of SFY 2021, at least one (1) additional outpatient sites offering fully implemented CSC to individuals with ESMI/First Episode of Psychosis.

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

**Data Source:**

Department Periodic Report (DPR) Form 113H/CMHC Contract Reporting Requirement  
MIS Client/Event Data Set used by DBHDID and 14 CMHCs.

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

**Description of Data:**

**DEFINITIONS:**

The following implementation stage definitions are from:

"The Snapshot of State Plans for Using the Community Mental Health Block Grant 10 percent set-aside to address first episode psychosis" (August 2018, page 5)

The state's current level of program implementation, which is defined here as the highest level any CSC program has reached in the state. The five levels of implementation are:

- 1) The Exploration stage requires states to identify their communities' needs, assess organizational capacity, identify programs that meet community needs, and understand program fidelity and adaptation.
- 2) The Installation stage occurs once a program has been selected and the state begins making the changes necessary to implement the program. This includes training and community outreach and education activities.
- 3) Initial Implementation occurs when the program has first been implemented and practitioners begin to put into practice the techniques learned during the exploration and installation stages.
- 4) Full Implementation occurs once staffing is complete, caseloads are full, services are provided, and funding streams are in place.
- 5) Program Sustainability occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the program. For the purposes of this report, program sustainability also includes the expansion of existing services.

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

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

Coordinated Specialty Care was first implemented in Kentucky in SFY 2017. DPR form 113H was first required in SFY 2018.

Fully achieved, there should be five (5) fully implemented CSC programs by the end of SFY 2021.

**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):**

Fully implemented CSC iHOPE programs are in regions 4, 5, 10 and 11 at the end of SFY 2020.

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):**

Fully implemented CSC iHOPE programs are in regions 1, 4, 5, 10, and 11 at the end of SFY 2021. Target for 2nd year was achieved.

**Priority #:** 3

**Priority Area:** Children with Severe Emotional Disturbance (SED)

**Priority Type:** MHS

**Population(s):** SED

**Goal of the priority area:**

Increase access to evidence-based practices for children/youth with SED.

**Objective:**

Increase the total unduplicated number of children with SED who receive Peer Support services by 1% from SFY 2019 to SFY 2021.

**Strategies to attain the goal:**

CMHCs with Transition Age Youth specialized programming are required by contract to have Peer Support services available to children and youth being served.  
Provide training and technical assistance to ensure that CMHCs understand how to recruit, retain and support Youth and Family Peer Support Specialists in the workplace and how to appropriately document and bill for services.  
Provide awareness activities and training regarding resiliency and recovery principles and guidance in the process of fully including Peer Specialists in the service delivery array.  
Provide training and technical assistance regarding the supervision of Peer Specialists.  
Provide technical assistance to CMHCs regarding accurate coding procedures for reporting Peer Support services in client/event data set.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Peer Support services for children with SED.  
**Baseline Measurement:** Total number of children who received Peer Support services from the 14 CMHCs in SFY 2018=949  
**First-year target/outcome measurement:** Increase by .25% (of 949) the total number of children who receive Youth and Family Peer Support services, from the 14 CMHCs, during SFY 2020.  
**Second-year target/outcome measurement:** Increase by .25% (of 949) the total unduplicated number of children and youth with SED who receive Youth and Family Peer Support services from the 14 CMHCs during SFY 2021.

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

**Data Source:**

MIS Client/Event data set used by DBHDID and the 14 CMHCs.

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

**Description of Data:**

Data report to show the total number of children served by the 14 CMHCs who received Peer Support services in the SFY (including youth or family, individual or group Peer Support). Report form AMART using service codes 147-150. may be some duplication across services but unduplicated count of children within a service. Additional children to be served equals 24 in SFY 2020 and an 24 additional in SFY 2021.

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

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

N/A

**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):**

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

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

DBHDID believes there are several reasons why this target was not achieved. First, an inaccurate number was entered as the original baseline when the PI description was originally entered into WebGAS. The baseline number should have been 570 instead of 949 as entered. Secondly, we now notice that the first and second year targets differ in their specificity related to SED. In retrospect, the two target descriptions should have been the same. In addition, the COVID 19 pandemic probably contributed to decline in numbers due to decreased access to children, due to schools and CMHCs switching to virtual contact. Also, in 2014, Cabinet level policy changes led to an opening of the Medicaid behavioral health network and led to the creation of many more providers other than what had traditionally been only CMHCs. DBHDID data shows a trend of declining numbers served by CMHCs since that time. CMHCs remain the statutory safety net provider for the SMI/SED population, and DBHDID's statutory contractors for these services. For the next two year period, this Performance Indicator has been rewritten, with the baseline number and the two targets clearly defined and vetted. DBHDID considers peer support a vital service and is committed to tracking it's access for youth with SED across the state.

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

**Priority #:** 4  
**Priority Area:** Primary Substance Use Prevention  
**Priority Type:** SAP  
**Population(s):** PP

**Goal of the priority area:**

Increase the perception of harm of electronic cigarettes  
Reduce the incidence of Underage Drinking

**Objective:**

Increase the perception of harm of electronic cigarettes by 10 graders who participate in the KY Incentives for Prevention (KIP) Survey  
Decrease the number of 10th graders who reported drinking alcohol in the past 30 days

**Strategies to attain the goal:**

- \* Educate youth, parents, educators about the harmful effects of electronic cigarette use
- \* Work to update current school and community smoke-free policies to address electronic cigarette use
- \* Conduct Reward/Remind type activities with retailers related to sale of electronic cigarettes to minors
- \* Improve early prevention screening and assessment of adolescents in school settings
  
- \* Educate parents about "host parties" and the negative psychological effects of alcohol consumption by adolescents
- \* Work to establish Social Host Ordinances
- \* Implement Strategies such as "I Won't be the One" to reduce underage use social access to alcohol
- \* Improve early prevention screening and assessment of adolescents in school settings

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

**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	Number of 10th graders who participate in the KIP survey who report perception of harm of electronic cigarettes.
<b>Baseline Measurement:</b>	2018 KIP Survey results indicate that 42.8% of 10th graders, who participate in the KIP survey reported that using electronic cigarettes on a regular basis had moderate to great risk
<b>First-year target/outcome measurement:</b>	The first year measure is a process measure based on total number of activities that address electronic cigarette use among youth as measured by data entered into the Prevention Data System (based on the 2018 KIP data analysis). Based on a data pull, for SFY 19, a total of 21 Kentucky residents, under the age of 19, received prevention services targeting tobacco use. First-year measure for the block grant will increase by 200 activities as a result



of the emphasis placed on prevention of this substance.

