

Kentucky

UNIFORM APPLICATION

FY 2024 SUPTRS Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025
(generated on 10/21/2024 9.33.47 AM)

Center for Substance Abuse Prevention
Division of Primary Prevention

Center for Substance Abuse Treatment
Division of State and Community Systems (DSCS)

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name Cabinet for Health and Family Services

Organizational Unit Department for Behavioral Health, Developmental and Intellectual Disabilities

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III. Expenditure Period

State Expenditure Period

From 7/1/2022

To 6/30/2023

Block Grant Expenditure Period

From 10/1/2020

To 9/30/2022

IV. Date Submitted

Submission Date 11/30/2023 11:30:10 AM

Revision Date 11/30/2023 11:31:02 AM

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Footnotes:

Kentucky Behavioral Health Planning & Advisory Council

275 East Main Street, 4W-G, Frankfort, KY 40601

November 16, 2023

Odessa Crocker
Grants Management Officer
Division of Grants Management
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Odessa Crocker,

I am writing on behalf of Kentucky's Behavioral Planning and Advisory Council to confirm that Council members have reviewed the Behavioral Health Reports for the Mental Health Block Grant and the Substance Use Prevention, Treatment and Recovery Services Block Grant. These reports provide required information on the federal funds expended during state fiscal year 2023.

Time was allocated to today's Council meeting to discuss the reports, including the data tables required for submission on December 1, 2023. The Department for Behavioral health, Developmental and Intellectual Disabilities welcomes recommendations and comments prior to and after submission of the 2024 Behavioral Health Reports.

Thank you for the continued support of community-based services for adults and youth with mental health, substance use, and co-occurring disorders. Our Council membership is honored to serve as advisors for planning in Kentucky.

Sincerely,



Sharon Darnell
Chair, Kentucky Behavioral Health Planning and Advisory Council

Cc: Melissa Runyon, Block Grant State Planner

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%.

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

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

How second year target was achieved (optional):

In SFY 2023, there were 5,304 people discharged from state psychiatric hospitals who did not live in Personal Care Homes upon admission. Of those, 223 were discharged to Personal Care Homes form a total of 4.2%.

Priority #: 2

Priority Area: Early Serious Mental Illness/First Episode Psychosis

Priority Type: MHS

Population(s):

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%.

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

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

How second year target was achieved (optional):

Of the total new admissions to CSC teams for SFY 2023, 112 new admissions chose to see prescribers. Of these, 105 saw a prescriber within 7 days for a total of 94%.

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.

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

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

How second year target was achieved (optional):

At the end of SFY 2023, 1,488 young people received Youth or Family Peer Support services. The target was 1,424.

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, in 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 grand-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.

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

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

How second year target was achieved (optional):

The percentage of Kentucky 10th graders who reported use of electronic cigarettes as "moderate" to "great risk" on the Kentucky Incentives for Prevention (KIP) Survey, rose to 62.1%. This is a 45% increase. The target was 2% increase.

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 related prevention services. The target was 6,149.

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

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

How second year target was achieved (optional):

The percentage of Kentucky 10th graders who reported consuming alcohol on at least one occasion in the past 30 days on the Kentucky Incentives for Prevention (KIP) Survey, fell from 16.8% to 13%, which is a 22.6% decrease. The target was a 1% decrease.

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.

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

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

How second year target was achieved (optional):

At the end of SFY 2023, there are 10 CMHCs with Plans of Safe Care sites. The target was 9.

Priority #: 6

Priority Area: Persons Who Inject Drugs

Priority Type: SAT

Population(s):

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.

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

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

How second year target was achieved (optional):

At the end of SFY 2023, there are 83 Syringe Services Programs. The target was 76.

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.

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

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

How second year target was achieved (optional):

At the end of SFY 2023, all 14 CMHCs have written, approved policies regarding screening for TB among individuals receiving SUD services. The target was 6.

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

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/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%.

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

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

How second year target was achieved (optional):

In SFY 2023, there were 5,304 people discharged from state psychiatric hospitals who did not live in Personal Care Homes upon admission. Of those, 223 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):

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%.

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

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

How second year target was achieved (optional):

Of the total new admissions to CSC teams for SFY 2023, 112 new admissions chose to see prescribers. Of these, 105 saw a prescriber within 7 days for a total of 94%.

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.

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

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

How second year target was achieved (optional):

At the end of SFY 2023, 1,488 young people received Youth or Family Peer Support services. The target was 1,424.

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.

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

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

How second year target was achieved (optional):

The percentage of Kentucky 10th graders who reported use of electronic cigarettes as "moderate" to "great risk" on the Kentucky Incentives for Prevention (KIP) Survey, rose to 62.1%. This is a 45% increase. The target was 2% increase.

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.

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

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

How second year target was achieved (optional):

The percentage of Kentucky 10th graders who reported consuming alcohol on at least one occasion in the past 30 days on the Kentucky Incentives for Prevention (KIP) Survey fell from 68% to 13%, which is a 22.6% decrease. The target was 1% decrease.

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.

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

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

How second year target was achieved (optional):

At the end of SFY 2023, there are 10 CMCHS with Plans of Safe Care sites. The target was 9.

Priority Area: Persons Who Inject Drugs

Priority Type: SAT

Population(s):

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.

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

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

How second year target was achieved (optional):

At the end of SFY 2023, there are 83 Syringe Services Programs in Kentucky. The target was 76.

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.

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

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

How second year target was achieved (optional):

At the end of SFY 2023, all 14 CMHCs have written, approved policies regarding screening for TB among individuals receiving SUD services. The target was 6.

