

# West Virginia

## UNIFORM APPLICATION

FY 2021 Substance Abuse Block Grant Report

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022  
(generated on 08/14/2021 11.32.27 AM)

Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

# I: State Information

## State Information

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### III. Expenditure Period

#### State Expenditure Period

From 7/1/2019

To 6/30/2020

#### Block Grant Expenditure Period

From 10/1/2017

To 9/30/2019

### IV. Date Submitted

Submission Date 12/1/2020 11:10:35 PM

Revision Date 4/7/2021 4:32:03 PM

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**Footnotes:**

## II: Annual Update

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

**Priority #:** 1  
**Priority Area:** Comprehensive Adult Mental Health Services  
**Priority Type:** MHS  
**Population(s):** SMI, Other (Rural, Persons with Disabilities, Homeless, Older Adults )

**Goal of the priority area:**

Expand and improve the quality of the West Virginia community mental health system of care.

**Strategies to attain the goal:**

Objective 1

Strategy 1 Utilize current commitment data to target additional Community Engagement Specialist (CES) resources in high commitment counties.  
Strategy 2 Coordinate existing CES provider efforts to leverage impact across the continuum of care.

Objective 2

Strategy 1 Expand partnership with Bureau for Senior Services to increase access to behavioral health services among older adults.  
Strategy 2 Ensure Comprehensive Behavioral Health Centers establish and maintain offices in each of the rural counties in West Virginia.

Objective 3

Strategy 1 Collaborate with West Virginia Interagency Council on Homelessness (WVICH) to update the statewide plan to end homelessness to align with the latest US Interagency Council on Homelessness (USICH) plan.  
Strategy 2 Expand Rapid Rehousing (RRH) Services through new initiatives targeting Opioid Use Disorder (OUD)

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** CES provider meetings  
**Baseline Measurement:** No Baseline – New Initiative  
**First-year target/outcome measurement:** 2 CES provider meetings  
**Second-year target/outcome measurement:** 4 CES provider meetings  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

BBH program staff

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

**Description of Data:**

Reports of program staff activities and training records

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

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

None

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

**Report of Progress Toward Goal Attainment**

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

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

How first year target was achieved (optional):

Indicator #: 2

Indicator: Targeted efforts in high commitment counties

Baseline Measurement: No Baseline – New Initiative

First-year target/outcome measurement: 1 targeted effort in high commitment counties

Second-year target/outcome measurement: 2 targeted efforts in high commitment counties

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

Data Source:

CSDR Reporting

New Data Source(if needed):

Description of Data:

BBH's client level data reporting system

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 3

Indicator: Participation in NASMHPD Older Persons Division Monthly Meetings

Baseline Measurement: No Baseline – New Initiative

First-year target/outcome measurement: Participate in 90% of NASMHPD Older Persons Division Monthly meetings

Second-year target/outcome measurement: Participate in 100% of NASMHPD Older Persons Division Monthly meetings

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

Data Source:

NASMHPD Meeting Records, BBH Employee Calendars

New Data Source(if needed):

Description of Data:

Attendance records for the meeting

New Description of Data:(if needed)

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

None

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

**Report of Progress Toward Goal Attainment**

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

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

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

**Indicator #:**

4

**Indicator:**

Update the WVICH Statewide plan to end homelessness

**Baseline Measurement:**

2015 - 2020 WVICH Statewide plan

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

Reconvene WVICH meetings

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

Draft WVICH updated statewide plan

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

**Data Source:**

The West Virginia Interagency Council on Homelessness (WVICH)

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

**Description of Data:**

The WVICH produces a statewide plan to end homelessness

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

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

None

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

**Report of Progress Toward Goal Attainment**

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

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

The target was not achieved due to COVID-19, which delayed the restarting of meetings. Status next year will depend upon the status of the pandemic and availability of agency heads to participate.

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

**Indicator #:**

5

**Indicator:**

Release and Implementation of SOR Rapid Rehousing (RRH) Awards

**Baseline Measurement:**

No Baseline – New Initiative

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

Release SOR RRH funds via the Announcement of Funding Availability (AFA) Process

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

All 4 Continuum's of Care (CoC) in West Virginia will be providing SOR RRH Services

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

**Data Source:**

BBH Allocation Chart

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

**Description of Data:**

The allocation chart shows every entity funded by BBH.