**Second-year target/outcome measurement:** Increase by .5% the percentage of 10th graders, who participate in the KIP survey, who report use of electronic cigarettes on a regular basis has "moderate" to "great risk" (43.5%)

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

**Data Source:**

Kentucky Incentives for Prevention (KIP) Survey 2018; Kentucky's Prevention Data System

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

**Description of Data:**

The KIP Survey provides information about student perceptions about the health dangers of electronic cigarettes and perceived accessibility of electronic cigarettes in the community. The 2018 survey included the addition of several new questions related to electronic cigarettes. Once the survey data are gathered and analyzed, each participating school district receives a report outlining district-specific results, and depicting comparisons to the region, state and (when available) the rest of the country.

The KIP survey, conducted every other year, is Kentucky's largest source of data related to student use of alcohol, tobacco, and other drugs (ATOD), as well as a number of factors related to potential substance use. In 2018, over 128,000 students representing 159 school districts (of the state's 173) completed the survey, and the information gathered provided an invaluable substance abuse prevention tool for those communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.

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

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

Results of KIP survey conducted in 2020 are available in 2021

**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 first year measure is a process measure based on the total number of activities that address electronic cigarette use among youth as measured by data entered into the KY Prevention Data System (based on the 2018 KIP data analysis). Based on a data pull, for SFY 19, a total of 21 Kentucky residents, under the age of 19, received prevention services targeting tobacco use. First-year measure for the block grant will increase by 200 activities as a result of the emphasis placed on prevention of this substance. For SFY 20 (July 1, 2019-June 30, 2020), 1,220 Kentucky residents, under the age of 19, received prevention services targeting e-cigarette use.

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

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

Due to COVID 19 pandemic, the Kentucky Incentives for Prevention (KIP) Survey was not administered. This Survey is scheduled to be administered in Fall of 2021. However, since this measure is based on a very specific cohort, this measure will not be able to be measured because by the time the survey is administered it will represent a different cohort.

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

**Indicator #:**

2

**Indicator:**

Number of 10th graders, who participate in the KIP survey, who report past 30-day use of alcoholic beverages

**Baseline Measurement:**

2018 KIP Survey results indicate 16.8% of 10th graders answered that they consumed alcohol, on at least one occasion, in the past 30 days.

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

The first year measure is a process measure based on the total number of activities that address underage drinking use among youth as measured by data entered into the Prevention Data System (based on the 2018 KIP data analysis). Based on a data pull, for SFY

19, a total of 5,590 youth, under age 19, received prevention services targeting underage drinking. First-year measure for the block grant will increase by 10% the number of (6,149) activities as a result of the emphasis placed on prevention of this substance.

**Second-year target/outcome measurement:** Decrease by 2% the number of 10th graders that report having consumed alcohol, on at least one occasion, in the past 30 days.

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

**Data Source:**

Kentucky Incentives for Prevention (KIP) Survey 2018, Kentucky's Prevention Data System

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

**Description of Data:**

The KIP Survey provides information about student perceptions and use of alcohol, tobacco and other drugs. Once the survey data is gathered and analyzed, each participating school district receives a report outlining district-specific results, and depicting comparisons to the region, state and (when available) the rest of the country.

The KIP survey is Kentucky's largest source of data related to student use of alcohol, tobacco, and other drugs (ATOD), as well as a number of factors related to potential substance abuse. In 2018, over 128,000 students representing 159 school districts (of the state's 173) completed the survey, and the information gathered provided an invaluable substance abuse prevention tool for those communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.

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

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

Results of KIP survey conducted in 2020 are available in 2021

**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 first year measure is a process measure based on the total number of activities that address underage drinking use among youth as measured by data entered into the KY Prevention Data System (based on the 2018 KIP data analysis). Based on a data pull, for SFY 19, a total of 5,590 youth, under age 19, received prevention services targeting underage drinking. First-year measure for the block grant will increase by 10% the number of (6,149) activities as a result of the emphasis placed on prevention of this substance. For SFY 20 (July 1, 2019 -June 30, 2020, 8,178 Kentucky residents under the age of 19 received prevention services targeting underage drinking.

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

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

Due to COVID 19 pandemic, the Kentucky Incentives for Prevention (KIP) Survey was not administered. This Survey is scheduled to be administered in Fall of 2021. However, since this measure is based on a very specific cohort, this measure will not be able to be measured because by the time the survey is administered it will represent a different cohort.

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

**Priority #:** 5

**Priority Area:** Pregnant Women/Women with Dependent Children who have Substance Use Disorders (SUDs)

**Priority Type:** SAT

**Population(s):** PWWDC

**Goal of the priority area:**

Simultaneously protect infants who are affected by prenatal substance use and support mothers and families in their capacity to provide care for infants following birth/hospital discharge.

**Objective:**

Pilot a project to create a model of Plan of Safe Care (POSC) that meets the Child Abuse Prevention Treatment Act (CAPTA) requirements, is multi-disciplinary and intended to support the mother and infant prior to and after discharge from the hospital.

**Strategies to attain the goal:**

Identify services and supports that will be provided to the mother and infant, delineates who is responsible for ensuring that the mother is aware of, and does access, needed services and supports.

Recognize the important role of trauma and adverse childhood experiences in this population.

Stabilize the mother in the post-partum period and provide ongoing supports for positive parenting and a safe home environment for the infant. Create opportunities to reduce adverse childhood experiences for the infant, thereby improving long-term outcomes, and reducing the risks of repeating the cycle of substance use as they grow into their teenage years.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Plan of Safe Care (POSC) Implementation

**Baseline Measurement:** Establishment of POSC sites to serve PWWDC with SUDs

**First-year target/outcome measurement:** At the end of SFY2020, four (4) Community Mental Health Centers (CMHC) will become a fully established Plan of Safe Care site. (CMHC regions 6,11,14,15)

**Second-year target/outcome measurement:** By the end of SFY2021, at least one (1) additional Plan of Safe Care site will be established at a CMHC.

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

**Data Source:**

Opioid STR Table B2 (KORE funding and CMHC contract Reporting Requirement)  
Annual Statement of Revenues and Expenditures

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

**Description of Data:**

By the end of 2021, there will be at least 5 POSC sites implemented.

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

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

N/A

**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):**

Fully implemented POSC sites include Regions 6, 11,14 and 15.

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):**

At the end of SFY 2021, there were fully implemented POSC sites in Regions 4,5,6,11,13,14,15.