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

Footnotes:

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

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

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

Activity (See instructions for entering expenses in Row 1)	A. SUPTRS BG	B. MHBG	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 ¹	I. ARP ²
1. Substance Use Prevention (Other than Primary Prevention), Treatment, and Recovery ³	\$18,478,638.00		\$0.00	\$35,081,975.00	\$7,380,880.00	\$0.00	\$8,214,468.00	\$3,760,965.00	\$1,561,909.00
a. Pregnant Women and Women with Dependent Children	\$4,043,068.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$217,786.00	\$216,164.00
b. Recovery Support Services	\$0.00		\$0.00	\$500,265.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
c. All Other	\$14,435,570.00		\$0.00	\$34,581,710.00	\$7,380,880.00	\$0.00	\$8,214,468.00	\$3,543,179.00	\$1,345,745.00
2. Substance Use Disorder Primary Prevention	\$5,434,412.00		\$0.00	\$5,099,382.00	\$427,020.00	\$0.00	\$0.00	\$1,596,916.00	\$865,343.00
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) ⁴	\$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)	\$174,518.00		\$0.00	\$1,325,464.00	\$1,884,667.00	\$0.00	\$752.00	\$224,318.00	\$0.00
11. Total	\$24,087,568.00	\$0.00	\$0.00	\$41,506,821.00	\$9,692,567.00	\$0.00	\$8,215,220.00	\$5,582,199.00	\$2,427,252.00

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

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

³Prevention other than primary prevention

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

Please indicate the expenditures are actual or estimated.

Actual Estimated

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Footnotes:

III: Expenditure Reports

Table 3a – Syringe Services Program (SSP)

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

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

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

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

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

Footnotes:

Kentucky DBHDID does not utilize block grant funds for SSPs and the Kentucky Department for Public Health is the entity that oversees SSPs.

III: Expenditure Reports

Table 3b - Syringe Services Program

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

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

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

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

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Footnotes:

Kentucky DBHDID does not utilize block grant funds for SSPs and the Kentucky Department for Public Health is the entity that oversees SSPs.

III: Expenditure Reports

Table 3c – Harm Reduction Activities

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

Harm Reduction Activities								Expenditures		
Provider/Program Name	Main Address	SSP (Yes/No)	Number of Naloxone Kits Purchased	Number of Naloxone Kits Distributed	Number of Overdose Reversals	Number of Fentanyl Test Strips Purchased	Number of Fentanyl Test Strips Distributed	SUPTRS BG Funds	COVID-19 ¹ Funds	ARP ² Funds
KENTUCKY PHARMACY EDUCATION AND RESEARCH FOUNDATION INC/Kentucky Pharmacist's Association	96 C MICHAEL DAVENPORT BLVD	No	5642	5642	0	0	0	\$0.00	\$0.00	\$244,740.00
Metro Louisville Harm Reduction Task Force/Kentucky Harm Reduction Coalition	215 West Breckinridge Street	No	0	0	0	100629	100629	\$0.00	\$0.00	\$45,383.00

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

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

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Footnotes:

KY utilizes blended funds for harm reduction. Numbers reported on this table represent the amount purchased/ distributed with SUPTRS Covid 19/ARPA Funds."

We cannot distinguish which source purchased Naloxone that resulted in overdose reversals. However, the total overdose reversals reported for SFY 2023 was 6,271. This number is believed to be largely underreported.

III: Expenditure Reports

Table 4 - State Agency SUPTRS BG Expenditure Compliance Report

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

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

Expenditure Category	FY 2021 SA Block Grant Award
1. Substance Use Prevention ¹ , Treatment, and Recovery	\$15,938,289.30
2. Substance Use Primary Prevention	\$4,155,586.17
3. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ²	\$0.00
4. Tuberculosis Services	\$0.00
5. Administration (excluding program/provider level)	\$449,444.53
Total	\$20,543,320.00

¹Prevention other than Primary Prevention

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

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Footnotes:

III: Expenditure Reports

SUPTRS BG Table 5a - Primary Prevention Expenditures

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

Expenditure Period Start Date:

Expenditure Period End Date:

Strategy	IOM Target	Substance Use Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$653.00				
Information Dissemination	Indicated	\$653.00				
Information Dissemination	Universal	\$255,457.00				
Information Dissemination	Unspecified	\$0.00				
Information Dissemination	Total	\$256,763.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Selective	\$0.00				
Education	Indicated	\$653.00				
Education	Universal	\$47,960.00				
Education	Unspecified	\$0.00				
Education	Total	\$48,613.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Selective	\$0.00				
Alternatives	Indicated	\$0.00				
Alternatives	Universal	\$653.00				
Alternatives	Unspecified	\$0.00				
Alternatives	Total	\$653.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Selective	\$6,525.00				
Problem Identification and Referral	Indicated	\$26,101.00				
Problem Identification and Referral	Universal	\$0.00				
Problem Identification and Referral	Unspecified	\$0.00				
Problem Identification and Referral	Total	\$32,626.00	\$0.00	\$0.00	\$0.00	\$0.00

Community-Based Process	Selective	\$326.00				
Community-Based Process	Indicated	\$326.00				
Community-Based Process	Universal	\$2,913,476.00				
Community-Based Process	Unspecified	\$0.00				
Community-Based Process	Total	\$2,914,128.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Selective	\$0.00				
Environmental	Indicated	\$0.00				
Environmental	Universal	\$9,788.00				
Environmental	Unspecified	\$0.00				
Environmental	Total	\$9,788.00	\$0.00	\$0.00	\$0.00	\$0.00
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	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Universal Direct	\$0.00				
Other	Universal Indirect	\$0.00				
Other	Selective	\$0.00				
Other	Indicated	\$0.00				
Other	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Grand Total	\$3,262,571.00				

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 5A (3,262,571 + primary prevention total for indirect expenditures on Table 6 (893,015) = Table 4, Primary Prevention on Row 2 (4,155,586).

