

# Kentucky

## UNIFORM APPLICATION

FY 2023 Substance Abuse Block Grant Report

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025  
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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 7/1/2021

To 6/30/2022

#### Block Grant Expenditure Period

From 10/1/2019

To 9/30/2021

### IV. Date Submitted

Submission Date 11/30/2022 12:11:13 PM

Revision Date 9/5/2023 11:26:16 AM

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**Footnotes:**

## II: Annual Update

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

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

**Goal of the priority area:**

Maintain a rate of 8% or less of psychiatric hospital discharges to a personal care home where the admission living arrangement was not personal care home

**Objective:**

To avoid an increase in the rate of adults, who did not already reside in personal care homes, being discharged to personal care homes from state-operated/contracted psychiatric hospitals.

**Strategies to attain the goal:**

The electronic medical records system utilized by state-operated/contracted psychiatric hospitals collects living arrangement at admission and discharge.  
Maintain collaborative partnerships between the state-operated/contracted psychiatric hospitals and the CMHCs to facilitate referrals to community services.  
Maintain contracts with CMHCs to provide evidence-based practices that assist individuals with SMI to live in the community: Assertive Community Treatment, Permanent Supportive Housing, Supported Employment and Peer Support services.  
Provide training, technical assistance and fidelity monitoring to ensure most effective implementation of these evidence-based practices.  
Provide technical assistance to the state-operated/contracted psychiatric hospitals and the CMHCs to address barriers to community placement.

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

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home.  
**Baseline Measurement:** The SFY 2020 percentage of adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home was at 5% = 267/5,278.  
**First-year target/outcome measurement:** By the end of SFY 2022, the percentage of adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home will be maintained as less than 8%. This number will be calculated annually.  
**Second-year target/outcome measurement:** By the end of SFY 2023, the percentage of adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home will be maintained as less than 8%. This number will be calculated annually.

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

**Data Source:**

DBHDID Facility Data Set

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

**Description of Data:**

Data report to show per State Fiscal Year (SFY): Report ID: COC\_10-DC-LA\_Not\_From\_PCH  
The total number of percentage of adults discharged from a state-operated psychiatric hospital to a personal care home where the admission living arrangement was not personal care home.  
The report is based on SFY (July 1 - June 30). This report is updated monthly.  
This report includes data for Central State Hospital, Western State Hospital, and Eastern State Hospital.

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

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

The electronic medical record system is the source of data. Technical issues that are unique to each facility's system sometimes occur. Troubleshooting technical issues with this system as they arise involves a third party vendor and a third party data management contract. In addition, this rate would be impacted if a significant or unusual change occurred to the total number of adults discharged in any single year..  
It is expected that adults needing the levels of care described in this indicator are experiencing SMI. However, the specific data sets for both state-operated/contracted psychiatric hospitals and personal care homes are not required to have a specific SMI market. Personal care home admissions are required to have a diagnosis of mental illness that is expected to last at least two (2) years, and individuals must need assistance with daily living/personal care functioning.

**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):**

During SFY 2022, 5,040 individuals were discharged from state psychiatric hospitals who did not reside in personal care homes. Of those, 214 were discharged to personal care homes for a total of 4.2%.

**Priority #:** 2  
**Priority Area:** Early Serious Mental Illness/First Episode 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 psychosis (FEP).

**Objective:**

Ensure rapid access to a prescriber for young people being admitted into Coordinated Specialty Care programs.

**Strategies to attain the goal:**

Provide training and technical assistance to all outpatient sites funded to provide Coordinated Specialty Care (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.  
Embed rapid access measures and rationale into CMHC contract deliverables for CSC outpatient funded sites.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Young people will have access to available prescriber appointments within seven (7) days of admission into one of the eight (8) CSC programs. Young people served in CSC programs are not required to see a prescriber, but may choose to see a team prescriber, even if they do not wish to take medication. However, for ALL who choose to see a prescriber, rapid access is essential. Rapid access to care, including evidence-based medication management/education is a large part of the evidence base for CSC.

**Baseline Measurement:** As of the third quarter of SFY 2021, eight (8) CSC funded programs had team prescribers identified to see young people upon admission into CSC programming. There were 54 new young people admitted into CSC programs, 35 of those new admissions saw the team prescriber within 7 days upon admission, resulting in a statewide total of 65% of new admissions into CSC programs seeing team prescribers within 7 days of admission.

**First-year target/outcome measurement:** By the end of SFY 2022, the statewide total of new admissions into CSC programs seeing team prescribers within 7 days of admission will be 70 % of all new admissions who choose to see team prescribers.

**Second-year target/outcome measurement:** By the end of SFY 2023, the statewide total of new admissions into CSC programs seeing team prescribers within 7 days of admission will be 75% of all new admissions who choose to see team prescribers.

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

**Data Source:**

Department Periodic Report (DPR) form 113H/CMHC Contract Reporting Requirement. Additional CSC site level data as needed.

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

**Description of Data:**

DPR Form 113H. All CMHC CSC sites submit this form on a quarterly basis. Data are collected from this form regarding prescriber access, in addition to all new admissions.

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

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

It is best practice for all young people experiencing early signs of psychosis is to see a prescriber for education and consultation regardless whether they take medications. However, many young people choose to not see the prescriber. This indicator is intended to honor the choice of young people, so that choice will be taken into account as we calculate access rates.

**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):**

During SFY 2022, there were 96 new admissions into CSC programs. Of those, 74 saw a prescriber within 7 days, for a total of 77%.

**Priority #:** 3

**Priority Area:** Children with 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 number of children/youth with SED who receive peer support services.

**Strategies to attain the goal:**

CMHCs with Transition Age Youth specialized programming are required by contract to have peer support services available to children/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 Support Specialists in the service delivery array.

Provide training and technical assistance regarding the supervision of Peer Support 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 young people up to age 26, including those with SED.

**Baseline Measurement:** Total number of young people up to age 26 who received Youth or Family Peer Support (individual or group) during SFY 2020 was 1,416.

**First-year target/outcome measurement:** Increase by .25% the total number of young people up to age 26 who receive Youth or Family Peer Support services, from the CMHCs, during SFY 2022. At the end of SFY 2022, 1,420 young people should have received Youth or Family Peer Support services.

**Second-year target/outcome measurement:** Increase by .25% the total number of young people up to age 26 who receive Youth or Family Peer Support services, from the CMHCs, during SFY 2023. At the end of SFY 2023, 1,424 young people should have received Youth or Family Peer Support services.

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

**Data Source:**

DBHDID Client/Event Data Set

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

**Description of Data:**

Data report to show the total number of young people up to age 26 served by the CMHCs, who received Youth or Family Peer Support (individual or group peer support services). Report from AMART using the following filters: All MH served, statewide, in-region/out-of-region, status 1, 2, & 3, ages 1 through 25, units of service client count, service codes 147,148,149,150.

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

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

Due to the data intricacies involved in capturing all young people up to age 26 who are served with Peer Support services, this indicator will utilize reports of All MH served for measurement, which will include All SED children served, but will also include young people in the transition age youth category.

**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):**

During SFY 2022, 1,601 young people under the age of 26 received Youth or Family Peer Support services. The target was 1,420.

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

**Goal of the priority area:**

Reduce alcohol use and electronic cigarettes use among 10th graders in Kentucky.

**Objective:**

Increase the perception of harm of electronic cigarettes in 10th graders.  
Decrease 30-day use of alcohol by 10th graders.

**Strategies to attain the goal:**

- 1.1.1.- Educate youth, parents and educators about the harmful effects of electronic cigarette use.
- 1.1.2 - Provide training and technical assistance to schools and community organizations to update school and community smoke-free policies to address electronic cigarettes use.
- 1.1.3.- Conduct Reward/Remind type activities with retailers related to sale of electronic cigarettes to minors.
- 1.1.4 - Provide training and technical assistance to schools to support and enhance early prevention screening and assessment of adolescents.
- 1.2.1 - Education parents about "host parties" and the negative psychological effects of alcohol consumption by adolescents.
- 1.2.2.- Provide training and technical assistance to community coalitions to expand Social Host Ordinances implementation and enforcement.
- 1.2.3 - Implement and expand the "Keep a Lid on It" strategy to reduce youth access to alcohol-to-go-sales.
- 1.1.4 - Provide training and technical assistance to school to support and enhance early prevention screening and assessment of adolescents.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of 10th graders, who participate in the KIP survey who report "great risk" or "moderate risk" in use of e-cigarettes "some days but not every day?".

**Baseline Measurement:** 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. During SFY 2020, 4,905 Kentucky residents, under the age of 21, received prevention services targeting tobacco use.