**Priority #:** 6

**Priority Area:** Persons who inject drugs

**Priority Type:** SAT

**Population(s):** PWID

**Goal of the priority area:**

Reduce the outbreak of Hepatitis by increasing the availability and awareness of Syringe Exchange Programs (SEPs) statewide

**Objective:**

Monitor the number of Syringe Exchange Programs across the Commonwealth of KY

**Strategies to attain the goal:**

Collaborate with the Office of Drug Control Policy, the Harm Reduction Coalition and the KY Department for Public Health to educate communities about the benefits of syringe exchange programs (SEPs). Encourage the increase of local ordinances to create local syringe exchange programs.

**Edit Strategies to attain the objective here:**

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** The number of syringe exchange programs (SEPs) in place across the Commonwealth

**Baseline Measurement:** At the end of SFY2019, there are 62 SEPs across the Commonwealth.

**First-year target/outcome measurement:** Increase by 2, the total number of SEPs from SFY2019. This is a comparison across consecutive years.

**Second-year target/outcome measurement:** Increase by 2, the total number of SEPs from SFY2019. This is a comparison across consecutive years.

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

**Data Source:**

The Kentucky Department for Public Health Surveillance data, Kentucky Office of Drug Control Policy (ODCP), Kentucky Harm Reduction Coalition, the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID).  
<https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx>

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

**Description of Data:**

The Kentucky Department for Public Health monitors the number of SEPs statewide and also posts to their website the days/hours of operation for each program. The ODCP and the KY Harm Reduction Coalition and the Ky DBHDID work to educate individuals and communities about the cost, benefits, myths and best practice guidelines for initiating and maintaining SEPs.

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

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

Syringe Exchange Programs (SEPs) have existed and been studied extensively in the United States since 1988. The SEPs are community-based programs that provide access to sterile needles and syringes free of cost, facilitate safe disposal of used needles and syringes and offer safer injection education. The SEPs in Kentucky also provide linkages to critical services and programs including substance use disorder treatment programs; overdose revention education; screening, care and treatment for HIV and viral hepatitis; prevention of

mother-to-child transmission; hepatitis A and hepatitis B vaccination; screening for other sexually transmitted diseases and tuberculosis; partner services and other medical, social and mental health services.

In direct response to Senate Bill 192, enacted during the 2015 regular legislative session, the Kentucky Department for Public Health has published guidelines for local health departments implementing harm reduction and syringe exchange programs.  
NO SABG FUNDS WILL BE USED TO SUPPORT THE SEPS.

**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 2020 goal was 64 SEPs. As of 6/30/202, there were 73 SEPs across the state.

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 target for SFY 2021 was 66 Syringe Exchange Programs. At the end of SFY 2021 Kentucky has 75 active SEPs.

**Priority #:** 7

**Priority Area:** Individuals who receive Substance Use Disorder (SUD) services and have or are at risk for Tuberculosis (TB)

**Priority Type:** SAT

**Population(s):** TB

**Goal of the priority area:**

Improve data collection of individuals with or at risk of TB who receive services for SUDs

**Objective:**

Ensure all clients presenting for substance use services are adequately screened for TB.

**Strategies to attain the goal:**

- \* Continue partnering with the Ky Department for Public Health and the CMHCs to improve data collection definitions and screening protocol for TB
- \* Ensure that CMHCs are systematically screening for TB among individuals receiving services for SUDs
- \* Offer CMHCs technical assistance in updating and improving their policies and procedures regarding TB screening and referral.

**Edit Strategies to attain the objective here:**

*(if needed)*

### Annual Performance Indicators to measure goal success

<b>Indicator #:</b>	1
<b>Indicator:</b>	Screen for TB persons who present for substance use services at the 14 CMHCs.
<b>Baseline Measurement:</b>	During SFY2019, 12 of 14 CMHCs had written policies and procedures regarding the screening for TB for all individuals seeking services for substance use disorders
<b>First-year target/outcome measurement:</b>	Thirteen of 14 CMHCs will submit their written policies and procedures regarding the screening for TB for all individuals seeking services for substance use disorders. This is a comparison across consecutive years. FROM SFY2019: 12 TO SFY2020: 13
<b>Second-year target/outcome measurement:</b>	Fourteen of 14 CMHCs will submit their new or updated written policies and procedures regarding the screening for TB for all individuals seeking services for substance use disorders. This is a comparison across consecutive years. FROM SFY2019: 12 TO SFY2020: 14

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

**Data Source:**

Submission of copies of TB-related policies and procedures, by 14 CMHCs, through the Plan and Budget process conducted in April

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

**Description of Data:**

Written policies and procedures submitted by CMHCs

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

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

N/A

**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):**

All 14 CMHCs have submitted TB screening Policy and Procedure.

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):**

At the end of SFY 2021, all 14 CMHCs have submitted written policies and procedures regarding tuberculosis screening for those seeking or receiving SUD services.

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

**Footnotes:**

**SABG COVID Testing and Mitigation Program Report**  
**for September 1, 2021 - September 30, 2021**  
**KENTUCKY**

COVID Testing and Mitigation Program Report for Kentucky	
Item/Activity	Amount of Expenditure
Not Applicable	Not Applicable

### III: Expenditure Reports

**Table 2A - State Agency Expenditure Report**

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

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID -19 <sup>1</sup>
1. Substance Abuse Prevention <sup>2</sup> and Treatment	\$15,981,646.00		\$0.00	\$31,001,666.00	\$6,948,987.00	\$0.00	\$4,882,515.00	\$0.00
a. Pregnant Women and Women with Dependent Children <sup>2</sup>	\$3,566,641.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b. All Other	\$12,415,005.00		\$0.00	\$31,001,666.00	\$6,948,987.00	\$0.00	\$4,882,515.00	\$0.00
2. Substance Abuse Primary Prevention	\$4,263,850.00		\$0.00	\$9,245,671.00	\$564,581.00	\$0.00	\$524,786.00	\$0.00
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>3</sup>	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. State Hospital								
6. Other 24 Hour Care								
7. Ambulatory/Community Non-24 Hour Care								
8. Mental Health Primary Prevention								
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)								
10. Administration (Excluding Program and Provider Level)	\$279,450.00		\$0.00	\$1,727,234.00	\$1,793,279.00	\$0.00	\$88,134.00	\$0.00
<b>11. Total</b>	<b>\$20,524,946.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$41,974,571.00</b>	<b>\$9,306,847.00</b>	<b>\$0.00</b>	<b>\$5,495,435.00</b>	<b>\$0.00</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state expenditure period of July 1, 2021 – June 30, 2023, for most states.

<sup>2</sup>Prevention other than primary prevention



<sup>3</sup>Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

Actual     Estimated

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**Footnotes:**

### III: Expenditure Reports

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

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

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

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

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

**Total**

**\$0**

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

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**Footnotes:**

No COVID 19 funds were expended in Kentucky during FY 2021.