III: Expenditure Reports

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

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

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

SUPTRS BG Award	
Prioritized Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input 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"/>
Fentanyl	<input checked="" type="checkbox"/>
Prioritized 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"/>
Other Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>

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Footnotes:

III: Expenditure Reports

Table 6 - Non Direct Services/System Development

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

Activity	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated ¹
1. Information Systems	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$388,850.00	\$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$0.00	\$484,165.00	\$0.00
7. Training and Education	\$0.00	\$20,000.00	\$0.00
8. Total	\$0.00	\$893,015.00	\$0.00

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

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Footnotes:
 Primary Prevention total on Table 6 (893,015) + primary prevention total on Table 7 (3,262,571) = Table 4, Row 2 primary prevention total (4,155,586).

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

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

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

Source of Funds Substance Use Block Grant																
Entity Number	I-BHS ID (formerly I-SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SUPTRS BG Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program	G. Opioid Treatment Programs (OTPs)	H. Office-based opioid treatment (OBOTs)
KY900188	KY900188		West	Communicare Inc	107 Cranes Roost	Elizabethtown	KY	42701	\$1,190,940.00	\$962,847.00	\$145,647.00	\$228,093.00	\$0.00	\$0.00	\$0.00	\$0.00
KY900832	KY900832		East	Comprehend Inc	611 Forest Avenue	Maysville	KY	41056	\$454,182.00	\$342,969.00	\$8,769.00	\$111,213.00	\$0.00	\$0.00	\$0.00	\$0.00
KY000363	KY000363		East	Cumberland River Behavioral Health	P.O. Box 568	Corbin	KY	40702	\$962,871.00	\$799,866.00	\$182,224.00	\$163,005.00	\$0.00	\$0.00	\$0.00	\$0.00
199	KY901566		West	Green River Regional MHMR Board	1100 Walnut St	Owensboro	KY	42302	\$708,976.00	\$524,196.00	\$77,095.00	\$184,780.00	\$0.00	\$0.00	\$0.00	\$0.00
1	X		East	Independence Place	2358 Nicholasville Rd, Suite 180	Lexington	KY	40503	\$50,000.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
KY0036010	KY0036010		99	Kentucky Alliance of Boys & Girls Clubs	3900 Crittenden Drive	Louisville	KY	40209	\$198,000.00	\$0.00	\$0.00	\$198,000.00	\$0.00	\$0.00	\$0.00	\$0.00
206	X		North Central	Kentucky Housing Corporation	1231 Louisville Rd	Frankfort	KY	40601	\$13,333.00	\$13,333.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
KY0025147	KY0025147		99	Kentucky Partnership For Families and Children Inc	600 Teton Trail	Frankfort	KY	40601	\$60,000.00	\$60,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
KY750062	KY750062		East	Kentucky River Community Care Inc	115 Rockwood Lane	Hazard	KY	41701	\$706,806.00	\$503,421.00	\$96,799.00	\$203,385.00	\$0.00	\$0.00	\$0.00	\$0.00
1	X		99	KY Council on Problem Gambling Inc KYCPG	PO Box 4595	Frankfort	KY	40604	\$10,000.00	\$0.00	\$0.00	\$10,000.00	\$0.00	\$0.00	\$0.00	\$0.00
150	KY9013274		East	Lake Cumberland MHMR Board	259 Parkers Mill Road	Somerset	KY	42503	\$806,015.00	\$559,814.00	\$42,549.00	\$246,201.00	\$0.00	\$0.00	\$0.00	\$0.00
KY901319	KY901319		West	LifeSkills Inc	822 Woodway Drive	Bowling Green	KY	42101	\$1,290,775.00	\$1,009,848.00	\$215,628.00	\$280,927.00	\$0.00	\$0.00	\$0.00	\$0.00
100698	100698		North Central	Louisville Jefferson Co Metro Gov't	400 East Grey St	Louisville	KY	40201	\$250,002.00	\$250,002.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
KY900097	KY900097		East	Mountain Comprehensive Care Center	104 South Front Avenue	Prestonsburg	KY	41653	\$687,419.00	\$537,345.00	\$52,644.00	\$150,074.00	\$0.00	\$0.00	\$0.00	\$0.00
170	KY103155		North Central	New Vista of the Bluegrass Inc	1351 Newtown Pike	Lexington	KY	40511	\$2,289,623.59	\$1,924,127.59	\$433,345.00	\$365,496.00	\$0.00	\$0.00	\$0.00	\$0.00
KY901012	KY901012		North Central	NorthKey Community Care	502 Farrell Drive	Covington	KY	41011	\$1,936,971.00	\$1,710,323.00	\$673,954.00	\$226,648.00	\$0.00	\$0.00	\$0.00	\$0.00
KY0021289	KY0021289		99	Oxford House Inc	1010 Wayne Ave STE 300	Silver Spring	KY	20910	\$127,729.19	\$127,729.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
KY900238	KY900238		East	Pathways Inc	P.O. Box 790	Ashland	KY	41105-0790	\$1,064,710.00	\$914,723.00	\$167,741.00	\$149,987.00	\$0.00	\$0.00	\$0.00	\$0.00
KY900170	KY900170		West	Pennyroyal Center	P.O. Box 614	Hopkinsville	KY	42241-0614	\$876,899.00	\$636,555.00	\$73,215.00	\$240,344.00	\$0.00	\$0.00	\$0.00	\$0.00
1	X		99	People Advocating Recovery	1425 Story Ave	Louisville	KY	40204	\$83,500.00	\$83,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