**First-year target/outcome measurement:** 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). First year measure for the block grant is to increase by 3% (to 5,052) the number of Kentucky residents, under the age of 21, who receive prevention services targeting tobacco use.

**Second-year target/outcome measurement:** Increase by 2% the percentage of 10th graders, who participate in the 2023 KIP Survey, who report use of electronic cigarettes on a regular basis as "moderate" to "great risk". (44.8%)

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

**Data Source:**

Kentucky Incentives for Prevention (KIP) Survey: 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 these communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning. The Prevention Data System is Kentucky's reporting system for activities delivered by primary prevention providers. Providers are required by contract to enter the activities that they have delivered in their communities within 30 days of the end date of the activity. The cloud-based system provides data for various SAMHSA Block Grant reporting requirements related to primary prevention.

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

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

The KIP Survey is conducted biannually, with the next iteration scheduled to occur in the fall of 2021. (the 2020 KIP survey did not occur due to the pandemic). Data is available approximately 6 months post administration.

**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):**

During SFY 2022, 11,110 people under the age of 21 received tobacco prevention activities. The target was 5,052.

<b>Indicator #:</b>	2
<b>Indicator:</b>	Number of 10th graders, who participate in the KIP survey, who report past 30-day use of alcoholic beverages.
<b>Baseline Measurement:</b>	2018 KIP survey results indicate 16.8% of 10th graders answered that they consumed alcohol, on at least 1 occasion, in the past 30 days. SFY 2020 data reports 4,688 youth, under the age of 19, received prevention services targeting underage drinking.
<b>First-year target/outcome measurement:</b>	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). First-year measure for the block grant will increase by 3% (to 6,149) the number of youth, under the age of 19, receiving prevention services targeting underage drinking.
<b>Second-year target/outcome measurement:</b>	Decrease by 1% (to 16.5), the number of 10th graders that report having consumed alcohol on at least 1 occasion, in the past 30 days.
<b>New Second-year target/outcome measurement(if needed):</b>	

**Data Source:**

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

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

**Description of Data:**

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 these communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.

The Prevention Data System is Kentucky's reporting system for activities delivered by primary prevention providers. Providers are required by contract to enter the activities that they have delivered in their communities within 30 days of the end data of the activity. The cloud-based system provides data for various SAMHSA Block Grant reporting requirement related to primary prevention.

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

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

The KIP Survey is conducted biannually, with the next iteration scheduled to occur in the fall of 2021 (the 2020 KIP Survey did not occur due to the pandemic). Data is available approximately 6 months post administration.

**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):**

During SFY 2022, 11,103 people under the age of 19 received alcohol related prevention services. The target was 6,149.

**Priority #:** 5

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

**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 discharges.

**Objective:**

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 to be provided to the mother and infant, and delineate who is responsible for ensuring that the mother is aware of, and accesses 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:** As of the end of SFY 2021, there are seven (7) POSC sites to serve PWWDC with SUDs.

**First-year target/outcome measurement:** At the end of SFY 2022, one (1) additional Community Mental Health Center (CMHC) will become a POSC site.

**Second-year target/outcome measurement:** At the end of SFY 2023, one (1) additional Community Mental Health Center (CMHC) will become a POSC site.

**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:**

The total number of POSC sites within Community Mental Health Centers (CMHCs).

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

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

Expected outcome measure for the 2 year period equals nine (9) total POSC sites by the end of SFY 2023.

**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):**

At the end of SFY 2022, 10 (ten) CMHCs had Plan of Safe Care sites. The target was 8.

**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 Services Programs (SSPs) statewide.

**Objective:**

Monitor and increase the number of Syringe Services Programs across the state.

**Strategies to attain the goal:**

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

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

(if needed)

## Annual Performance Indicators to measure goal success

**Indicator #:**

1

**Indicator:** The number of syringe services programs (SSPs) in place across the state.

**Baseline Measurement:** At the end of SFY 2021 there are 74 SSPs across the state.

**First-year target/outcome measurement:** At the end of SFY 2022, there will be one (1) additional SSP in the state. This is a comparison across consecutive years.

**Second-year target/outcome measurement:** At the end of SFY 2023, there will be one (1) additional SSP in the state. 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, and 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 SSPs statewide and also posts to their website the days/hours of operation for each program. The ODCP and the Kentucky Harm Reduction Coalition and DBHDID work to educate individuals and communities about the cost, benefits, myths, and best practice guidelines for initiating and maintaining SSPs. The target for the end of SFY 2023 is 76 SSPs in Kentucky.

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

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

SSPs have existed and been studied extensively in the United States since 1988. The SSPs are community-based programs that provide access to sterile needles and syringes free of cost, facilitate safe disposal of used needles and syringes, and other safe injection education. The SSPs in Kentucky also provide linkages to critical services and programs including substance use disorder treatment programs, overdose prevention education, screening, care and treatment for HIV and viral hepatitis, prevention of mother-to-child transmission, hepatitis A and 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 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 SSPs.

**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):**

At the end of SFY 2022, there were 82 Syringe Services Programs in Kentucky. The target was 75.

**Priority #:** 7

**Priority Area:** Individuals who receive Substance Use Disorder 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 SUD.

**Objective:**

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

**Strategies to attain the goal:**

Continue partnering with the Kentucky Department for Public Health and the CMHCs to improve data collection definitions and screening protocols 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**

**Indicator #:**

1

**Indicator:**

Screen persons who present for substance use services at the fourteen (14) CMHCs for TB.

**Baseline Measurement:**

At the end of SFY 2021, all 14 CMHCs have submitted written policies regarding screening all individuals seeking services for SUDs for TB. However, at the end of SFY 2021, CMHCs do not have written procedures outlining specific methods of screening and subsequent referrals, including written procedures of how staff will be trained to follow the written policies/procedures.

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

At the end of SFY 2022, four (4) of the CMHCs will submit written procedures detailing the process for TB screening and subsequent referral as indicated, for all individuals seeking services for SUDs, to include staff training processes and training curriculum that ensures effective and consistent implementation of policies and procedures.

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

At the end of SFY 2023, two (2) additional CMHCs will submit written procedures detailing the process for TB screening and subsequent referral as indicated, for all individuals seeking services for SUDs, to include staff training processes and training curriculum that ensures effective and consistent implementation of policies and procedures.

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

**Data Source:**

Submission of TB-related procedures, including training processes and curriculum, by CMHCs, through the Plan and Budget process.

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

**Description of Data:**

At the end of SFY 2023, six (6) CMHCs will have submitted written procedures regarding TB screening and subsequent referral as indicated, to include staff training and training curriculum.

**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):**

At the end of SFY 2022, ten (10) CMHCs had written, approved policies for screening for tuberculosis with individuals receiving substance use disorder services.

**Priority #:** 8  
**Priority Area:** Adults with SMI  
**Priority Type:** MHS  
**Population(s):** SMI

**Goal of the priority area:**

Maintain a rate of 8% or less of psychiatric hospital discharges to a personal care home where the admission living arrangement was not personal care home.

**Objective:**

To avoid an increase in the rate of adults, who did not already reside in personal care homes, being discharged to personal care homes from state-operated/contracted psychiatric hospitals.

**Strategies to attain the goal:**

The electronic medical record system utilized by state-operated/contracted psychiatric hospitals collected living arrangement at admission and discharge.  
Maintain collaborative partnerships between the state-operated/contracted psychiatric hospitals and the CMHCs to facilitate referrals to community services.  
Maintain contracts with CMHCs to provide evidence-based practices that assists individuals with SMI to live in the community: Assertive Community Treatment, Permanent Supportive Housing, Supported Employment and Peer Support services.  
Provide training, technical assistance and fidelity monitoring to ensure most effect implementation of these evidence-based practices.  
Provide technical assistance to the state-operated/contracted psychiatric hospitals and the CMHCs to address barriers to community placement.

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

**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	Adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home.
<b>Baseline Measurement:</b>	The SFY 2020 percentage of adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home was at 5% = 267/5,278.
<b>First-year target/outcome measurement:</b>	By the end of SFY 2022, the percentage of adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home will be maintained as less than 8%. This number will be calculated annually.
<b>Second-year target/outcome measurement:</b>	By the end of SFY 2023, the percentage of adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home will be maintained as less than 8%. This number will be calculated annually.

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

**Data Source:**

DBHDID Facility Data Set

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

**Description of Data:**

Data report to show per State Fiscal Year (SFY): Report ID: COC\_10-DC-LA\_Not\_From\_PCH  
The total number of percentage of adults discharged from a state-operated/contracted psychiatric hospital to a personal care home where the admission living arrangement was not personal care home.  
The report is based on SFY (July 1 - June 30). This report is updated monthly.  
The report includes data for Central State Hospital, Western State Hospital, and Eastern State Hospital.