### III: Expenditure Reports

**Table 3A SABG – Syringe Services Program**

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

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

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**Footnotes:**

No SABG funding was expended for Syringe Services Program in FY 2021.

### III: Expenditure Reports

**Table 3B SABG – Syringe Services Program**

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

SABG							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing <i>(Please enter total number of individuals served)</i>	Treatment for Substance Use Conditions <i>(Please enter total number of individuals served)</i>	Treatment for Physical Health <i>(Please enter total number of individuals served)</i>	STD Testing <i>(Please enter total number of individuals served)</i>	Hep C <i>(Please enter total number of individuals served)</i>
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

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

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

**Footnotes:**  
No SABG funds were expended for Syringe Services Program in FY 2021.

### III: Expenditure Reports

**Table 4 - State Agency SABG Expenditure Compliance Report**

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

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

Expenditure Category	FY 2019 SA Block Grant Award
1. Substance Abuse Prevention <sup>1</sup> and Treatment	\$16,452,676.00
2. Primary Prevention	\$4,076,412.00
3. Tuberculosis Services	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>2</sup>	\$0.00
5. Administration (excluding program/provider level)	\$181,242.00
<b>Total</b>	<b>\$20,710,330.00</b>

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

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

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

**Footnotes:**



### III: Expenditure Reports

**Table 5a - SABG Primary Prevention Expenditures Checklist**

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

Expenditure Period Start Date:

Expenditure Period End Date:

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective	\$1,935,997.52				
Information Dissemination	Indicated	\$323.07				
Information Dissemination	Universal	\$484.61				
Information Dissemination	Unspecified	\$0.00				
<b>Information Dissemination</b>	<b>Total</b>	<b>\$1,936,805.20</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective	\$33,599.29				
Education	Indicated	\$1,292.28				
Education	Universal	\$1,615.35				
Education	Unspecified	\$0.00				
<b>Education</b>	<b>Total</b>	<b>\$36,506.92</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective	\$1,453.82				
Alternatives	Indicated	\$0.00				
Alternatives	Universal	\$0.00				
Alternatives	Unspecified	\$0.00				
<b>Alternatives</b>	<b>Total</b>	<b>\$1,453.82</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective	\$8,076.76				
Problem Identification and Referral	Indicated	\$0.00				
Problem Identification and Referral	Universal	\$323.07				
Problem Identification and Referral	Unspecified	\$0.00				
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$8,399.83</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Community-Based Process	Selective	\$1,707,586.97				
Community-Based Process	Indicated	\$969.21				
Community-Based Process	Universal	\$323.07				
Community-Based Process	Unspecified	\$0.00				
<b>Community-Based Process</b>	<b>Total</b>	<b>\$1,708,879.25</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective	\$9,045.96				
Environmental	Indicated	\$0.00				
Environmental	Universal	\$0.00				
Environmental	Unspecified	\$0.00				
<b>Environmental</b>	<b>Total</b>	<b>\$9,045.96</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 Tobacco	Selective	\$0.00				
Section 1926 Tobacco	Indicated	\$0.00				
Section 1926 Tobacco	Universal	\$0.00				
Section 1926 Tobacco	Unspecified	\$0.00				
<b>Section 1926 Tobacco</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Other	Selective	\$0.00				
Other	Indicated	\$0.00				
Other	Universal	\$0.00				
Other	Unspecified	\$0.00				
<b>Other</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Grand Total</b>	<b>\$3,701,090.98</b>				

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

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

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**Footnotes:**

### III: Expenditure Reports

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

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

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

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$896,923.00				
Universal Indirect	\$2,798,837.00				
Selective	\$2,585.00				
Indicated	\$2,746.00				
<b>Column Total</b>	<b>\$3,701,091.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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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 2019 SABG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

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

<b>SABG Award</b>	
<b>Targeted Substances</b>	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>
Cocaine	<input checked="" type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>
Inhalants	<input checked="" type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>
Bath salts, Spice, K2)	<input type="checkbox"/>
<b>Targeted Populations</b>	
Students in College	<input checked="" type="checkbox"/>
Military Families	<input checked="" type="checkbox"/>
LGBTQ	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>
African American	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>

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**Footnotes:**

### III: Expenditure Reports

**Table 6 - Resource Development Expenditure Checklist**

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

Activity	A. SABG Treatment	B. SABG Prevention	C. SABG Combined <sup>1</sup>
1. Information Systems	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$100,000.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$10,000.00	\$0.00
4. Planning Council Activities (MHBG required, SABG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$0.00	\$265,321.00	\$0.00
7. Training and Education	\$0.00	\$0.00	\$0.00
<b>8. Total</b>	<b>\$0.00</b>	<b>\$375,321.00</b>	<b>\$0.00</b>

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

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**Footnotes:**

The amount of SABG Primary Prevention Funds (Table 4, Row 2) used for Prevention resource development activities for SABG Prevention, Table 6, Column B = \$375,321

### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

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

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

										Source of Funds SAPT Block Grant					
Entity Number	I-BHS ID (formerly I-SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program	
KY100822	KY100822		East	Adanta Group	259 Parkers Mill Road	Somerset	KY	42501	\$431,095.00	\$162,153.00	\$48,241.00	\$268,942.00	\$0.00	\$0.00	
KY900188	KY900188		West	Communicare Inc	1311 North Dixie Highway Building C	Elizabethtown	KY	42701	\$1,209,852.00	\$950,848.00	\$145,647.00	\$259,004.00	\$0.00	\$0.00	
KY900832	KY900832		East	Comprehend Inc	611 Forest Avenue	Maysville	KY	41056	\$438,723.00	\$327,496.00	\$17,511.00	\$111,227.00	\$0.00	\$0.00	
KY100672	KY100672		East	Cumberland River Behavioral Health	610 American Greeting Road	Corbin	KY	40701	\$991,388.00	\$813,753.00	\$198,790.00	\$177,635.00	\$0.00	\$0.00	
199	X		North Central	Eastern Kentucky University	Stratton Bldg	Richmond	KY	40475	\$398,461.76	\$253,085.70	\$0.00	\$145,376.06	\$0.00	\$0.00	
KY101323	KY101323		West	Four Rivers Behavioral Health	425 Broadway Street Suite Lower Level	Paducah	KY	42001	\$914,686.00	\$761,085.00	\$72,896.00	\$153,601.00	\$0.00	\$0.00	
1	X		East	Independence Place	2358 Nicholasville Rd	Lexington	KY	40503	\$95,670.27	\$95,670.27	\$0.00	\$0.00	\$0.00	\$0.00	
206	X		North Central	Kentucky Housing Corporation	1231 Louisville Rd	Frankfort	KY	40601	\$13,333.08	\$13,333.08	\$0.00	\$0.00	\$0.00	\$0.00	
KY750062	KY750062		East	Kentucky River Community Care Inc	115 Rockwood Lane	Hazard	KY	41701	\$766,688.00	\$543,555.00	\$105,599.00	\$223,133.00	\$0.00	\$0.00	
200	200		Statewide (optional)	KY Council on Problem Gambling	P.O. Box 4595	Frankfort	KY	40604-4595	\$10,000.00	\$0.00	\$0.00	\$10,000.00	\$0.00	\$0.00	
213	X		Statewide (optional)	Ky Partnership Fam & Children	207 Holmes St	Frankfort	KY	40601	\$60,000.00	\$60,000.00	\$0.00	\$0.00	\$0.00	\$0.00	
KY901319	KY901319		West	LifeSkills Inc	822 Woodway Drive	Bowling Green	KY	42101	\$1,081,350.38	\$766,842.38	\$195,701.38	\$314,508.00	\$0.00	\$0.00	
200	KY100698		North Central	Louisville Metro Health Dept	4500 Churchman Avenue Suite 300	Louisville	KY	40215	\$500,000.00	\$500,000.00	\$0.00	\$0.00	\$0.00	\$0.00	
KY900097	KY900097		East	Mountain Comprehensive Care Center	104 South Front Avenue	Prestonsburg	KY	41653	\$753,422.00	\$589,879.00	\$63,172.00	\$163,543.00	\$0.00	\$0.00	
KY103053	KY103053		North Central	New Vista	1351 Newtown Pike Building 5	Lexington	KY	40511	\$2,647,531.00	\$2,094,236.00	\$476,680.00	\$553,295.00	\$0.00	\$0.00	
KY901012	KY901012		North Central	NorthKey Community Care	502 Farrell Drive	Covington	KY	41011	\$1,890,541.00	\$1,700,333.00	\$617,338.00	\$190,208.00	\$0.00	\$0.00	
KY900238	KY900238		East	Pathways Inc	P.O. Box 790	Ashland	KY	41101-0790	\$1,125,201.00	\$937,001.00	\$173,686.00	\$188,200.00	\$0.00	\$0.00	
KY900170	KY900170		West	Pennyroyal Center	P.O. Box 614	Hopkinsville	KY	42241-0614	\$930,115.00	\$668,681.00	\$87,857.00	\$261,434.00	\$0.00	\$0.00	
217	X		Statewide (optional)	People Advocating Recovery	1425 Story Ave	Louisville	KY	40204	\$94,150.00	\$94,150.00	\$0.00	\$0.00	\$0.00	\$0.00	
209	X		Statewide (optional)	REACH of Louisville	501 Park Ave	Louisville	KY	40208	\$419,214.56	\$0.00	\$0.00	\$419,214.56	\$0.00	\$0.00	

KY104567	KY104567	✓	West	River Valley Behavioral Health	1100 Walnut Street	Owensboro	KY	42301	\$808,773.00	\$650,904.00	\$92,513.00	\$157,869.00	\$0.00	\$0.00
KY102314	KY102314	✓	North Central	Seven Counties Services	c/o Patricia Cummings 101 West Muhammad Ali Boulevard	Louisville	KY	40202-1429	\$3,735,418.00	\$3,360,552.00	\$1,229,435.00	\$374,866.00	\$0.00	\$0.00
198	X	✗	Statewide (optional)	University of Kentucky	222 Waller Ste 480	Lexington	KY	40504	\$833,547.98	\$833,547.98	\$69,972.51	\$0.00	\$0.00	\$0.00
X	X	✗	Statewide (optional)	Young People in Recovery	1415 Park Avenue West	Denver	KY	80205	\$31,743.46	\$31,743.46	\$0.00	\$0.00	\$0.00	\$0.00
Total									\$20,180,904.49	\$16,208,848.87	\$3,595,038.89	\$3,972,055.62	\$0.00	\$0.00

\* Indicates the imported record has an error.

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**Footnotes:**

Administrative costs for primary prevention are not included in this total.



### III: Expenditure Reports

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

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

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2019) + B2(2020)</u> 2 (C)
SFY 2019 (1)	\$9,313,631.00	
SFY 2020 (2)	\$9,290,220.00	\$9,301,925.50
SFY 2021 (3)	\$9,306,847.00	

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

SFY 2019      Yes      X      No    \_\_\_\_\_  
 SFY 2020      Yes      X      No    \_\_\_\_\_  
 SFY 2021      Yes      X      No    \_\_\_\_\_

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

Yes    \_\_\_\_\_    No      X  

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

If yes, SFY: \_\_\_\_\_

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

Yes    \_\_\_\_\_    No    \_\_\_\_\_

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

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

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

A comprehensive spreadsheet is maintained throughout the year and all allocations and expenditures are recorded to ensure the state is on target for meeting MOE and required set asides. The entire spreadsheet shows all activities and vendors.

All State General funds are allocated to DBHDID on a biennial basis (in even years) and a specific amount is reserved for substance abuse treatment and prevention.

These are entered into a spreadsheet to track allocation and expenditures and are reviewed monthly by DBHDID. The

awarded amounts are split between Prevention and Treatment and the majority are contracted to local providers of prevention and treatment services. The methodology for calculations follows that set out by SAMHSA.

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**Footnotes:**

### III: Expenditure Reports

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

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

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

#### Base

Period	Total Women's Base (A)
SFY 1994	\$ 2,616,923.00

#### Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2019		\$ 3,696,706.00	
SFY 2020		\$ 3,594,714.00	
SFY 2021		\$ 3,566,641.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2022 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): \$ 4080553.00

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). Annual allocations are designated for use for this population and based on formulas for each CMHC based on a formula of census, past service history and then actual expenditures are reported by the CMHC quarterly and totaled out at the end of the state fiscal year.