1	X	X	North Central	Reach of Louisville	501 Park Ave	Louisville	KY	40208	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
70	KY100854	X	North Central	Seven Counties Services Inc	101 W Muhammad Ali	Louisville	KY	40202	\$3,346,931.55	\$2,979,434.55	\$1,117,668.00	\$367,497.00	\$0.00	\$0.00	\$0.00	\$0.00
1	X	X	North Central	The Healing Place Inc	1020 W Market St	Louisville	KY	40202	\$450,000.00	\$450,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1	X	X	North Central	University of Kentucky Research Foun.	222 Waller Ste 480	Lexington	KY	40504	\$586,125.16	\$586,125.16	\$51,926.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	KY902127	X	West	Western Ky Regional MH&R Advisory Bd	425 Broadway	Paducah	KY	42001	\$899,507.00	\$762,586.00	\$66,821.00	\$136,921.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X	99	Young People in Recovery	1415 Park Avenue West	Denver	KY	80205	\$149,544.81	\$149,544.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total									\$19,200,860.30	\$15,938,289.30	\$3,406,025.00	\$3,262,571.00	\$0.00	\$0.00	\$0.00	\$0.00

* Indicates the imported record has an error.

Note: ¹42 CFR 8.12: Federal Opioid Treatment Standards (OTP) providers only
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Footnotes:

Table 7 Primary Prevention total (Column D - 3,262,571) for direct contracts + Table 6 Primary prevention total for indirect contracts (893,015) = Table 4, row 2 Primary Prevention total (4,155,586).

III: Expenditure Reports

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

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

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2021) + B2(2022)</u> 2 (C)
SFY 2021 (1)	\$9,306,847.00	
SFY 2022 (2)	\$9,305,754.00	\$9,306,300.50
SFY 2023 (3)	\$9,692,566.52	

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

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

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

Yes No

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

If yes, SFY:

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

Yes No

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

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

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

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

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

Base

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

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2021		\$ 3,566,641.00	
SFY 2022		\$ 3,273,753.00	
SFY 2023		\$ 4,043,067.89	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2024 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women’s Base (A) for Period of (SFY 1994)): \$ 4,050,600.00;

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). A comprehensive spreadsheet is maintained annually with all allocations and expenditures for only the women's set aside, as designated by a specific subfunction created years ago that corresponds with requirements for the women's set aside as defined by SAMHSA.

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

Footnotes:

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

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

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

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	1. Information Dissemination	
	2. Resources directories	14
	3. Media campaigns	14
	4. Brochures	14
	5. Radio and TV public service announcements	14
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	14
	9. Social Media Channels	14
	2. Education	
	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
	3. Alternatives	
	2. Youth/adult leadership activities	14
	4. Community service activities	4
	6. Recreation activities	3
	4. Problem Identification and Referral	
	2. Student Assistance Programs	1
	3. Driving while under the influence/driving while intoxicated education programs	14
	5. Community-Based Process	
	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
6. Environmental	
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

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

Footnotes:

IV: Population and Services Reports

Table 10a – Treatment Utilization Matrix

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

Expenditure Period Start Date: 7/1/2022

Expenditure Period End Date: 6/30/2023

Level of Care	SUPTRS BG Number of Admissions > Number of Persons Served		COVID-19 Number of Admissions > Number of Persons Served ¹		ARP Number of Admissions > Number of Persons Served ²		SUPTRS BG Service Costs			COVID-19 Costs ¹			ARP Costs ²		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (C)	Number of Persons Served (D)	Number of Admissions (E)	Number of Persons Served (F)	Mean (G)	Median (H)	Standard Deviation (I)	Mean Cost (J)	Median Cost (K)	Standard Deviation (L)	Mean Cost (M)	Median Cost (N)	Standard Deviation (O)
DETOXIFICATION (24-HOUR CARE)															
1. Hospital Inpatient	237	227													
2. Free-Standing Residential															
REHABILITATION/RESIDENTIAL															
3. Hospital Inpatient															
4. Short-term (up to 30 days)	1,422	1,383													
5. Long-term (over 30 days)	444	432													
AMBULATORY (OUTPATIENT)															
6. Outpatient	9,844	9,395	2,502												
7. Intensive Outpatient	322	317	158												
8. Detoxification															
OUD MEDICATION ASSISTED TREATMENT															
9. MOUD Medication-Assisted Detoxification															
10. MOUD Medication-Assisted Treatment Outpatient			2,121												

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

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

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

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

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Footnotes:

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

SFY 23 numbers are lower for free standing residential detox because one vendor did not report data during SFY 23 due to staffing shortages (is now reporting for SFY 2024) and one vendor stopped providing free standing residential detox.

COVID 19-These vendors only collect data at admission and do not collect admission vs served data..

IV: Population and Services Reports

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

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

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

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

¹Age category 0-5 years is not applicable.

	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	11	12	0	1	0	0	1	32	17	1	1	1	0	3
Peer-Led Support Group	0	0	0	0	0	0	0	17	22	1	1	1	0	3
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	110	112	0	0	0	0	16	934	1,066	2	8	15	1	141
Peer-Led Support Group	82	91	1	0	2	0	13	745	945	1	8	23	1	154
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	17	25	0	0	0	0	0	133	199	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	360	566	0	1	6	0	93	11	29	0	0	0	0	6
Peer-Led Support Group	234	430	0	1	11	0	74	1	14	0	1	0	0	1
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	33	59	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
Peer-to-Peer Support Individual	1,458	1,802	3	11	22	1	262	
Peer-Led Support Group	1,080	1,503	3	11	37	1	246	
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	
Recovery Housing	183	284	0	0	0	0	0	
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	
Recovery Support Service Transportation	0	0	0	0	0	0	0	
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	

Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0
Comments on Data (Age):							
Comments on Data (Gender):							
Comments on Data (Overall):							

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

Footnotes:

IV: Population and Services Reports

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

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

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

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

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

	Total							American Indian or Alaska Native							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	18	99	0	0	42	12	22	193	0	0	0	0	0	0	0
13-17 years	283	519	2	24	76	22	148	1,074	0	0	0	0	0	0	0
18-20 years	383	702	16	17	24	6	163	1,311	0	0	0	0	0	0	0
21-24 years	1,148	1,717	28	43	74	14	405	3,429	0	0	0	1	0	0	0
25-44 years	10,030	15,440	38	196	406	34	3,384	29,528	1	2	0	0	0	0	2
45-64 years	3,965	8,794	10	30	194	10	1,906	14,909	15	12	0	0	0	0	2
65-74 years	208	800	0	4	14	0	198	1,224	10	10	0	0	0	0	2
75+ years	14	73	0	2	0	0	12	101	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	53	53	0	0	0	0	0	0	0
Total	16,049	28,144	94	316	830	98	6,291	51,822	26	24	0	1	0	0	6
Pregnant Women	530								1						
Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period	1														
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10	1														

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

Yes No

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

¹Age category 0-5 years is not applicable.

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

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

6-12 years	0	1	0	0	0	0	0	1	3	0	0	1	0	0
13-17 years	1	4	0	0	0	0	2	7	22	1	1	7	2	2
18-20 years	0	1	0	0	0	0	0	16	41	1	1	0	0	3
21-24 years	1	5	0	0	0	0	0	45	115	4	2	10	2	23
25-44 years	10	23	0	0	0	0	3	234	905	3	25	52	3	140
45-64 years	0	15	0	0	2	0	7	86	595	2	5	30	1	112
65-74 years	0	1	0	0	0	0	0	5	73	0	0	2	0	22
75+ years	0	0	0	0	0	0	0	0	9	0	0	0	0	1
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	12	50	0	0	2	0	12	394	1,763	11	34	102	8	303
Pregnant Women	0							14						

¹Age category 0-5 years is not applicable.

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

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	7	37	0	0	18	3	8
13-17 years	0	2	0	0	0	0	0	118	206	0	11	23	7	57
18-20 years	0	1	0	0	0	0	0	165	274	6	7	10	3	68
21-24 years	0	1	0	0	0	0	0	505	683	10	18	24	5	156
25-44 years	5	7	0	0	0	0	2	4,585	6,462	14	64	139	12	1,421
45-64 years	4	3	0	0	0	0	3	1,823	3,636	3	9	63	4	772
65-74 years	0	1	0	0	0	0	0	86	309	0	1	5	0	73
75+ years	0	0	0	0	0	0	0	7	28	0	1	0	0	5
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	9	15	0	0	0	0	5	7,296	11,635	33	111	282	34	2,560
Pregnant Women	0							237						

¹Age category 0-5 years is not applicable.

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

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	1	6	0	0	0	0	2	0	5	0	0	2	3	1
13-17 years	6	14	0	0	6	0	5	10	13	0	0	2	2	6
18-20 years	3	20	0	0	1	0	2	8	14	1	0	1	0	2
21-24 years	10	22	0	0	1	0	9	14	32	0	1	2	0	8
25-44 years	101	186	0	4	5	1	64	81	144	2	5	8	1	16
45-64 years	40	103	0	0	1	0	35	18	42	0	1	1	0	4
65-74 years	7	6	0	1	0	0	3	1	5	0	0	0	0	0

75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	168	357	0	5	14	1	120	132	255	3	7	16	6	37
Pregnant Women	6							8						

¹Age category 0-5 years is not applicable.

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

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	9	46	0	0	20	6	11
13-17 years	0	0	0	0	0	0	4	132	235	1	11	33	11	69
18-20 years	0	2	0	0	0	0	11	186	327	6	8	9	3	75
21-24 years	1	1	0	0	0	0	12	561	819	14	21	35	7	192
25-44 years	8	17	0	0	0	0	91	4,915	7,530	19	90	194	17	1,620
45-64 years	2	8	0	0	0	0	35	1,958	4,293	5	15	95	5	917
65-74 years	0	1	0	0	0	0	1	98	385	0	1	7	0	95
75+ years	0	0	0	0	0	0	0	7	36	0	1	0	0	6
Not Available	0	0	0	0	0	0	53	0	0	0	0	0	0	0
Total	11	29	0	0	0	0	207	7,866	13,671	45	147	393	49	2,985
Pregnant Women	0							259						

¹Age category 0-5 years is not applicable.

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

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	1	0	0	1	0	0	0	0	0	0	0	0	0
13-17 years	8	23	0	1	5	0	3	1	0	0	0	0	0	0
18-20 years	5	22	2	1	3	0	2	0	0	0	0	0	0	0
21-24 years	8	36	0	0	2	0	4	3	3	0	0	0	0	1
25-44 years	76	152	0	8	8	0	25	14	12	0	0	0	0	0
45-64 years	15	68	0	0	2	0	17	4	19	0	0	0	0	2
65-74 years	0	7	0	1	0	0	2	1	2	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	112	309	2	11	21	0	53	23	36	0	0	0	0	3
Pregnant Women	4							1						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use¹

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

Total	American Indian or Alaska Native
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	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ²	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	110	52	2	0	0	0	0	164	0	0	0	0	0	0	0
21-24 years	84	70	0	2	0	0	0	156	0	0	0	0	0	0	0
25-44 years	516	472	0	0	0	0	0	988	0	0	0	0	0	0	0
45-64 years	322	368	0	0	0	0	0	690	0	0	0	0	0	0	0
65-74 years	62	58	0	0	0	0	0	120	0	0	0	0	0	0	0
75+ years	30	22	0	0	0	0	0	52	0	0	0	0	0	0	0
Not Available	468	988	2	2	0	0	4	1,464	0	1	0	0	0	0	0
Total	1,592	2,030	4	4	0	0	4	3,634	0	1	0	0	0	0	0
Pregnant Women	0								0						

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

²Age category 0-5 years is not applicable.