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

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

The electronic medical record system is the source of data. Technical issues that are unique to each facility's system sometimes occur. Troubleshooting technical issues with this system as they arise involves a third party vendor and a third party data management contract. In addition, this rate would be impacted if a significant or unusual change occurred to the total number discharged in any single year.  
It is expected that adults meeting the levels of care described in this indicator are experiencing SMI. However, the specific data sets for both state-operated/contracted psychiatric hospitals and personal care homes are not required to have a specific SMI marker. Personal care home admissions are required to have a diagnosis of mental illness that is expected to last at least 2 years, and individuals must need assistance with daily living/personal care functioning.

**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):**

During SFY 2022, 5,040 individuals were discharged from state psychiatric hospitals who did not reside in personal care homes. Of those, 214 were discharged to personal care homes, for a total of 4.2%.

**Priority #:** 9  
**Priority Area:** Early Serious Mental Illness/First Episode 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 psychosis (FEP).

**Objective:**

Ensure rapid access to a prescriber for young people being admitted into Coordinated Specialty Care (CSC) programs.

**Strategies to attain the goal:**

Provide training and technical assistance to all outpatient sites funded to provide Coordinated Specialty Care (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.  
Embed rapid access measures and rationale into CMHC contract deliverables for CSC outpatient funded sites.

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

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Young people will have access to available prescriber appointments within seven (7) days of admission into one of the eight (8) CSC programs. Young people served in CSC programs are not required to see a prescriber, but may choose to see a team prescriber, even if they do not wish to take medication. However, for ALL who choose to see a prescriber, rapid access is essential. Rapid access to care, including evidence-based medication management/education is a large part of the evidence base for CSC.

**Baseline Measurement:** As of the third quarter of SFY 2021, eight (8) CSC funded programs had team prescribers identified to see young people upon admission into CSC programming. There were 54 new young people admitted into CSC programs, 35 of those new admissions saw the team prescriber within 7 days upon admission, resulting in a statewide total of 65% of new admissions into CSC programs seeing team prescribers within 7 days of admission.

**First-year target/outcome measurement:** By the end of SFY 2022, the statewide total of new admissions into CSC programs seeing team prescribers within 7 days of admission will be 70 % of all new admissions who choose to see team prescribers.

**Second-year target/outcome measurement:** By the end of SFY 2023, the statewide total of new admissions into CSC programs seeing team prescribers within 7 days of admission will be 75% of all new admissions who choose to see team prescribers.

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

**Data Source:**

Department Periodic Report (DPR) form 113H/CMHC Contract Reporting Requirement. Additional CSC site level data as needed.

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

**Description of Data:**

DPR form 113H. All CMHC CSC sites submit this form quarterly. Data are collected from this form regarding prescriber access, in addition to all new admissions.

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

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

It is best practice for all young people experiencing early signs of psychosis is to see a prescriber for education and consultation regardless whether they take medications. However, many young people choose to not see the prescriber. This indicator is intended to honor the choice of young people, so that choice will be taken into account as we calculate access rates.

**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):**

During SFY 2022, there were 96 new admissions into CSC programs. Of those, 74 saw a prescriber within 7 days, for a total of 77%.

**Priority #:** 10

**Priority Area:** Children with 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 number of children/youth with SED who receive Peer Support services.

**Strategies to attain the goal:**

CMHCs with Transition Age Youth specialized programming are required by contract to have Peer Support services available to children/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 Support Specialists in the service delivery array.  
Provide training and technical assistance regarding the supervision of Peer Support 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 young people up to age 26, including those with SED.  
**Baseline Measurement:** Total number of young people up to age 26 who received Youth or Family Peer Support (individual or group) during SFY 2020 was 1,416.  
**First-year target/outcome measurement:** Increase by .25% the total number of young people up to age 26 who receive Youth or Family Peer Support services, from the CMHCs, during SFY 2022. At the end of SFY 2022, 1,420 young people should have received Youth or Family Peer Support services.  
**Second-year target/outcome measurement:** Increase by .25% the total number of young people up to age 26 who receive Youth or Family Peer Support services, from the CMHCs, during SFY 2023. At the end of SFY 2023, 1,424 young people should have received Youth or Family Peer Support services.

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

**Data Source:**

Client/Event Data Set used by DBHDID and the CMHCs.

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

**Description of Data:**

Data report to show the total number of young people up to age 26 served by the CMHCs, who received Youth or Family Peer Support services in each respective state fiscal year (includes counts for individual and group peer support services) Report form AMART using the following filters: All MH served, statewide, in-region/out-of-region, status 1, 2, & 3, ages 1 through 25, units of service client count, service codes 147,148,149 150.

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

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

Due to the data intricacies involved in capturing all young people up to age 26 who are served with Peer Support services, this indicator will utilize reports of All MH served for measurement, which will include All SED served, but will also include young people included in the transition age youth category.

**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):**

During SFY 2022, 1,601 young people under the age of 26 received Youth or Family Peer Support services. The target was 1,420.

**Priority #:** 11  
**Priority Area:** Primary Prevention  
**Priority Type:** SAP  
**Population(s):** PP

**Goal of the priority area:**

Reduce alcohol use and electronic cigarette use among 10th graders in Kentucky.

**Objective:**

Increase the perception of harm of electronic cigarettes.  
 Decrease the 30-day use of alcohol by 10th graders.

**Strategies to attain the goal:**

- 1.1.1.- Educate youth, parents and educators about the harmful effects of electronic cigarette use.
- 1.1.2 - Provide training and technical assistance to schools and community organizations to update school and community smoke-free policies to address electronic cigarettes use.
- 1.1.3.- Conduct reward/remind type activities with retailers related to sale of electronic cigarettes to minors.
- 1.1.4 - Provide training and technical assistance to schools to support and enhance early prevention screening and assessment of adolescents.
- 1.2.1 - Educate parents about "host parties" and the negative psychological effects of alcohol consumption by adolescents.
- 1.2.2. - Provide training and technical assistance to community coalitions to expand Social Host Ordinances implementation and enforcement.
- 1.2.3 - Implement and expand the "Keep a Lid on It" strategy to reduce youth access to alcohol-to-go sales.
- 1.1.4 - Provide training and technical assistance to school to support and enhance early prevention screening and assessment of adolescents.

**Edit Strategies to attain the objective here:  
(if needed)****Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of 10th graders, who participate in the KIP survey who report "great risk" or "moderate risk" in use of e-cigarettes "some days but not every day?".

**Baseline Measurement:** 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. During SFY 2020, 4,905 Kentucky residents, under the age of 21, received prevention services targeting tobacco use.

**First-year target/outcome measurement:** 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). First year measure for the block grant is to increase by 3% (to 5,052) the number of Kentucky residents, under the age of 21, who receive prevention services targeting tobacco use.

**Second-year target/outcome measurement:** Increase by 2% the percentage of 10th graders, who participate in the 2023 KIP Survey, who report use of electronic cigarettes on a regular basis as "moderate" to "great risk". (44.8%)

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

**Data Source:**

Kentucky Incentives for Prevention (KIP) Survey, 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 these communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.

The Prevention Data System is Kentucky's reporting system for activities delivered by primary prevention providers. Providers are required by contract to enter the activities that they have delivered in their communities within 30 days of the end date of the activity. The cloud-based system provides data for various SAMHS Block Grant reporting requirements related to primary prevention.

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

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

The KIP Survey is conducted biannually, with the next iteration scheduled to occur in the fall of 2021 (the 2020 KIP Survey did not occur due to the pandemic). Data is available approximately 6 months post administration.

**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):**

During SFY 2022, 11,110 people under the age of 21 received tobacco prevention services. The target was 5,052.

**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 1 occasion, in the past 30 days. SFY 2020 data reports 4,688 youth, under the age of 19, received prevention services targeting underage drinking.

**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). First-year measure for the block grant will increase by 3% (to 6,149) the number of youth, under the age of 19, receiving prevention services targeting underage drinking.

**Second-year target/outcome measurement:** Decrease by 1% (to 16.5), the number of 10th graders that report having consumed alcohol on at least 1 occasion, in the past 30 days.

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

**Data Source:**

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

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

**Description of Data:**

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 these communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.

The Prevention Data System is Kentucky's reporting system for activities delivered by primary prevention providers. Providers are required by contract to enter the activities that they have delivered in their communities within 30 days of the end date of the activity. The cloud-based system provides data for various SAMHSA Block Grant reporting requirements related to primary prevention.

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

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

The KIP Survey is conducted biannually, with the next iteration scheduled to occur in the fall of 2021 ( the 2020 KIP Survey did not occur due to the pandemic). Data is available approximately 6 months post administration.