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**Footnotes:**

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

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

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

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	<b>1. Information Dissemination</b>	
	2. Resources directories	14
	3. Media campaigns	14
	4. Brochures	14
	5. Radio and TV public service announcements	14
	6. Speaking engagements	14
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	14
	8. Information lines/Hot lines	0
	9. social media channels	14
	<b>2. Education</b>	
	1. Parenting and family management	14
	2. Ongoing classroom and/or small group sessions	14
	3. Peer leader/helper programs	14
	4. Education programs for youth groups	14
	5. Mentors	14
	<b>3. Alternatives</b>	
	2. Youth/adult leadership activities	14
	3. Community drop-in centers	1
	4. Community service activities	3
	6. Recreation activities	7
	<b>4. Problem Identification and Referral</b>	
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	14
	<b>5. Community-Based Process</b>	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	14

2. Systematic planning	14
3. Multi-agency coordination and collaboration/coalition	14
4. Community team-building	14
5. Accessing services and funding	14
<b>6. Environmental</b>	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	14
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	14
3. Modifying alcohol and tobacco advertising practices	14
4. Product pricing strategies	14

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

Level of Care	SABG Number of Admissions $\geq$ Number of Persons Served		COVID-19 Number of Admissions $\geq$ Number of Persons Served		SABG Costs per Person (C, D & E)			COVID-19 Costs per Person (C, D & E)		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
<b>DETOXIFICATION (24-HOUR CARE)</b>										
1. Hospital Inpatient	192	184	0	0						
2. Free-Standing Residential	3,900	2,395	0	0						
<b>REHABILITATION/RESIDENTIAL</b>										
3. Hospital Inpatient	0	0	0	0						
4. Short-term (up to 30 days)	1,358	1,330	0	0						
5. Long-term (over 30 days)	743	705	0	0						
<b>AMBULATORY (OUTPATIENT)</b>										
6. Outpatient	11,498	10,987	0	0						
7. Intensive Outpatient	301	295	0	0						
8. Detoxification	0	0	0	0						
<b>OUD MEDICATION ASSISTED TREATMENT</b>										
9. OUD Medication-Assisted Detoxification <sup>1</sup>	0	0	0	0						
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	0	0	0	0						

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

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

<sup>2</sup> OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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**Footnotes:**

No COVID 19 funding was expended during SFY 2021 so numbers in Columns 3,4, 8,9, and 10 are zero.



## IV: Population and Services Reports

### Tables 11A, 11B and 11C - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions to and persons served in SABG and COVID-19 Relief Supplement funded services.

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

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

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO		
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
1. 17 and Under	117	49	39	8	0	0	0	1	0	0	0	5	1	11	3	64	41	10	2	
2. 18 - 24	1,418	648	475	100	47	1	2	2	0	1	4	19	18	57	44	800	569	29	21	
3. 25 - 44	10,456	4,811	3,659	657	326	10	5	5	4	15	9	85	64	494	312	5,941	4,286	132	79	
4. 45 - 64	3,732	1,897	943	445	130	3	1	5	1	3	8	26	5	173	92	2,531	1,160	22	18	
5. 65 and Over	173	94	26	28	3	0	0	0	0	0	0	1	0	16	5	137	33	2	1	
<b>6. Total</b>	<b>15,896</b>	<b>7,499</b>	<b>5,142</b>	<b>1,238</b>	<b>506</b>	<b>14</b>	<b>8</b>	<b>13</b>	<b>5</b>	<b>19</b>	<b>21</b>	<b>136</b>	<b>88</b>	<b>751</b>	<b>456</b>	<b>9,473</b>	<b>6,089</b>	<b>195</b>	<b>121</b>	
7. Pregnant Women	133		108		11		0		0		0		3		11		131		2	
Number of persons served who were admitted in a period prior to the 12 month reporting period		19,922																		
Number of persons served outside of the levels of care described on Table 10		9,572																		

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

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

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

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

Age	Cisgender Male	Cisgender Female	Transgender Man /Transman /Female -To-Man	Transgender Woman/ Transwoman/ Male-To-Female	Genderqueer/ Gender Non-Conforming/ Neither Exclusively Male nor Female	Additional Gender Category (or Other)	Straight or Heterosexual	Gay or Lesbian	Bisexual	Queer, Pansexual, and/or Questioning	Something Else? Please Specify Under Footnotes
1. 17 and Under	95	54	0	0	0	0	0	0	0	0	0
2. 18 - 24	909	652	0	0	0	0	0	0	0	0	0
3. 25 - 44	6,080	4,370	0	0	0	6	0	0	0	0	0
4. 45 - 64	2,454	1,120	0	0	0	2	0	0	0	0	0
5. 65 and Over	115	30	0	0	0	0	0	0	0	0	0
<b>6. Total</b>	<b>9,653</b>	<b>6,226</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Footnotes:**

Table 11B: No COVID 19 funds expended during SFY 2021, so data are zero.

Table 11C: A few additional fields were collected during SFY 2021, as reported in this table, but expect more data in these fields for next fiscal year due to data field additions for SFY 2022.

## IV: Population and Services Reports

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

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

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

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**Footnotes:**

Per CDC, Kentucky is not an HIV designated state currently or in the past four years.

## IV: Population and Services Reports

### Table 13 - Charitable Choice

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

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

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

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

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

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

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

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

No training was provided.

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#### Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	246	244
Total number of clients with non-missing values on employment/student status [denominator]	2,676	2,676
Percent of clients employed or student (full-time and part-time)	9.2 %	9.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		1,338
Number of CY 2020 discharges submitted:		6,738
Number of CY 2020 discharges linked to an admission:		3,047
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,687
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		2,676

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

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	153	148
Total number of clients with non-missing values on employment/student status [denominator]	1,945	1,945
Percent of clients employed or student (full-time and part-time)	7.9 %	7.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		775
Number of CY 2020 discharges submitted:		5,361
Number of CY 2020 discharges linked to an admission:		2,009
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,958

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,945
---	-------

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

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	9,843	9,893
Total number of clients with non-missing values on employment/student status [denominator]	37,980	37,980
Percent of clients employed or student (full-time and part-time)	25.9 %	26.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		11,823
Number of CY 2020 discharges submitted:		46,483
Number of CY 2020 discharges linked to an admission:		46,477
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		38,113
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		37,980

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

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,045	1,080
Total number of clients with non-missing values on employment/student status [denominator]	7,392	7,392
Percent of clients employed or student (full-time and part-time)	14.1 %	14.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		341
Number of CY 2020 discharges submitted:		8,402
Number of CY 2020 discharges linked to an admission:		8,402
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,415

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

7,392

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

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**Footnotes:**

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	2,324	2,328
Total number of clients with non-missing values on living arrangements [denominator]	2,674	2,674
Percent of clients in stable living situation	86.9 %	87.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		1,338
Number of CY 2020 discharges submitted:		6,738
Number of CY 2020 discharges linked to an admission:		3,047
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,687
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		2,674

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

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	1,138	1,132
Total number of clients with non-missing values on living arrangements [denominator]	1,949	1,949
Percent of clients in stable living situation	58.4 %	58.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		775
Number of CY 2020 discharges submitted:		5,361
Number of CY 2020 discharges linked to an admission:		2,009
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,958
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		1,949