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

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

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	2	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	1	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	5	2	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	7	3	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	51	120	0	0	0	0	0
Total	0	0	0	0	0	0	0	65	126	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

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

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	53	26	1	0	0	0	0
21-24 years	0	0	0	0	0	0	0	42	34	0	1	0	0	0
25-44 years	0	0	0	0	0	0	0	253	232	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	154	178	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	31	29	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	15	11	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	133	273	1	1	0	0	0
Total	0	0	0	0	0	0	0	681	783	2	2	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

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

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	2	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	3	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	1	13	0	0	0	0	0
Total	0	0	0	0	0	0	0	1	18	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

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

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

18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	49	87	0	0	0	0	4	0	0	0	0	0	0	0
Total	49	87	0	0	0	0	4	0	0	0	0	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

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

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	55	26	1	0	0	0	0
21-24 years	0	0	0	0	0	0	0	42	35	0	1	0	0	0
25-44 years	0	0	0	0	0	0	0	258	236	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	161	184	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	31	29	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	15	11	0	0	0	0	0
Not Available	7	6	0	0	0	0	0	227	488	1	1	0	0	0
Total	7	6	0	0	0	0	0	789	1,009	2	2	0	0	0
Pregnant Women	0							0						

¹Age category 0-5 years is not applicable.

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

A. Age	Sexual Orientation								
	B. Straight or Heterosexual	C. Homosexual (Gay or Lesbian)	D. Bisexual	E. Queer	F. Pansexual	G. Questioning	H. Asexual	I. Other	J. Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0
6-12 years	52	16	11	0	0	4	0	0	0
13-17 years	263	56	74	8	0	5	0	0	0
18-20 years	355	68	62	4	0	6	0	143	32
21-24 years	997	152	166	9	0	15	0	320	76
25-44 years	9,084	1,167	1,365	45	0	71	0	2,734	549
45-64 years	4,649	599	608	7	0	30	0	1,425	222
65-74 years	334	83	44	0	0	0	0	124	17
75+ years	21	18	2	0	0	0	0	9	1
TOTAL	15,755	2,159	2,332	73	0	131	0	4,755	897

Footnotes:

For Table 11c, Kentucky data has the same data code for both "Queer" and "Pansexual". For purposes of this reporting, numbers were listed under only "Queer" column.

For Table 11a, there is a BGAS glitch and the table that populates the total is pulling both race and ethnicity numbers together, thus showing duplicated totals. True unduplicated numbers (that are listed accurately in each 11a table) are as follows: Female - 8,006 (265 Pregnant); Male - 14,065; Trans Woman - 47; Trans Man - 158; Gender Non-Conforming - 416; Other - 49; Not Available - 3,183; Total - 25,919.

For Table 11b, there is a BGAS glitch and the table that populates the total is pulling both race and ethnicity numbers together, thus showing duplicated totals. True unduplicated numbers (that are listed accurately in each 11b table) are as follows: Female 796 - Male 1015; Trans Woman 2; Trans Man 2; Not Available 4; Total - 1819.

IV: Population and Services Reports

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

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

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

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

Footnotes:

Kentucky is not a designated HIV/AIDS state.

IV: Population and Services Reports

Table 13 - Charitable Choice – Required

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

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

Notice to Program Beneficiaries - Check all that apply:

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

Referrals to Alternative Services - Check all that apply:

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

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

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

No trainings were provided..

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

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]	519	523
Total number of clients with non-missing values on employment/student status [denominator]	3,010	3,010
Percent of clients employed or student (full-time and part-time)	17.2 %	17.4 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		1,402
Number of CY 2022 discharges submitted:		10,703
Number of CY 2022 discharges linked to an admission:		3,532
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,052
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		3,010

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 2/1/2024]

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]	154	174
Total number of clients with non-missing values on employment/student status [denominator]	2,087	2,087
Percent of clients employed or student (full-time and part-time)	7.4 %	8.3 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		365
Number of CY 2022 discharges submitted:		5,085
Number of CY 2022 discharges linked to an admission:		2,261
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,099

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	2,087
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
 [Records received through 2/1/2024]

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]	10,892	10,907
Total number of clients with non-missing values on employment/student status [denominator]	35,688	35,688
Percent of clients employed or student (full-time and part-time)	30.5 %	30.6 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		9,547
Number of CY 2022 discharges submitted:		44,578
Number of CY 2022 discharges linked to an admission:		44,262
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		36,307
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		35,688

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
 [Records received through 2/1/2024]

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]	747	757
Total number of clients with non-missing values on employment/student status [denominator]	4,473	4,473
Percent of clients employed or student (full-time and part-time)	16.7 %	16.9 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		293
Number of CY 2022 discharges submitted:		5,539
Number of CY 2022 discharges linked to an admission:		5,526
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,527

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

4,473

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 2/1/2024]

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

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]	2,523	2,533
Total number of clients with non-missing values on living arrangements [denominator]	3,037	3,037
Percent of clients in stable living situation	83.1 %	83.4 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		1,402
Number of CY 2022 discharges submitted:		10,703
Number of CY 2022 discharges linked to an admission:		3,532
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,052
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		3,037

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 2/1/2024]

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]	1,440	1,449
Total number of clients with non-missing values on living arrangements [denominator]	2,098	2,098
Percent of clients in stable living situation	68.6 %	69.1 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		365
Number of CY 2022 discharges submitted:		5,085
Number of CY 2022 discharges linked to an admission:		2,261
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,099
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		2,098

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]	32,925	32,911
Total number of clients with non-missing values on living arrangements [denominator]	36,087	36,087
Percent of clients in stable living situation	91.2 %	91.2 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		9,547
Number of CY 2022 discharges submitted:		44,578
Number of CY 2022 discharges linked to an admission:		44,262
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		36,307
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		36,087