**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):**

During SFY 2022, 11,103 people under the age of 19 received alcohol prevention services. The target was 6,149.

**Priority #:** 12

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

**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 discharges

**Objective:**

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 to be provided to the mother and infant, and delineate who is responsible for ensuring that the mother is aware of, and accesses 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:** As of the end of SFY 2021, there are seven (7) POSC sites to serve PWWDC with SUDs.

**First-year target/outcome measurement:** At the end of SFY 2022, one (1) additional Community Mental Health Center (CMHC) will

become a POSC site.

**Second-year target/outcome measurement:** At the end of SFY 2023, one (1) additional Community Mental Health Center (CMHC) will become a POSC site.

**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:**

The total number of POSC sites within the Community Mental Health Centers.

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

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

Expected outcome measure for the 2 year period equals nine (9) total POSC sites by the end of SFY 2023.

**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):**

At the end of SFY 2022, 10 (ten) CMHCs had Plan of Safe Care sites. The target was 8.

**Priority #:** 13

**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 Services Programs (SSPs) statewide.

**Objective:**

Monitor and increase the number of Syringe Services Programs across the state.

**Strategies to attain the goal:**

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

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

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** The number of syringe services programs (SSPs) in place across the state.

**Baseline Measurement:** As of the end of 2021, there are 74 SSPs across the state.

**First-year target/outcome measurement:** At the end of SFY 2022, there will be one (1) additional SSP in the state. This is a comparison across consecutive years.

**Second-year target/outcome measurement:** At the end of SFY 2023, there will be one (1) additional SSP in the state. 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, 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 SSPs statewide and also posts to their website the days/hours of operation for each program. The ODCP and the Kentucky Harm Reduction Coalition and DBHDID work to educate individuals and communities about the cost, benefits, myths and best practice guidelines for initiating and maintaining SSPs. The target for the end of SFY 2023 is 76 SSPs in Kentucky.

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

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

SSPs have existed and been studied extensively in the United States since 1988. The SSPs are community-based programs that provide access to sterile needles and syringes free of cost, facilitate safe disposal of used needles and syringes and other safe injection education. The SSPs in Kentucky also provide linkages to critical services and programs including substance use disorder treatment programs, overdose prevention education, screening, care and treatment for HIV and viral hepatitis, prevention of mother-to-child transmission, hepatitis A and B vaccination, screening for other sexually transmitted diseases and tuberculosis, partner services and other medical, social and mental health services.

In response to Senate Bill 192, enacted during the 2015 regular legislative session, the 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 SSPs.

**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):**

At the end of SFY 2022, there were 82 Syringe Services Programs in Kentucky. The target was 75.

**Priority #:** 14

**Priority Area:** Individuals who receive Substance Use Disorder 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 disorder services are adequately screened for TB.

**Strategies to attain the goal:**

Continue partnering with the Kentucky Department for Public Health and the CMHCs to improve data collection definitions and screening protocols 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**

**Indicator #:**

1

**Indicator:**

Screen persons who present for substance use services at the fourteen (14) CMHCs for TB.

**Baseline Measurement:**

At the end of SFY 2021, all 14 CMHCs have submitted written policies regarding screening all individuals seeking services for SUDs for TB. However, at the end of SFY 2021, CMHCs do not have written procedures outlining specific methods of screening and subsequent referrals, including written procedures of how staff will be trained to follow the written policies/procedures.

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

At the end of SFY 2022, four (4) of the CMHCs will submit written procedures detailing the process for TB screening and subsequent referral as indicated, for all individuals seeking services for SUDs, to include staff training processes and training curriculum that ensures effective and consistent implementation of policies and procedures.

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

At the end of SFY 2023, two (2) additional CMHCs will submit written procedures detailing the process for TB screening and subsequent referral as indicated, for all individuals seeking services for SUDs, to include staff training processes and training curriculum that ensures effective and consistent implementation of policies and procedures.

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

**Data Source:**

Submission of TB-related procedures, including training processes and curriculum, by CMHCs, through the Plan and Budget process.

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

**Description of Data:**

At the end of SFY 2023, 6 CMHCs will have submitted written procedures regarding TB screening and subsequent referral as indicated, to include staff training processes and training curriculum.

**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):**

At the end of SFY 2022, 10 (ten) CMHCs had written, approved policies for screening for tuberculosis with individuals receiving substance use disorder services. The target was 4.

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**



**FY 21 SABG COVID Testing and Mitigation Supplemental Funding:  
FY 22 Annual Report**

**Expenditure Period: October 1, 2021 - September 30, 2022  
Grantee Submission Due Date: Tuesday, January 3, 2023**

**Name of SABG Grantee:**           Kentucky            
*Name of State, DC, Territory, Associated State, or Tribe*

**Submitted By:**   \_Melissa Runyon, Block Grant Planner  
*Name and Title of Individual Submitting SABG Report*

**Date Submitted:**           12.12.22          

**FY 21 SABG Allocation Amount:**       \$562,833      

#	Date of Expenditure	Item/Activity Description	Amount of Expenditure
1		Not Applicable	
2			
3			
4			
5			
6			
7			
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12			
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14			
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21			
22			
23			
24			
25			
26			

#	Date of Expenditure	Item/Activity Description	Amount of Expenditure
27			
28			
29			
30			
		<b>Total</b>	

Kentucky has contracted with the Kentucky Department for Public Health to distribute these funds to community-based, residential substance use disorder treatment programs and recovery programs, beginning July 1, 2022. As of the end of September 2022, no funds have yet been expended. Kentucky anticipates another round of allocations for these funds for SFY 2024, which begins July 1, 2023.

### III: Expenditure Reports

Table 2a - State Agency Expenditure Report

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding Local Medicaid)	G. Other	H. COVID-19 <sup>1</sup>	I. ARP <sup>2</sup>
1. Substance Abuse Prevention (Other than Primary Prevention) and Treatment <sup>3</sup>	\$16,626,413.00		\$0.00	\$42,231,000.00	\$6,948,331.00	\$0.00	\$6,610,600.00	\$2,250,042.00	\$225,248.00
a. Pregnant Women and Women with Dependent Children	\$3,273,753.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$216,636.00	\$0.00
b. All Other	\$13,352,660.00		\$0.00	\$42,231,000.00	\$6,948,331.00	\$0.00	\$6,610,600.00	\$2,033,406.00	\$225,248.00
2. Substance Use Disorder Primary Prevention	\$3,934,767.00		\$0.00	\$5,111,513.00	\$526,446.00	\$0.00	\$772,861.00	\$728,560.00	\$186,159.00
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>4</sup>	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	\$853,835.00		\$0.00	\$1,804,125.00	\$1,830,977.00	\$0.00	\$111,469.00	\$90,940.00	\$0.00
<b>11. Total</b>	<b>\$21,415,015.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$49,146,638.00</b>	<b>\$9,305,754.00</b>	<b>\$0.00</b>	<b>\$7,494,930.00</b>	<b>\$3,069,542.00</b>	<b>\$411,407.00</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 planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

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

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

<sup>4</sup> Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered designated states during any of the three prior federal fiscal years for which a state was applying for a grant. See EIS/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

Actual  Estimated

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

### III: Expenditure Reports

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

Expenditure Period Start Date 10/1/2021      Expenditure Period End Date 9/30/2022

Service	COVID-19 Expenditures
<b>Healthcare Home/Physical Health</b>	<b>\$0</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>	<b>\$0</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)	
Primary Substance Use Disorder Prevention (Education)	
Primary Substance Use Disorder Prevention (Alternatives)	
Employee Assistance Programs (Problem Identification and Referral)	
Primary Substance Use Disorder Prevention (Community-Based Processes)	

Primary Substance Use Disorder Prevention (Environmental)	
<b>Intervention Services</b>	<b>\$0</b>
Fentanyl Strips	
Syringe Services Program	
Naloxone	
Overdose Kits/Dissemination of Overdose Kits	
<b>Engagement Services</b>	<b>\$0</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>	<b>\$0</b>
Evidence-based Therapies	
Group Therapy	
Family Therapy	
Multi-family Therapy	
Consultation to Caregivers	
<b>Medication Services</b>	<b>\$0</b>
Medication Management	
Pharmacotherapy (including MAT)	
Laboratory Services	
<b>Community Support (Rehabilitative)</b>	<b>\$0</b>
Parent/Caregiver Support	
Case Management	
Behavior Management	

Supported Employment	
Permanent Supported Housing	
Recovery Housing	
<b>Recovery Supports</b>	<b>\$0</b>
Peer Support	
Recovery Support Coaching	
Recovery Support Center Services	
Supports For Self-Directed Care	
<b>Supports (Habilitative)</b>	<b>\$0</b>
Personal Care	
Respite	
Supported Education	
<b>Acute Intensive Services</b>	<b>\$0</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>	<b>\$0</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)	
<b>Total</b>	<b>\$0</b>

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:**

### III: Expenditure Reports

**Table 3a SABG - Syringe Services Program**

Expenditure Start Date: 07/01/2021 Expenditure End Date: 06/30/2022

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	Dollar Amount of COVID-19 <sup>1</sup> Funds Expended for SSP	Dollar Amount of ARP <sup>2</sup> Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of locations (Include any mobile locations)	Narcan Provider (Yes or No)	Fentanyl Strips (Yes or No)
No Data Available								

<sup>1</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" 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> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SABG. Per the instructions, the planning period for standard MHBG/SABG expenditures is July 1, 2021 – June 30, 2023.