### 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]	34,039	34,038
Total number of clients with non-missing values on living arrangements [denominator]	38,044	38,044
Percent of clients in stable living situation	89.5 %	89.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		11,823
Number of CY 2020 discharges submitted:		46,483
Number of CY 2020 discharges linked to an admission:		46,477
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		38,113
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		38,044

### 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]	5,206	5,189
Total number of clients with non-missing values on living arrangements [denominator]	7,415	7,415
Percent of clients in stable living situation	70.2 %	70.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		341
Number of CY 2020 discharges submitted:		8,402
Number of CY 2020 discharges linked to an admission:		8,402
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,415
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		7,415



**Footnotes:**

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2,503	2,505
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,687	2,687
Percent of clients without arrests	93.2 %	93.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		1,338
Number of CY 2020 discharges submitted:		6,738
Number of CY 2020 discharges linked to an admission:		3,047
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,687
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		2,687

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

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,894	1,894
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,955	1,955
Percent of clients without arrests	96.9 %	96.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		775
Number of CY 2020 discharges submitted:		5,361
Number of CY 2020 discharges linked to an admission:		2,009
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,958

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,955
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Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
 [Records received through 5/2/2021]

## Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	36,393	36,402
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	38,106	38,106
Percent of clients without arrests	95.5 %	95.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		11,823
Number of CY 2020 discharges submitted:		46,483
Number of CY 2020 discharges linked to an admission:		46,477
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		38,187
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		38,106

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

## Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	7,198	7,182
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	7,419	7,419
Percent of clients without arrests	97.0 %	96.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		341
Number of CY 2020 discharges submitted:		8,402
Number of CY 2020 discharges linked to an admission:		8,402
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,419

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

7,419

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

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**Footnotes:**

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2,223	2,136
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,682	2,682
Percent of clients abstinent from alcohol	82.9 %	79.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		12
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	459	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		2.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,124
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,223	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.5 %

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

Number of CY 2020 admissions submitted:	1,338
Number of CY 2020 discharges submitted:	6,738
Number of CY 2020 discharges linked to an admission:	3,047
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,687
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	2,682

## 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]	1,580	1,461
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,958	1,958
Percent of clients abstinent from alcohol	80.7 %	74.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		11
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	378	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		2.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,450
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,580	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.8 %

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

Number of CY 2020 admissions submitted:	775
Number of CY 2020 discharges submitted:	5,361
Number of CY 2020 discharges linked to an admission:	2,009
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,958
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,958

## 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]	33,285	31,798
All clients with non-missing values on at least one substance/frequency of use [denominator]	38,185	38,185
Percent of clients abstinent from alcohol	87.2 %	83.3 %

**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]		134
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,900	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		2.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		31,664
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	33,285	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.1 %

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

Number of CY 2020 admissions submitted:	11,823
Number of CY 2020 discharges submitted:	46,483
Number of CY 2020 discharges linked to an admission:	46,477
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	38,187
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	38,185

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 5/2/2021]**Intensive Outpatient (IO)****A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	5,797	5,497
All clients with non-missing values on at least one substance/frequency of use [denominator]	7,419	7,419
Percent of clients abstinent from alcohol	78.1 %	74.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		66
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,622	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		4.1 %

### 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]		5,431
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,797	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.7 %

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

Number of CY 2020 admissions submitted:	341
Number of CY 2020 discharges submitted:	8,402
Number of CY 2020 discharges linked to an admission:	8,402
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	7,419
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	7,419

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

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#### Footnotes:



## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	907	768
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,682	2,682
Percent of clients abstinent from drugs	33.8 %	28.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		92
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,775	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		5.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		676
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	907	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		74.5 %

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

Number of CY 2020 admissions submitted:	1,338
Number of CY 2020 discharges submitted:	6,738
Number of CY 2020 discharges linked to an admission:	3,047
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,687
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	2,682

**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]	630	518
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,958	1,958
Percent of clients abstinent from drugs	32.2 %	26.5 %

**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]		129
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,328	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		9.7 %

**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]		389
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	630	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		61.7 %

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

Number of CY 2020 admissions submitted:	775
Number of CY 2020 discharges submitted:	5,361
Number of CY 2020 discharges linked to an admission:	2,009
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,958
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,958

**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]	21,433	18,546
All clients with non-missing values on at least one substance/frequency of use [denominator]	38,185	38,185
Percent of clients abstinent from drugs	56.1 %	48.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1,557
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	16,752	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		9.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		16,989
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	21,433	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		79.3 %

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

Number of CY 2020 admissions submitted:	11,823
Number of CY 2020 discharges submitted:	46,483
Number of CY 2020 discharges linked to an admission:	46,477
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	38,187
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	38,185

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
[Records received through 5/2/2021]**Intensive Outpatient (IO)****A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	2,877	2,735
All clients with non-missing values on at least one substance/frequency of use [denominator]	7,419	7,419
Percent of clients abstinent from drugs	38.8 %	36.9 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		644
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,542	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		14.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2,091
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,877	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		72.7 %

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

Number of CY 2020 admissions submitted:	341
Number of CY 2020 discharges submitted:	8,402
Number of CY 2020 discharges linked to an admission:	8,402
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	7,419
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	7,419

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file  
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#### Footnotes:

## V: Performance Indicators and Accomplishments

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

### Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	869	883
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,687	2,687
Percent of clients participating in self-help groups	32.3 %	32.9 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.5 %	
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		1,338
Number of CY 2020 discharges submitted:		6,738
Number of CY 2020 discharges linked to an admission:		3,047
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,687
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		2,687

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

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	673	753
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,955	1,955
Percent of clients participating in self-help groups	34.4 %	38.5 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	4.1 %	
<b>Notes (for this level of care):</b>		
Number of CY 2020 admissions submitted:		775
Number of CY 2020 discharges submitted:		5,361

Number of CY 2020 discharges linked to an admission:	2,009
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,958
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,955

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

### Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	12,423	12,741
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	38,114	38,114
Percent of clients participating in self-help groups	32.6 %	33.4 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.8 %	

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

Number of CY 2020 admissions submitted:	11,823
Number of CY 2020 discharges submitted:	46,483
Number of CY 2020 discharges linked to an admission:	46,477
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	38,187
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	38,114

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

### Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	2,401	2,595
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	7,414	7,414
Percent of clients participating in self-help groups	32.4 %	35.0 %
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]	2.6 %	

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

Number of CY 2020 admissions submitted:	341
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Number of CY 2020 discharges submitted:	8,402
Number of CY 2020 discharges linked to an admission:	8,402
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	7,419
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	7,414

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

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**Footnotes:**

## V: Performance Indicators and Accomplishments

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

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	4	2	3	4
2. Free-Standing Residential	1	1	1	1
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	10	2	4	14
5. Long-term (over 30 days)	6	2	3	6
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	16	1	1	7
7. Intensive Outpatient	5	1	1	2
8. Detoxification	0	0	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification <sup>1</sup>	3	3	3	4
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	24	1	1	12