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

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

None

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

**Report of Progress Toward Goal Attainment**

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

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

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

**Priority #:** 2  
**Priority Area:** Comprehensive Children’s Mental Health Services  
**Priority Type:** MHS  
**Population(s):** SED, ESMI, Other (Adolescents w/SA and/or MH, Students in College, Children/Youth at Risk for BH Disorder, Homeless)  
**Goal of the priority area:**

Increase access to community-based child and family services to prevent unnecessary removals or hospitalizations of children and youths.

**Strategies to attain the goal:**

Objective 1  
Strategy 1: Expand Children’s Mental Health Wraparound Services from six counties to statewide coverage  
Strategy 2: Expand Children’s Mobile Crisis Response and Stabilization Services from certain counties to statewide coverage, to be connected with a centralized crisis line  
Strategy 3: Incrementally increase the number of schools with Expanded School Mental Health, or three tiers of student support  
Strategy 4: Increase family peer support, referrals to resources, and input in systemic improvement through regional six Family Coordinators and a dedicated staff person in the BBH Office of Children, Youth, and Families  
  
Objective 2  
Strategy 1: Continue implementation and expansion of First Episode Psychosis (FEP)/ESMI “Quiet Minds” (<https://quietmindswv.com/>) coordinated specialty care services at six regional centers for statewide coverage  
  
Objective 3  
Strategy 1: Continually review implementation of and refine the statewide suicide prevention plan with the state Council  
Strategy 2: Maintain network of regional youth and adult suicide intervention specialists with technical assistance from Prevent Suicide WV

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of counties participating in the pilot Children’s Mental Health Wraparound initiative  
**Baseline Measurement:** 6 Counties  
**First-year target/outcome measurement:** 30 Counties

**Second-year target/outcome measurement:** 55 Counties

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

**Data Source:**

BBH Grantee Reporting

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

**Description of Data:**

All BBH grantees must report on programmatic activities and client level information on individuals served on a quarterly basis.

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

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

None

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

## Report of Progress Toward Goal Attainment

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

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

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

**Indicator #:**

2

**Indicator:**

Number of counties participating in the pilot Children's Mobile Crisis initiative

**Baseline Measurement:**

49 Counties

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

55 Counties with access to mobile crisis teams

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

55 Counties with access to mobile crisis teams and access to the crisis line

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

**Data Source:**

BBH Grantee Reporting

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

**Description of Data:**

All BBH grantees must report on programmatic activities and client level information on individuals served on a quarterly basis.

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

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

None

**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:**



We issued two public funding opportunities and in that process we were able to secure agencies in 5 of the 6 regions. We are currently using three of our other agencies to cover Region 2. Effective January 1, 2021 we will meet this outcome and have all 55 counties covered.

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

**Indicator #:** 3

**Indicator:** Number of schools with Expanded School Mental Health

**Baseline Measurement:** 40 schools with Expanded School Mental Health

**First-year target/outcome measurement:** 50 schools with Expanded School Mental Health

**Second-year target/outcome measurement:** 60 schools with Expanded School Mental Health

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

**Data Source:**

BBH Grantee Reporting and the West Virginia Department of Education (WVDE)

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

**Description of Data:**

All BBH grantees must report on programmatic activities and client level information on individuals served on a quarterly basis. The WVDE is a collaborative partner on this project.

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

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

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

## Report of Progress Toward Goal Attainment

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

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

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

**Indicator #:** 4

**Indicator:** Development of a Family Peer Support Network

**Baseline Measurement:** 1 Internal Staff, 2 Regional Coordinators

**First-year target/outcome measurement:** 1 Internal Staff, 6 Regional Coordinators in place

**Second-year target/outcome measurement:** 1 Internal Staff, 12 Regional Coordinators in place

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

**Data Source:**

BBH Office of Children, Youth, and Families

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

**Description of Data:**

Programmatic and staff activity reporting

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

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

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

### Report of Progress Toward Goal Attainment

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

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

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

**Indicator #:** 5

**Indicator:** Number of Regional Youth Service Centers providing First Episode Psychosis (FEP)/ESMI "Quiet Minds" coordinated specialty care services

**Baseline Measurement:** 5 Regional Youth Service Centers providing services

**First-year target/outcome measurement:** 6 Regional Youth Service Centers providing services

**Second-year target/outcome measurement:** 6 Regional Youth Service Centers providing services that maintain fidelity as demonstrated by BBH review