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]	3,610	3,575
Total number of clients with non-missing values on living arrangements [denominator]	4,522	4,522
Percent of clients in stable living situation	79.8 %	79.1 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		293
Number of CY 2022 discharges submitted:		5,539
Number of CY 2022 discharges linked to an admission:		5,526
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,527
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		4,522

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]	2,758	2,773
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,053	3,053
Percent of clients without arrests	90.3 %	90.8 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		1,402
Number of CY 2022 discharges submitted:		10,703
Number of CY 2022 discharges linked to an admission:		3,532
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,053
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		3,053

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 2/1/2024]

Long-term Residential(LR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,874	1,884
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,100	2,100
Percent of clients without arrests	89.2 %	89.7 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		365
Number of CY 2022 discharges submitted:		5,085
Number of CY 2022 discharges linked to an admission:		2,261
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		2,100

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	2,100
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
 [Records received through 2/1/2024]

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]	33,691	33,727
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	36,262	36,262
Percent of clients without arrests	92.9 %	93.0 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		9,547
Number of CY 2022 discharges submitted:		44,578
Number of CY 2022 discharges linked to an admission:		44,262
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		36,391
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		36,262

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
 [Records received through 2/1/2024]

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]	3,989	3,991
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4,530	4,530
Percent of clients without arrests	88.1 %	88.1 %
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		293
Number of CY 2022 discharges submitted:		5,539
Number of CY 2022 discharges linked to an admission:		5,526
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		4,532

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

4,530

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 2/1/2024]

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

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]	2,418	2,364
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,053	3,053
Percent of clients abstinent from alcohol	79.2 %	77.4 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		19
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	635	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		3.0 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		2,345
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,418	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.0 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	1,402
Number of CY 2022 discharges submitted:	10,703
Number of CY 2022 discharges linked to an admission:	3,532
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,053
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	3,053

Long-term Residential(LR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,724	1,633
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,100	2,100
Percent of clients abstinent from alcohol	82.1 %	77.8 %

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]		68
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	376	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		18.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,565
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,724	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		90.8 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	365
Number of CY 2022 discharges submitted:	5,085
Number of CY 2022 discharges linked to an admission:	2,261
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,100
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	2,100

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]	31,182	29,743
All clients with non-missing values on at least one substance/frequency of use [denominator]	36,353	36,353
Percent of clients abstinent from alcohol	85.8 %	81.8 %

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]		173
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,171	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		3.3 %

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]		29,570
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	31,182	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.8 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	9,547
Number of CY 2022 discharges submitted:	44,578
Number of CY 2022 discharges linked to an admission:	44,262
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	36,391
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	36,353

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 2/1/2024]

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]	3,986	3,739
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,531	4,531
Percent of clients abstinent from alcohol	88.0 %	82.5 %

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]		26
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	545	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		4.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		3,713
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,986	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.2 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	293
Number of CY 2022 discharges submitted:	5,539
Number of CY 2022 discharges linked to an admission:	5,526
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,532
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	4,531

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file [Records received through 2/1/2024]

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

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]	1,090	888
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,053	3,053
Percent of clients abstinent from drugs	35.7 %	29.1 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		114
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,963	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		5.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		774
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,090	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		71.0 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	1,402
Number of CY 2022 discharges submitted:	10,703
Number of CY 2022 discharges linked to an admission:	3,532
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,053
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	3,053

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]	1,145	708
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,100	2,100
Percent of clients abstinent from drugs	54.5 %	33.7 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		189
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	955	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		19.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		519
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,145	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		45.3 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	365
Number of CY 2022 discharges submitted:	5,085
Number of CY 2022 discharges linked to an admission:	2,261
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,100
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	2,100

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]	20,592	16,911
All clients with non-missing values on at least one substance/frequency of use [denominator]	36,353	36,353
Percent of clients abstinent from drugs	56.6 %	46.5 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1,227
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	15,761	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		7.8 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		15,684
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	20,592	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.2 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	9,547
Number of CY 2022 discharges submitted:	44,578
Number of CY 2022 discharges linked to an admission:	44,262
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	36,391
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	36,353

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 2/1/2024]

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]	2,655	1,795
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,531	4,531
Percent of clients abstinent from drugs	58.6 %	39.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		207
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,876	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		11.0 %

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]		1,588
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,655	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		59.8 %

Notes (for this level of care):

Number of CY 2022 admissions submitted:	293
Number of CY 2022 discharges submitted:	5,539
Number of CY 2022 discharges linked to an admission:	5,526
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,532
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	4,531

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
 [Records received through 2/1/2024]

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

Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	1,090	1,097
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	3,053	3,053
Percent of clients participating in self-help groups	35.7 %	35.9 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.2 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		1,402
Number of CY 2022 discharges submitted:		10,703
Number of CY 2022 discharges linked to an admission:		3,532
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,053
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		3,053

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 2/1/2024]

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]	867	936
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,100	2,100
Percent of clients participating in self-help groups	41.3 %	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]	3.3 %	
Notes (for this level of care):		
Number of CY 2022 admissions submitted:		365
Number of CY 2022 discharges submitted:		5,085

Number of CY 2022 discharges linked to an admission:	2,261
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,100
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	2,100

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 2/1/2024]

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]	11,500	11,691
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	36,262	36,262
Percent of clients participating in self-help groups	31.7 %	32.2 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.5 %	

Notes (for this level of care):

Number of CY 2022 admissions submitted:	9,547
Number of CY 2022 discharges submitted:	44,578
Number of CY 2022 discharges linked to an admission:	44,262
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	36,391
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	36,262

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 2/1/2024]