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**Footnotes:**

N/A Kentucky doesn't use SABG funds for SSP.



### III: Expenditure Reports

Table 3b SABG - Syringe Services Program

Expenditure Start Date: Expenditure End Date:

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

**Footnotes:**

N/A Kentucky doesn't use SABG funds for SSP.

### 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: 10/1/2019      Expenditure Period End Date: 9/30/2021

Expenditure Category	FY 2020 SA Block Grant Award
1. Substance Abuse Prevention <sup>1</sup> and Treatment	\$16,268,860.00
2. Primary Prevention	\$4,311,362.00
3. HIV Early Intervention Services <sup>2</sup>	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)	\$0.00
5. Administration (excluding program/provider level)	\$195,618.00
<b>Total</b>	<b>\$20,775,840.00</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.

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**Footnotes:**

### III: Expenditure Reports

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

The state or jurisdiction must complete SABG Table 5a. 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 plans to use strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other" in Table 5a.

Expenditure Period Start Date:

Expenditure Period End Date:

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective	\$350.00				
Information Dissemination	Indicated	\$1,574.00				
Information Dissemination	Universal	\$335,070.00				
Information Dissemination	Unspecified	\$0.00				
<b>Information Dissemination</b>	<b>Total</b>	<b>\$336,994.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective	\$1,224.00				
Education	Indicated	\$1,049.00				
Education	Universal	\$46,518.00				
Education	Unspecified	\$0.00				
<b>Education</b>	<b>Total</b>	<b>\$48,791.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective	\$0.00				
Alternatives	Indicated	\$0.00				
Alternatives	Universal	\$4,022.00				
Alternatives	Unspecified	\$0.00				
<b>Alternatives</b>	<b>Total</b>	<b>\$4,022.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective	\$0.00				
Problem Identification and Referral	Indicated	\$4,547.00				
Problem Identification and Referral	Universal	\$13,990.00				
Problem Identification and Referral	Unspecified	\$0.00				
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$18,537.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Community-Based Process	Selective	\$1,749.00				
Community-Based Process	Indicated	\$2,273.00				
Community-Based Process	Universal	\$3,116,889.00				
Community-Based Process	Unspecified	\$0.00				
<b>Community-Based Process</b>	<b>Total</b>	<b>\$3,120,911.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective	\$0.00				
Environmental	Indicated	\$0.00				
Environmental	Universal	\$19,062.00				
Environmental	Unspecified	\$0.00				
<b>Environmental</b>	<b>Total</b>	<b>\$19,062.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 (Synar)-Tobacco	Selective	\$0.00				
Section 1926 (Synar)-Tobacco	Indicated	\$0.00				
Section 1926 (Synar)-Tobacco	Universal	\$0.00				
Section 1926 (Synar)-Tobacco	Unspecified	\$0.00				
<b>Section 1926 (Synar)-Tobacco</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Other	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>\$3,548,317.00</b>				

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

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

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**Footnotes:**  
Total for Table 5 (3,548,317) + primary prevention total for indirect expenditures on Table 6 (763,045) = Table 4, Row 2 (4,311,362).

### III: Expenditure Reports

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

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2020 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: 10/1/2019    Expenditure Period End Date: 9/30/2021

SABG Award	
Targeted Substances	
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"/>
Synthetic Drugs (i.e. Bath salts, Spice, K2)	<input checked="" type="checkbox"/>
Targeted Populations	
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 checked="" 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 - Non Direct Services/System Development**

Expenditure Period Start Date: 10/1/2019      Expenditure Period End Date: 9/30/2021

Activity	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated <sup>1</sup>
1. Information Systems	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$286,242.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$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	\$437,306.00	\$0.00
7. Training and Education	\$0.00	\$39,497.00	\$0.00
<b>8. Total</b>	<b>\$0.00</b>	<b>\$763,045.00</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:**

Primary Prevention total for indirect expenditures on Table 6 (763,045) + Total of Table 5 (3,548,317) = Table 4, Row 2 (4,311,362).



### 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 system development/non-direct service expenditures.

Expenditure Period Start Date: 10/1/2019 Expenditure Period End Date: 9/30/2021

										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	
KY900188	KY900188		West	Communicare Inc	1311 North Dixie Highway Building C	Elizabethtown	KY	42701	\$1,190,425.00	\$938,589.00	\$158,888.00	\$251,836.00	\$0.00	\$0.00	
KY900832	KY900832		East	Comprehend Inc	611 Forest Avenue	Maysville	KY	41056	\$441,779.00	\$312,750.00	\$16,052.00	\$129,029.00	\$0.00	\$0.00	
KY000363	KY000363		East	Cumberland River Behavioral Health	P.O. Box 568	Corbin	KY	40702	\$939,480.00	\$762,364.00	\$182,224.00	\$177,116.00	\$0.00	\$0.00	
199	KY901566		West	Green River Regional MHMR Board	1100 Walnut St	Owensboro	KY	42302	\$766,148.00	\$591,097.00	\$84,804.00	\$175,051.00	\$0.00	\$0.00	
1	X		East	Independence Place	2358 Nicholasville Rd, Suite 180	Lexington	KY	40503	\$27,755.15	\$27,755.15	\$0.00	\$0.00	\$0.00	\$0.00	
206	X		North Central	Kentucky Housing Corporation	1231 Louisville Rd	Frankfort	KY	40601	\$9,999.67	\$9,999.67	\$0.00	\$0.00	\$0.00	\$0.00	
KY750062	KY750062		East	Kentucky River Community Care Inc	178 Community Way	Jackson	KY	41339	\$694,878.00	\$473,838.00	\$96,799.00	\$221,040.00	\$0.00	\$0.00	
150	KY9013274		East	Lake Cumberland MHMR Board	259 Parkers Mill Road	Somerset	KY	42503	\$855,631.00	\$588,005.00	\$59,702.00	\$267,626.00	\$0.00	\$0.00	
KY901319	KY901319		West	LifeSkills Inc	PO Box 6499	Bowling Green	KY	42102	\$1,306,319.62	\$931,587.62	\$211,798.62	\$374,732.00	\$0.00	\$0.00	
100698	100698		North Central	Louisville Jefferson Co Metro Gov't	400 East Grey St	Louisville	KY	40201	\$374,999.00	\$374,999.00	\$0.00	\$0.00	\$0.00	\$0.00	
KY900097	KY900097		East	Mountain Comprehensive Care Center	108 South Front Avenue	Prestonsburg	KY	41653	\$713,971.00	\$550,908.00	\$57,908.00	\$163,063.00	\$0.00	\$0.00	
170	KY103155		North Central	New Vista of the Bluegrass Inc	1351 Newtown Pike	Lexington	KY	40511	\$2,515,729.00	\$1,982,839.00	\$520,015.00	\$532,890.00	\$0.00	\$0.00	
KY901012	KY901012		North Central	NorthKey Community Care	502 Farrell Drive	Covington	KY	41011	\$1,986,683.00	\$1,734,093.00	\$735,223.00	\$252,590.00	\$0.00	\$0.00	
KY900238	KY900238		East	Pathways Inc	1212 Bath Ave	Ashland	KY	41105	\$1,093,648.00	\$907,292.00	\$189,476.00	\$186,356.00	\$0.00	\$0.00	
KY900170	KY900170		West	Pennyroyal Center	3999 Ft Campbell Blvd	Hopkinsville	KY	42241	\$893,101.00	\$631,877.00	\$80,536.00	\$261,224.00	\$0.00	\$0.00	
1	X		Statewide (optional)	People Advocating Recovery	1425 Story Ave	Louisville	KY	40204	\$75,200.00	\$75,200.00	\$0.00	\$0.00	\$0.00	\$0.00	
70	KY100854		North Central	Seven Counties Services Inc	101 W Muhammad Ali	Louisville	KY	40202	\$3,682,031.45	\$3,275,050.45	\$1,332,341.00	\$406,981.00	\$0.00	\$0.00	
1	X		North Central	The Healing Place Inc	1020 W Market St	Louisville	KY	40202	\$449,999.00	\$449,999.00	\$0.00	\$0.00	\$0.00	\$0.00	
1	X		North Central	University of Kentucky Research Foun.	222 Waller Ste 480	Lexington	KY	40504	\$486,946.08	\$486,946.08	\$39,134.64	\$0.00	\$0.00	\$0.00	
5	KY902127		West	Western Ky Regional MH&R Advisory Bd	425 Broadway	Paducah	KY	42001	\$873,870.00	\$725,087.00	\$66,821.00	\$148,783.00	\$0.00	\$0.00	
X	X		Statewide (optional)	Young People in Recovery	1415 Park Avenue West	Denver	KY	80205	\$84,362.59	\$84,362.59	\$0.00	\$0.00	\$0.00	\$0.00	

Total										\$19,462,955.56	\$15,914,638.56	\$3,831,722.26	\$3,548,317.00	\$0.00	\$0.00
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\* Indicates the imported record has an error.