Level of Care	2020 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	527	313
2. Free-Standing Residential	3422	4
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	6738	3047



5. Long-term (over 30 days)	5361	2009
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	46483	38198
7. Intensive Outpatient	8402	7419
8. Detoxification	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification <sup>1</sup>	0	25
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	0	9262

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

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

<sup>2</sup> OUD Medication-Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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**Footnotes:**

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2018 - 2019		
	Age 21+ - CY 2018 - 2019		
2. 30-day Cigarette Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
3. 30-day Use of Other Tobacco Products	<p><b>Survey Item: NSDUH Questionnaire:</b> "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]<sup>[1]</sup>?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
4. 30-day Use of Marijuana	<p><b>Source Survey Item: NSDUH Questionnaire:</b> "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p><b>Source Survey Item: NSDUH Questionnaire:</b> "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]<sup>[2]</sup></p> <p><b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).</p>		
	Age 12 - 17 - CY 2018 - 2019		

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.  
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.  
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**Footnotes:**

## V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2018 - 2019		
	Age 21+ - CY 2018 - 2019		
2. Perception of Risk From Cigarettes	<b>Source Survey Item: NSDUH Questionnaire:</b> "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		

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**Footnotes:**

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

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

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

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

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**Footnotes:**

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2018 - 2019		
2. Perception of Peer Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2018 - 2019		
3. Disapproval of Using Marijuana Experimentally	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2018 - 2019		
4. Disapproval of Using Marijuana Regularly	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2018 - 2019		
5. Disapproval of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2018 - 2019		

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

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**Footnotes:**



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

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

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

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

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol- and Drug-Related Arrests	<p><b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports</p> <p><b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.</p>		
	CY 2019	4.4	

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No]"</p> <p><b>Outcome Reported:</b> Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2018 - 2019		
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?<sup>[1]</sup>[Response options: 0 times, 1 to 2 times, a few times, many times]"</p> <p><b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2018 - 2019		

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

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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. Approved Substitute Data
Exposure to Prevention Messages	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ? <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2018 - 2019		

[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 31, 32, 33, 34 and 35

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

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

### General Questions Regarding Prevention NOMS Reporting

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

Kentucky has a uniquely created data collection system for all Prevention activities.

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Prevention Specialists collect the data related to demographics and provide opportunities for those who attend live events to identify their race, including the option of "more than one race." "More than one race" is one of the indicators that can be selected on attendance documents and when a participant marks "more than race", those numbers are indicated in this category in the PDS. In cases where the individual does not choose to disclose their race, or for universal indirect activities, the demographic data is marked unknown.

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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
<b>A. Age</b>	<b>88,268</b>
0-4	20
5-11	1,288
12-14	2,961
15-17	4,108
18-20	209
21-24	1,821
25-44	10,226
45-64	8,285
65 and over	1,222
Age Not Known	58,128
<b>B. Gender</b>	<b>88,268</b>
Male	9,698
Female	24,388
Gender Unknown	54,182
<b>C. Race</b>	<b>88,268</b>
White	26,516
Black or African American	2,090
Native Hawaiian/Other Pacific Islander	62
Asian	648
American Indian/Alaska Native	45
More Than One Race (not OMB required)	530

Race Not Known or Other (not OMB required)	58,377
<b>D. Ethnicity</b>	<b>88,268</b>
Hispanic or Latino	901
Not Hispanic or Latino	27,104
Ethnicity Unknown	60,263

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## V: Performance Indicators and Accomplishments

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

Category	Total
<b>A. Age</b>	<b>1815216</b>
0-4	0
5-11	0
12-14	0
15-17	212
18-20	11534
21-24	39224
25-44	90408
45-64	79877
65 and over	29310
Age Not Known	1564651
<b>B. Gender</b>	<b>1815216</b>
Male	109468
Female	141559
Gender Unknown	1564189
<b>C. Race</b>	<b>1815216</b>
White	197502
Black or African American	26685
Native Hawaiian/Other Pacific Islander	14
Asian	474
American Indian/Alaska Native	52
More Than One Race (not OMB required)	2940

Race Not Known or Other (not OMB required)	1587549
<b>D. Ethnicity</b>	<b>1815216</b>
Hispanic or Latino	12992
Not Hispanic or Latino	223402
Ethnicity Unknown	1578822

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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	84,885	N/A
2. Universal Indirect	N/A	\$1,815,216.00
3. Selective	44	N/A
4. Indicated	3,339	N/A
<b>5. Total</b>	<b>88,268</b>	<b>\$1,815,216.00</b>
<b>Number of Persons Served<sup>1</sup></b>	<b>88,268</b>	<b>1,815,216</b>

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

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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.

Kentucky began implementing these guidelines in 2006 at the time of SPF grant. Training and ongoing technical assistance regarding the "Selecting and Identifying EB Programs and Strategies is integrated into the SPF Master Training Curriculum and information is distributed to all Regional Prevention Center staff. "Selecting and Identifying EB Programs and Strategies is integrated into the Substance Abuse Prevention Skills Training and all RPC staff are required to participate in a SAPST training within 6 months of hire. Staff are encouraged to retake the SAPST every 3 years. Additionally, Kentucky has an Evidence-Based workgroup that reviews all requests for additions of programs and strategies to the PDS. Their decisions to include are based on a process developed by prevention evaluators and used to determine the level of evidence behind a program or strategy.

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

Regional Staff enter information into the Prevention Data System.

**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	4997	15074	20071	14	16	20101
2. Total number of Programs and Strategies Funded	5553	17327	22880	16	18	22914
3. Percent of Evidence-Based Programs and Strategies	89.99 %	87.00 %	87.72 %	87.50 %	88.89 %	87.72 %

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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**

	<b>Total Number of Evidence-Based Programs/Strategies for IOM Category Below</b>	<b>Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies</b>
Universal Direct	Total # 4,997	\$803,349.32
Universal Indirect	Total # 15,074	\$2,265,769.38
Selective	Total # 14	\$2,035.34
Indicated	Total # 16	\$2,199.62
	Total EBPs: 20,101	Total Dollars Spent: \$3,073,353.66
<b>Primary Prevention Total<sup>1</sup></b>	<b>\$4,076,412.00</b>	

<sup>1</sup>Primary Prevention Total is populated from Table 4 - State Agency SABG Expenditure Compliance Report, Row 2 Primary Prevention.

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## Prevention Attachments

### Submission Uploads

FFY 2022 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category D:		
File	Version	Date Added

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