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

**Data Source:**

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

**Description of Data:**

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

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

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

### Report of Progress Toward Goal Attainment

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

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

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

**Indicator #:** 6

**Indicator:** Update the Statewide Suicide Prevention Strategic Plan

**Baseline Measurement:** 2015 Statewide Suicide Prevention Strategic Plan

**First-year target/outcome measurement:** Draft updated Statewide Suicide Prevention Strategic Plan

**Second-year target/outcome measurement:** Complete new Statewide Suicide Prevention Strategic Plan

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

**Data Source:**

West Virginia Suicide Prevention Council

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

**Description of Data:**

Updated statewide strategic plan

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

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

None

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

## Report of Progress Toward Goal Attainment

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

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

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

**Indicator #:**

7

**Indicator:**

Number of Regional youth and adult suicide intervention specialists

**Baseline Measurement:**

6 Regional youth and adult suicide intervention specialists

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

6 Regional youth and adult suicide intervention specialists

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

6 Regional youth and adult suicide intervention specialists

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

**Data Source:**

BBH Grantee Reporting

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

**Description of Data:**

All BBH grantees must report on programmatic activities and client level information on individuals served on a quarterly basis.

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

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

None

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

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 3

Priority Area: Quality Behavioral Health Systems

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, PWWDC, PP, ESMI, PWID, TB, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Rural, Criminal/Juvenile Justice, Persons with Disabilities, Children/Youth at Risk for BH Disorder, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Improve quality of behavioral health services

Strategies to attain the goal:

Objective 1

Strategy 1 Increase opportunities for professional development for the behavioral health workforce due to workforce shortages in behavioral health.

Strategy 2 Recruit new members of qualified workforce through new Statewide Therapist Loan Repayment (STLR) project.

Objective 2

Strategy 1 Expand participation of Statewide Epidemiological Outcomes Workgroup (SEOW) and educate SEOW members on county and statewide products as meeting topics or special committee meetings.

Strategy 2 Expand, capture, and more fully automate data reporting ability of Management Systems

Objective 3

Strategy 1 Measure number of completed referrals, call volume, and implement screening/assessment tool via the 24/7 statewide behavioral health call-line

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of providers participating in the annual Appalachian Addiction & Prescription Drug Abuse Conference

Baseline Measurement: 500 Participants

First-year target/outcome measurement: 5 % increase in Year 1

Second-year target/outcome measurement: 5 % increase in Year 2

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

Data Source:

Appalachian Addiction & Prescription Drug Abuse Conference

New Data Source(if needed):

Description of Data:

The conference keeps and reports out attendance records

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

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:**

Due to COVID-19, the event was entirely virtual and the provider community has many priorities to manage. It is anticipated the target can be achieved post the COVID-19 pandemic.

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

**Indicator #:** 2  
**Indicator:** Number Participants in Statewide Therapist Loan Repayment (STLR) project  
**Baseline Measurement:** No Baseline – New Initiative  
**First-year target/outcome measurement:** 20 Total Participants  
**Second-year target/outcome measurement:** 40 Total participants

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

**Data Source:**

West Virginia Office of Drug Control Policy (ODCP)

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

**Description of Data:**

WV ODCP staff oversee this program and will be able to report out the number of participants.

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

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

None

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

**Report of Progress Toward Goal Attainment**

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

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

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

**Indicator #:** 3  
**Indicator:** SEOW Membership  
**Baseline Measurement:** 39 SEOW Members  
**First-year target/outcome measurement:** Add 5 new organizations as participants  
**Second-year target/outcome measurement:** Add 5 additional new organizations as participants

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

**Data Source:**

WV State Epidemiological Outcomes Workgroup (SEOW)

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

**Description of Data:**

WV SEOW membership records and meeting minutes

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

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

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

### Report of Progress Toward Goal Attainment

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

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

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

**Indicator #:** 4

**Indicator:** Number of CSDR Participants

**Baseline Measurement:** 12 CBHC Providers

**First-year target/outcome measurement:** Begin development of CSDR Portal for non-CBHC providers

**Second-year target/outcome measurement:** Pilot 2 non-CBHC provider sites

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

**Data Source:**

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

**Description of Data:**

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

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

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

### Report of Progress Toward Goal Attainment

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

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

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

**Indicator #:** 5

**Indicator:** Number of calls for statewide behavioral health call-line

**Baseline Measurement:** 10,000 Calls

**First-year target/outcome measurement:** 5% annual increase in calls

**Second-year target/outcome measurement:** 5% annual increase in calls

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

**Data Source:**

First Choice Health Systems

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

**Description of Data:**

First Choice manages the statewide behavioral health call-line and tracks this measure and reports to BBH.