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**Footnotes:**

Total for primary prevention direct expenditure contracts on Table 7 (3,548,317) + primary prevention indirect expenditure total on Table 6 (763,045) + Table 4, Row 2 (4,311,362).

### 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: 07/01/2021 Expenditure Period End Date: 06/30/2022

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2020) + B2(2021)</u> 2 (C)
SFY 2020 (1)	\$9,290,220.00	
SFY 2021 (2)	\$9,306,847.00	\$9,298,533.50
SFY 2022 (3)	\$9,305,754.00	

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

SFY 2020      Yes      X      No    \_\_\_\_\_  
 SFY 2021      Yes      X      No    \_\_\_\_\_  
 SFY 2022      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.

Three specific accounting codes are used to calculate general state SUD expenditures for this MOE by fiscal year, a methodology approved by SAMHSA June 23, 1994. A report was created to pull only those approved state expenditures from our state accounting system. The total is reported on Table 8a.

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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 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//01/2021 Expenditure Period End Date: 06/30/2022

#### 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 2020		\$ 3,594,714.00	
SFY 2021		\$ 3,566,641.00	
SFY 2022		\$ 3,273,753.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2023 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)): \$ 4,050,553.00;

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).

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**Footnotes:**

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

Expenditure Period Start Date: 10/1/2019 Expenditure Period End Date: 9/30/2021

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: 7/1/2021 Expenditure Period End Date: 6/30/2022

Level of Care	SABG Number of Admissions ≥ Number of Persons Served		COVID-19 Number of Admissions ≥ Number of Persons Served		SABG Costs per Person			COVID-19 Costs per Person <sup>1</sup>			ARP Costs per Person <sup>2</sup>		
	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)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
<b>DETOXIFICATION (24-HOUR CARE)</b>													
1. Hospital Inpatient	83	81											
2. Free-Standing Residential	4,866	2,635											
<b>REHABILITATION/RESIDENTIAL</b>													
3. Hospital Inpatient	0	0											
4. Short-term (up to 30 days)	1,413	1,384											
5. Long-term (over 30 days)	451	431											
<b>AMBULATORY (OUTPATIENT)</b>													
6. Outpatient	10,194	9,762											
7. Intensive Outpatient	344	339											
8. Detoxification	0	0											
<b>OUD MEDICATION ASSISTED TREATMENT</b>													

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)

Column A is from TEDS data and Column B is from CMHC Service Utilization data which is unduplicated.

<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 planned expenditure period of July 1, 2021 – June 30, 2023, for most states.

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

<sup>3</sup>OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

<sup>4</sup>OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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**Footnotes:**

Kentucky is not a fee for service contractor and thus does not collect cost per person.

Numbers reported in Columns A and B include admissions/persons served utilizing all SABG funds, including COVID 19 Relief supplemental funds. Kentucky does not currently separate data reporting requirements by funding source. Kentucky will implement data processes that capture this information by funding source for subsequent reporting

## 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: 7/1/2021 Expenditure Period End Date: 6/30/2022

**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	157	77	49	6	5	2	0	0	0	0	0	5	3	7	3	100	56	8	3
2. 18 - 24	1,256	601	425	87	41	2	0	2	0	2	2	27	16	29	22	722	494	31	14
3. 25 - 44	9,278	4,435	3,374	664	304	5	5	16	4	13	10	77	63	201	107	5,312	3,799	123	78
4. 45 - 64	3,758	1,990	1,056	447	99	2	2	1	1	6	4	25	9	86	30	2,526	1,190	39	14
5. 65 and Over	197	100	30	49	10	0	0	1	1	0	0	1	0	5	0	155	41	1	0
<b>6. Total</b>	<b>14,646</b>	<b>7,203</b>	<b>4,934</b>	<b>1,253</b>	<b>459</b>	<b>11</b>	<b>7</b>	<b>20</b>	<b>6</b>	<b>21</b>	<b>16</b>	<b>135</b>	<b>91</b>	<b>328</b>	<b>162</b>	<b>8,815</b>	<b>5,580</b>	<b>202</b>	<b>109</b>
7. Pregnant Women	113		102		9		0		0		0		2		0		112		5
Number of persons served who were admitted in a period prior to the 12 month reporting period		17,116																	
Number of persons served outside of the levels of care described on Table 10		8,598																	

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	19	9	6	1	1	0	0	0	0	0	0	1	0	1	0	12	7	1	0
2. 18 - 24	151	72	51	11	5	0	0	0	0	0	0	3	2	4	3	87	59	4	2
3. 25 - 44	1,113	532	405	80	36	1	1	2	0	1	1	9	8	24	13	637	456	15	9
4. 45 - 64	451	239	127	54	12	0	0	0	0	1	1	3	1	10	3	303	143	4	2
5. 65 and Over	24	12	4	6	1	0	0	0	0	0	0	0	0	1	0	19	5	0	0
<b>6. Total</b>	<b>1,758</b>	<b>864</b>	<b>593</b>	<b>152</b>	<b>55</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>16</b>	<b>11</b>	<b>40</b>	<b>19</b>	<b>1,058</b>	<b>670</b>	<b>24</b>	<b>13</b>
7. Pregnant Women	13		12		1		0		0		0		0		0		13		1

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

Age	Gender Identity (GI): "Do you think of yourself as:"						Sexual Orientation (SO): "Do you think of yourself as:"				
	Cisgender Male	Cisgender Female	Transgender Man/Trans Man/Female-To-Male	Transgender Woman/Trans Woman/Male-To-Female	Genderqueer/Gender Non-Conforming/Neither Exclusively Male Nor Female	Additional Gender Category (or Other)	Straight or Heterosexual	Lesbian or Gay	Bisexual	Queer, Pansexual, and/or Questioning	Something Else; Please Specify:
1. 17 and Under	136	52	4	0	0	0	82	22	4	3	8
2. 18 - 24	875	521	3	0	3	0	564	28	22	20	21
3. 25 - 44	5,702	3,589	3	2	3	2	3,791	159	111	122	97
4. 45 - 64	2,518	1,088	0	0	2	0	1,498	34	11	49	44
5. 65 and Over	124	28	0	0	0	0	50	1	0	2	2
<b>6. Total</b>	<b>9,355</b>	<b>5,278</b>	<b>10</b>	<b>2</b>	<b>8</b>	<b>2</b>	<b>5,985</b>	<b>244</b>	<b>148</b>	<b>196</b>	<b>172</b>



**Footnotes:**

Table 11C does not include "unknown/not collected". The difference in the total reported on this table and the total reported on Table 10 would be the "unknown/not collected" value of Gender Identity and Sexual Orientation. Further, note that Kentucky uses three individual fields to respectively collect Gender Identity, Sexual Orientation, and Sex at Birth.

Table 11B: Demographics reported in Table 11A and 11C include demographics for all persons served utilizing all SABG funds, including COVID 19 Relief supplemental funds. Kentucky does not currently separate data reporting requirements by funding source. Kentucky will implement data processes that capture this information by funding source for subsequent reporting.

Table 11B: Revision Request March 2023: Table 11B includes demographics for persons served utilizing COVID 19 Relief supplemental funds. These data were determined by the total percentage of COVID 19 Relief supplemental funds expended for services during the reporting period and related percentage of the total number of persons served during the reporting period.