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]	1,629	1,675
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	4,529	4,529
Percent of clients participating in self-help groups	36.0 %	37.0 %
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]	1.0 %	

Notes (for this level of care):

Number of CY 2022 admissions submitted:	293
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Number of CY 2022 discharges submitted:	5,539
Number of CY 2022 discharges linked to an admission:	5,526
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	4,532
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	4,529

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 2/1/2024]

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

Footnotes:

V: Performance Data and Outcomes

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

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	6	2	3	4
2. Free-Standing Residential	1	1	1	1
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	8	2	4	9
5. Long-term (over 30 days)	5	2	3	5
AMBULATORY (OUTPATIENT)				
6. Outpatient	18	1	1	8
7. Intensive Outpatient	9	1	1	6
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification ¹	2	1	2	2
10. OUD Medication-Assisted Treatment Outpatient ²	24	1	1	8

Level of Care	2022 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	264	119
2. Free-Standing Residential	2734	29
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	10703	3532

5. Long-term (over 30 days)	5085	2261
AMBULATORY (OUTPATIENT)		
6. Outpatient	44578	36402
7. Intensive Outpatient	5539	5526
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification ¹		5
10. OUD Medication-Assisted Treatment Outpatient ²		7860

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 2/1/2024]

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

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

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

Footnotes:

V: Performance Data and Outcomes

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

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

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

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

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

Footnotes:

V: Performance Data and Outcomes

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

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

Footnotes:

V: Performance Data and Outcomes

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

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

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

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

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

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
2. Perception of Peer Disapproval of Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2020 - 2021		
3. Disapproval of Using Marijuana Experimentally	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
4. Disapproval of Using Marijuana Regularly	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
5. Disapproval of Alcohol	<p>Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2020 - 2021		

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

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

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

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

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

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

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol- and Drug-Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2020	5.3	

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

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	<p>Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you." [Response options: Yes, No]</p> <p>Outcome Reported: Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2020 - 2021		
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p>Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?" ^[1][Response options: 0 times, 1 to 2 times, a few times, many times]</p> <p>Outcome Reported: Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2020 - 2021		

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

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

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

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

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

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2021	12/31/2021
2. Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2021	12/31/2021
3. Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2021	12/31/2021
4. Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention	1/1/2021	12/31/2021
5. Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies	10/1/2020	9/30/2022

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 teach prevention curriculum.) Kentucky does not have a specific protocol for identifying the service populations of individuals who are more than one 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, signing in for a meeting or training, etc., and participants may self-identify as more than one race in those cases.

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

Category	Total
A. Age	86,098
0-5	49
6-12	1,665
13-17	11,548
18-20	203
21-24	1,279
25-44	9,382
45-64	6,587
65-74	684
75 and Over	0
Age Not Known	54,701
B. Gender	86,098
Male	5,773
Female	20,333
Trans man	14
Trans woman	0
Gender non-conforming	1
Other	59,977
C. Race	86,098
White	19,466
Black or African American	1,637
Native Hawaiian/Other Pacific Islander	14

Asian	12
American Indian/Alaska Native	16
More Than One Race (not OMB required)	94
Race Not Known or Other (not OMB required)	64,859
D. Ethnicity	86,098
Hispanic or Latino	208
Not Hispanic or Latino	18,453
Ethnicity Unknown	67,437

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

Category	Total
A. Age	2624476
0-5	0
6-12	0
13-17	1
18-20	4280
21-24	10865
25-44	34649
45-64	24406
65-74	8354
75 and Over	0
Age Not Known	2541921
B. Gender	2624476
Male	40291
Female	42294
Trans man	0
Trans woman	0
Gender non-conforming	1
Other	2541890
C. Race	2624476
White	62251
Black or African American	15383
Native Hawaiian/Other Pacific Islander	0

Asian	137
American Indian/Alaska Native	0
More Than One Race (not OMB required)	1116
Race Not Known or Other (not OMB required)	2545589
D. Ethnicity	2624476
Hispanic or Latino	4990
Not Hispanic or Latino	74027
Ethnicity Unknown	2545459

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No data is reported for 75+ age group because our data captures 65+ as one group, so data for that age group is reported in the 65-74 category. We will update the categories to align with SAMHSA reporting for the future.

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

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	85,984	N/A
2. Universal Indirect	N/A	\$2,624,476.00
3. Selective	79	N/A
4. Indicated	35	N/A
5. Total	86,098	\$2,624,476.00
Number of Persons Served¹	86,098	2,624,476

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

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

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

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

Kentucky began implementing these guidelines in 2006 at the time of the SPF grant. Training and ongoing technical assistance regarding selecting and implementing evidence-based practices is provided to all Regional Prevention Center (RPC) personnel. Selecting and identifying EB practices is also included in the KY Substance Use Prevention Skills Training that all RPC personnel are required to attend within the first year of employment. Additionally, Kentucky has an Evidence-Based workgroup that reviews all requests for programs and strategies to be included in the Prevention Data System. Their decisions to include programs is based on a process developed by our contracted prevention evaluators which is use dot 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 USE DISORDER PRIMARY PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	5482	622	6104	15	27	6146
2. Total number of Programs and Strategies Funded	10885	1700	12585	16	44	12645
3. Percent of Evidence-Based Programs and Strategies	50.36 %	36.59 %	48.50 %	93.75 %	61.36 %	48.60 %

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

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total Substance Use Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 5,482	\$1,803,524.32
Universal Indirect	Total # 622	\$204,039.27
Selective	Total # 15	\$4,986.70
Indicated	Total # 27	\$8,726.73
Unspecified	Total #	
	Total EBPs: 6,146	Total Dollars Spent: \$2,021,277.02

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Prevention Attachments

Submission Uploads

FFY 2024 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category D:		
File	Version	Date Added

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