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

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

None

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

**Report of Progress Toward Goal Attainment**

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

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

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

**Priority #:** 4  
**Priority Area:** Comprehensive Substance Use Disorder Services  
**Priority Type:** SAT  
**Population(s):** PP, Other (Adolescents w/SA and/or MH, Students in College, Rural)

**Goal of the priority area:**

Improve access to a full continuum of substance use disorder services

**Strategies to attain the goal:**

Objective 1  
Strategy 1 Expand access to Medication Assisted Treatment (MAT) through increasing the number of waived prescribers  
Strategy 2 Implement the West Virginia State Opioid Response (SOR) Grant project  
  
Objective 2  
Strategy 1 Expand the number of Quick Response Teams (QRT) statewide  
  
Objective 3  
Strategy 1 Establish the West Virginia chapter of the National Alliance of Recovery Residences (NARR) to be called the West Virginia Alliance of Recovery Residences (WVARR)  
Strategy 2 Increase the number of peer operated recovery beds statewide

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of Waivered MAT Prescribers  
**Baseline Measurement:** 442 Waivered MAT Prescribers  
**First-year target/outcome measurement:** 10% annual Increase in Waivered MAT Prescribers  
**Second-year target/outcome measurement:** 10% annual Increase in Waivered MAT Prescribers  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

West Virginia Office of Health Licensure and Certification (OHFLAC)

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

**Description of Data:**

WV OHFLAC tracks this number and reports to the MAT coordinator housed in BBH.

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

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

None

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

### Report of Progress Toward Goal Attainment

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

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

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

**Indicator #:** 2

**Indicator:** Number of Quick Response Teams Statewide

**Baseline Measurement:** 12 Quick Response Teams Statewide

**First-year target/outcome measurement:** 10% annual Increase in QRT Teams Statewide

**Second-year target/outcome measurement:** 10% annual Increase in QRT Teams Statewide

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

**Data Source:**

BBH, Bureau for Public Health (BPH), ODCP

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

**Description of Data:**

BBH, BPH, and ODCP all report and share information on QRT activity statewide.

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

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

None

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

### Report of Progress Toward Goal Attainment

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

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

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



**Indicator #:** 3  
**Indicator:** Establishment of West Virginia Chapter of National Alliance of Recovery Residences (NARR) - WVARR  
**Baseline Measurement:** No Baseline – New Initiative  
**First-year target/outcome measurement:** Completion of Strategic Planning Process  
**Second-year target/outcome measurement:** WVARR Established and providing certification to Recovery Residences  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

BBH, ODCP, Recovery Point of West Virginia

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

**Description of Data:**

BBH and ODCP fund Recovery Point as the fiscal agent to establish WVARR. Recovery Point reports out on progress regularly.

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

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

None

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

## Report of Progress Toward Goal Attainment

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

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

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

**Indicator #:** 4  
**Indicator:** Number of Peer Operated Recovery Beds  
**Baseline Measurement:** 786 Beds Statewide  
**First-year target/outcome measurement:** 10% annual Increase in Peer Operated Recovery Beds  
**Second-year target/outcome measurement:** 10% annual Increase in Peer Operated Recovery Beds  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

BBH Grantee Reporting

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

**Description of Data:**

All BBH grantees must report on programmatic activities and client level information on individuals served on a quarterly basis.

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

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

None

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

# Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

**Priority #:** 5  
**Priority Area:** Comprehensive SUD Primary Prevention Services  
**Priority Type:** SAP  
**Population(s):** PP, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Rural, Military Families, Criminal/Juvenile Justice, Persons with Disabilities, Children/Youth at Risk for BH Disorder, Homeless, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

Create communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and prevent or reduce substance misuse or use disorder through universal, selective, and indicated prevention strategies for individuals of all ages.