## 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: 7/1/2021      Expenditure Period End Date: 6/30/2022

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:**

For 2022, Kentucky has 8.3 per 100,000 reported HIV cases and thus does NOT qualify as a HIV designated state for required SAMHSA reporting. <http://worldpopulationreview.com/state-rankings/hiv-statistics-by-state>

## IV: Population and Services Reports

### Table 13 - Charitable Choice

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

Expenditure Period Start Date: 7/1/2021      Expenditure Period End Date: 6/30/2022

#### 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 trainings were provided.

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#### Footnotes:

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	550	558
Total number of clients with non-missing values on employment/student status [denominator]	3,173	3,173
Percent of clients employed or student (full-time and part-time)	17.3 %	17.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,413
Number of CY 2021 discharges submitted:		8,661
Number of CY 2021 discharges linked to an admission:		3,642
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,200
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		3,173

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	128	129
Total number of clients with non-missing values on employment/student status [denominator]	2,387	2,387
Percent of clients employed or student (full-time and part-time)	5.4 %	5.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		642
Number of CY 2021 discharges submitted:		5,641
Number of CY 2021 discharges linked to an admission:		2,496
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,393

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	2,387
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Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 2/1/2023]

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	11,649	11,752
Total number of clients with non-missing values on employment/student status [denominator]	39,264	39,264
Percent of clients employed or student (full-time and part-time)	29.7 %	29.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		10,857
Number of CY 2021 discharges submitted:		49,148
Number of CY 2021 discharges linked to an admission:		48,380
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		39,438
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		39,264

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 2/1/2023]

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	854	918
Total number of clients with non-missing values on employment/student status [denominator]	5,755	5,755
Percent of clients employed or student (full-time and part-time)	14.8 %	16.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		361
Number of CY 2021 discharges submitted:		6,859
Number of CY 2021 discharges linked to an admission:		6,743
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,790

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):

5,755

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

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**Footnotes:**

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	2,788	2,797
Total number of clients with non-missing values on living arrangements [denominator]	3,198	3,198
Percent of clients in stable living situation	87.2 %	87.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,413
Number of CY 2021 discharges submitted:		8,661
Number of CY 2021 discharges linked to an admission:		3,642
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,200
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		3,198

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	1,475	1,507
Total number of clients with non-missing values on living arrangements [denominator]	2,390	2,390
Percent of clients in stable living situation	61.7 %	63.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		642
Number of CY 2021 discharges submitted:		5,641
Number of CY 2021 discharges linked to an admission:		2,496
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,393
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		2,390

**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]	36,080	36,111
Total number of clients with non-missing values on living arrangements [denominator]	39,347	39,347
Percent of clients in stable living situation	91.7 %	91.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		10,857
Number of CY 2021 discharges submitted:		49,148
Number of CY 2021 discharges linked to an admission:		48,380
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		39,438
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		39,347

**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]	4,383	4,409
Total number of clients with non-missing values on living arrangements [denominator]	5,773	5,773
Percent of clients in stable living situation	75.9 %	76.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		361
Number of CY 2021 discharges submitted:		6,859
Number of CY 2021 discharges linked to an admission:		6,743
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,790
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		5,773



**Footnotes:**

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	3,020	3,032
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,198	3,198
Percent of clients without arrests	94.4 %	94.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,413
Number of CY 2021 discharges submitted:		8,661
Number of CY 2021 discharges linked to an admission:		3,642
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,200
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		3,198

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

### Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2,253	2,237
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,390	2,390
Percent of clients without arrests	94.3 %	93.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		642
Number of CY 2021 discharges submitted:		5,641
Number of CY 2021 discharges linked to an admission:		2,496
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,393

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	2,390
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Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 2/1/2023]

### Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	37,460	37,414
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	39,504	39,504
Percent of clients without arrests	94.8 %	94.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		10,857
Number of CY 2021 discharges submitted:		49,148
Number of CY 2021 discharges linked to an admission:		48,380
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		39,559
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		39,504

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 2/1/2023]

### Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	5,467	5,478
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	5,791	5,791
Percent of clients without arrests	94.4 %	94.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		361
Number of CY 2021 discharges submitted:		6,859
Number of CY 2021 discharges linked to an admission:		6,743
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		5,793

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):

5,791

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

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**Footnotes:**

## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2,680	2,569
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,200	3,200
Percent of clients abstinent from alcohol	83.8 %	80.3 %

#### 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]		19
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	520	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		3.7 %

#### 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]		2,550
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,680	
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 2021 admissions submitted:	1,413
Number of CY 2021 discharges submitted:	8,661
Number of CY 2021 discharges linked to an admission:	3,642
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,200
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	3,200

**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]	2,014	1,854
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,391	2,391
Percent of clients abstinent from alcohol	84.2 %	77.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		60
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	377	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		15.9 %

**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]		1,794
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,014	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		89.1 %

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

Number of CY 2021 admissions submitted:	642
Number of CY 2021 discharges submitted:	5,641
Number of CY 2021 discharges linked to an admission:	2,496
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,393
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	2,391

**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]	35,007	33,667
All clients with non-missing values on at least one substance/frequency of use [denominator]	39,533	39,533
Percent of clients abstinent from alcohol	88.6 %	85.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		238
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,526	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		5.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		33,429
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	35,007	
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 2021 admissions submitted:	10,857
Number of CY 2021 discharges submitted:	49,148
Number of CY 2021 discharges linked to an admission:	48,380
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	39,559
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	39,533

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

**Intensive Outpatient (IO)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	5,035	4,785
All clients with non-missing values on at least one substance/frequency of use [denominator]	5,777	5,777
Percent of clients abstinent from alcohol	87.2 %	82.8 %

**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]		99
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	742	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		13.3 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		4,686
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,035	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.1 %

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

Number of CY 2021 admissions submitted:	361
Number of CY 2021 discharges submitted:	6,859
Number of CY 2021 discharges linked to an admission:	6,743
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,793
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	5,777

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file [Records received through 2/1/2023]

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**Footnotes:**



## V: Performance Data and Outcomes

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

### Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,325	1,063
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,200	3,200
Percent of clients abstinent from drugs	41.4 %	33.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		121
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,875	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		6.5 %

#### 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]		942
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,325	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		71.1 %

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

Number of CY 2021 admissions submitted:	1,413
Number of CY 2021 discharges submitted:	8,661
Number of CY 2021 discharges linked to an admission:	3,642
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,200
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	3,200

**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]	991	817
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,391	2,391
Percent of clients abstinent from drugs	41.4 %	34.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		231
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,400	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		16.5 %

**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]		586
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	991	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		59.1 %

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

Number of CY 2021 admissions submitted:	642
Number of CY 2021 discharges submitted:	5,641
Number of CY 2021 discharges linked to an admission:	2,496
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,393
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	2,391

**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]	24,023	20,461
All clients with non-missing values on at least one substance/frequency of use [denominator]	39,533	39,533
Percent of clients abstinent from drugs	60.8 %	51.8 %

**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]		1,426
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	15,510	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		9.2 %

**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]		19,035
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	24,023	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		79.2 %

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

Number of CY 2021 admissions submitted:	10,857
Number of CY 2021 discharges submitted:	49,148
Number of CY 2021 discharges linked to an admission:	48,380
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	39,559
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	39,533

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

**Intensive Outpatient (IO)**

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	2,919	2,267
All clients with non-missing values on at least one substance/frequency of use [denominator]	5,777	5,777
Percent of clients abstinent from drugs	50.5 %	39.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		458
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,858	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		16.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,809
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,919	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		62.0 %

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

Number of CY 2021 admissions submitted:	361
Number of CY 2021 discharges submitted:	6,859
Number of CY 2021 discharges linked to an admission:	6,743
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,793
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	5,777

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 2/1/2023]

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**Footnotes:**

## V: Performance Data and Outcomes

**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]	831	855
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	3,200	3,200
Percent of clients participating in self-help groups	26.0 %	26.7 %
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 %	
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,413
Number of CY 2021 discharges submitted:		8,661
Number of CY 2021 discharges linked to an admission:		3,642
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,200
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		3,200

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

### Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	975	1,066
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,390	2,390
Percent of clients participating in self-help groups	40.8 %	44.6 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	3.8 %	
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		642
Number of CY 2021 discharges submitted:		5,641

Number of CY 2021 discharges linked to an admission:	2,496
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,393
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	2,390

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

### Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	12,339	12,646
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	39,500	39,500
Percent of clients participating in self-help groups	31.2 %	32.0 %
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]	0.8 %	

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

Number of CY 2021 admissions submitted:	10,857
Number of CY 2021 discharges submitted:	49,148
Number of CY 2021 discharges linked to an admission:	48,380
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	39,559
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	39,500

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

### Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	2,537	2,608
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	5,789	5,789
Percent of clients participating in self-help groups	43.8 %	45.1 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	1.2 %	

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

Number of CY 2021 admissions submitted:	361
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Number of CY 2021 discharges submitted:	6,859
Number of CY 2021 discharges linked to an admission:	6,743
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,793
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	5,789

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
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**Footnotes:**

## V: Performance Data and Outcomes

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

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	6	2	4	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)	8	2	5	10
5. Long-term (over 30 days)	5	2	2	4
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	17	1	1	7
7. Intensive Outpatient	11	1	1	7
8. Detoxification	0	0	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification <sup>1</sup>	2	1	2	2
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	24	1	1	8

Level of Care	2022 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	98	61
2. Free-Standing Residential	2734	29
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	5826	1951



5. Long-term (over 30 days)	2769	1249
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	26815	22121
7. Intensive Outpatient	3102	3089
8. Detoxification	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification <sup>1</sup>		2
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>		4469

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 2/1/2023]

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

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

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**Footnotes:**

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	<p><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 2019 - 2020		<input type="checkbox"/>
	Age 21+ - CY 2019 - 2020		<input type="checkbox"/>
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 2019 - 2020		<input type="checkbox"/>
	Age 18+ - CY 2019 - 2020		<input type="checkbox"/>
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 2019 - 2020		<input type="checkbox"/>
	Age 18+ - CY 2019 - 2020		<input type="checkbox"/>
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 2019 - 2020		<input type="checkbox"/>
	Age 18+ - CY 2019 - 2020		<input type="checkbox"/>
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 2019 - 2020		<input type="checkbox"/>



[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 Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	<p><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.</p>		
	Age 12 - 20 - CY 2019 - 2020		<input type="checkbox"/>
	Age 21+ - CY 2019 - 2020		<input type="checkbox"/>
2. Perception of Risk From Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk]  <b>Outcome Reported:</b> Percent reporting moderate or great risk.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="checkbox"/>
	Age 18+ - CY 2019 - 2020		<input type="checkbox"/>
3. Perception of Risk From Marijuana	<p><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.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="checkbox"/>
	Age 18+ - CY 2019 - 2020		<input type="checkbox"/>

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**Footnotes:**

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	<p><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 2019 - 2020		<input type="checkbox"/>
	Age 21+ - CY 2019 - 2020		<input type="checkbox"/>
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 2019 - 2020		<input type="checkbox"/>
	Age 18+ - CY 2019 - 2020		<input type="checkbox"/>
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 2019 - 2020		<input type="checkbox"/>
	Age 18+ - CY 2019 - 2020		<input type="checkbox"/>
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 2019 - 2020		<input type="checkbox"/>
	Age 18+ - CY 2019 - 2020		<input type="checkbox"/>
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 2019 - 2020		<input type="checkbox"/>
	Age 18+ - CY 2019 - 2020		<input type="checkbox"/>
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 2019 - 2020		<input type="checkbox"/>

[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:**

## V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	<p><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 2019 - 2020		<input type="checkbox"/>
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 2019 - 2020		<input type="checkbox"/>
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 2019 - 2020		<input type="checkbox"/>
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 2019 - 2020		<input type="checkbox"/>
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 2019 - 2020		<input type="checkbox"/>

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**Footnotes:**

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
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 2019 - 2020		<input type="checkbox"/>
	Age 18+ - CY 2019 - 2020		<input type="checkbox"/>

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**Footnotes:**



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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
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 2019		<input type="text"/>

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**Footnotes:**

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	<p><b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System</p> <p><b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.</p>		
	CY 2020		<input type="text"/>

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**Footnotes:**

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol- and Drug-Related Arrests	<p><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 2020		<input type="text"/>

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**Footnotes:**

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	<p><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 2019 - 2020		<input type="checkbox"/>
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?^[1][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 2019 - 2020		<input type="checkbox"/>

[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 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Retention Measure: Percentage of Youth Seeing, or Listening to a Prevention Message**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	<p><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>?"</p> <p><b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.</p>		
	Age 12 - 17 - CY 2019 - 2020		<input type="checkbox"/>

[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 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2020	12/31/2020
2. Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2020	12/31/2020
3. Table 33 (Optional) - Primary Substance Use Disorder Prevention Number of Persons Served by Type of Intervention	1/1/2020	12/31/2020
4. Table 34 - Primary Substance Use Disorder Prevention Evidence-Based Programs and Strategies by Type of Intervention	1/1/2020	12/31/2020
5. Table 35 - Total Primary Substance Use Disorder Prevention Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on Primary Substance Use Disorder Prevention Evidence-Based Programs/Strategies	10/1/2019	9/30/2021

### General Questions Regarding Prevention NOMS Reporting

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

The data in the following tables was extracted from the Kentucky Prevention Data System. The data is input monthly by our contracted service providers, the Regional Prevention Centers and monitored by the Prevention Branch Data Manager.

**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.

Data are collected regarding programs and strategies by the prevention specialist or other responsible party (e.g. teachers, who present prevention curriculum.) Kentucky has no specific protocol for identifying the service populations of mixed race. The service providers use their own judgement in recording this data. They may also ask participants to include race when registering for a program, etc. Participants who identify as mixed race are listed in the More than One Race subcategory.

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## V: Performance Data and Outcomes

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

Category	Total
<b>A. Age</b>	<b>84,198</b>
0-4	1
5-11	1,908
12-14	3,751
15-17	4,283
18-20	125
21-24	852
25-44	7,886
45-64	6,058
65 and over	333
Age Not Known	59,001
<b>B. Gender</b>	<b>84,198</b>
Male	7,851
Female	19,616
Gender Unknown	56,731
<b>C. Race</b>	<b>84,198</b>
White	21,359
Black or African American	2,444
Native Hawaiian/Other Pacific Islander	55
Asian	650
American Indian/Alaska Native	34
More Than One Race (not OMB required)	584

Race Not Known or Other (not OMB required)	59,072
<b>D. Ethnicity</b>	<b>84,198</b>
Hispanic or Latino	896
Not Hispanic or Latino	23,343
Ethnicity Unknown	59,959

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**Footnotes:**

The large number of unknown statuses in each category are related to efforts to ensure that information is recorded accurately and not based on assumptions. Prevention staff are working on guidelines for collecting this data to present a more complete picture of the service populations.



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

Category	Total
<b>A. Age</b>	<b>390115</b>
0-4	0
5-11	0
12-14	0
15-17	216
18-20	5600
21-24	23777
25-44	50301
45-64	49252
65 and over	18469
Age Not Known	242500
<b>B. Gender</b>	<b>390115</b>
Male	60644
Female	87328
Gender Unknown	242143
<b>C. Race</b>	<b>390115</b>
White	120456
Black or African American	10832
Native Hawaiian/Other Pacific Islander	14
Asian	296
American Indian/Alaska Native	46
More Than One Race (not OMB required)	1558

Race Not Known or Other (not OMB required)	256913
<b>D. Ethnicity</b>	<b>390115</b>
Hispanic or Latino	7758
Not Hispanic or Latino	133308
Ethnicity Unknown	249049

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**Footnotes:**

## V: Performance Data and Outcomes

**Table 33 (Optional) - Primary Substance Use Disorder 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	80,546	N/A
2. Universal Indirect	N/A	\$390,115.00
3. Selective	58	N/A
4. Indicated	3,594	N/A
<b>5. Total</b>	<b>84,198</b>	<b>\$390,115.00</b>
<b>Number of Persons Served<sup>1</sup></b>	<b>84,198</b>	<b>390,115</b>

<sup>1</sup>Number of Persons Served is populated from Table 31 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity and Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity

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**Table 34 - Primary Substance Use Disorder 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 Programs and Strategies by Type of Intervention**

	<b>A. Universal Direct</b>	<b>B. Universal Indirect</b>	<b>C. Universal Total</b>	<b>D. Selective</b>	<b>E. Indicated</b>	<b>F. Total</b>
1. Number of Evidence-Based Programs and Strategies Funded	30741	134216	164957	11	41	165009
2. Total number of Programs and Strategies Funded	80536	390198	470734	68	3594	474396
3. Percent of Evidence-Based Programs and Strategies	38.17 %	34.40 %	35.04 %	16.18 %	1.14 %	34.78 %

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**Footnotes:**

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**Table 35 - Total Primary Substance Use Disorder Prevention Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on Primary Substance Use Disorder 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 # 30,741	\$1,348,360.00
Universal Indirect	Total # 134,216	\$1,220,511.00
Selective	Total # 11	\$567,730.72
Indicated	Total # 41	\$35,483.17
Unspecified	Total # 0	\$0.00
	Total EBPs: 165,009	Total Dollars Spent: \$3,172,084.89
<b>Primary Prevention Total<sup>1</sup></b>	<b>\$4,311,362.00</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 2023 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2023 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2023 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2023 Prevention Attachment Category D:		
File	Version	Date Added

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