**Strategies to attain the goal:**

Objective 1  
Strategy 1: Maintain regional Prevention Lead Organizations (PLOs), which will provide support and technical assistance to county prevention coalitions  
Strategy 2: Ensure implementation of effective and evidence-based prevention strategies through prevention training (e.g., Prevention Ethics and Substance Abuse Prevention Skills Training or SAPST) and selection of evidence-based strategies using the strategic prevention framework (SPF)

Objective 2  
Strategy 1: Implement a safe medication disposal campaign with print materials and safe disposal kits in collaboration with senior centers, long-term care facilities, funeral homes, and other places where older adults may be reached.  
Strategy 2: Involve older adults in prevention coalitions and planning to help plan and inform prevention initiatives focused on older adults.  
Strategy 3: Obtain available data, including through the State Epidemiological Outcomes Workgroup (SEOW), to inform the needs and overall SPF process to focus prevention efforts for older adults.

Objective 3  
Strategy 1: Support youth-led peer support and leadership initiatives, such as Students Against Destructive Decisions (SADD), to promote protective factors and positive alternatives to substance use  
Strategy 2: Collaborate with schools and other initiatives (e.g., Expanded School Mental Health, Collegiate Initiative to Address High-Risk Substance Use, and the W.Va. Department of Education's ReClaim WV) to implement effective prevention strategies with schools and community partners.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of prevention professionals trained in Prevention Ethics and SAPST  
**Baseline Measurement:** 50 total trained in SAPST, 30 total trained in prevention ethics  
**First-year target/outcome measurement:** 100 total trained in SAPST, 60 total trained in prevention ethics  
**Second-year target/outcome measurement:** 200 total trained in SAPST, 120 total trained in prevention ethics

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

**Data Source:**

BBH Prevention Lead Organizations (PLO)

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

**Description of Data:**

All BBH grantees must report on programmatic activities and client level information on individuals served on a quarterly basis.

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

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

**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:**

WV did not achieve the target for SAPST training this year due to COVID-19. Historically, SAPST Training is a 4 day in-person training. Our Prevention Technology Transfer Center (PTTC) just recently converted this to a virtual training. We have staff completing the virtual training this month and will be moving forward with a virtual delivery method this year.

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

**Indicator #:**

2

**Indicator:**

Total number of direct prevention materials distributed and number of community organizations reached.

**Baseline Measurement:**

No Baseline – New Initiative

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

Distribute 50,000 direct prevention materials and reach out to 50 community organizations.

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

Distribute 100,000 direct prevention materials and reach out to 100 community organizations.

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

**Data Source:**

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

**Description of Data:**

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

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

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

### Report of Progress Toward Goal Attainment

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

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

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

**Indicator #:**

3

**Indicator:**

Number of meetings focused on SPF process and prevention efforts for older adults.

**Baseline Measurement:**

No Baseline – New Initiative

**First-year target/outcome measurement:** Conduct a minimum of 5 meetings with a focus on older adults.

**Second-year target/outcome measurement:** Conduct a minimum of 16 meetings with a focus on older adults.

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

**Data Source:**

BBH Prevention Data Portal

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

**Description of Data:**

All BBH grantees must report on programmatic activities and groups served.

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

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

None

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

## Report of Progress Toward Goal Attainment

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

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

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

**Indicator #:**

4

**Indicator:**

Usage/views of Help and Hope WV, Stigma Free WV, and social media campaigns

**Baseline Measurement:**

170,000 page views and/or social media campaigns.

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

Increase page views and social media campaigns by 10%.

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

Increase page views and social media campaigns by an additional 10%.

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

**Data Source:**

BBH Prevention Data Portal

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

**Description of Data:**

All BBH grantees must report on programmatic activities and client level information on individuals served on a quarterly basis. The Prevention Data Portal captures all prevention data.

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

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

None

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

## Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 6

Priority Area: Pregnant Women and Women with Dependent Children (PWWDC)

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Improve behavioral health outcomes for pregnant women and women with dependent children.

Strategies to attain the goal:

Objectives 1)  
Strategy 1 Expand Marshall University's Project Hope Initiative  
Strategy 2 Establish new PWWDC program in Region 2

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of PWWDC Beds

Baseline Measurement: 18 PWWDC Beds

First-year target/outcome measurement: 10% annual increase in PWWDC Beds

Second-year target/outcome measurement: 10% annual increase in PWWDC Beds

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

Data Source:

BBH

New Data Source(if needed):

Description of Data:

All BBH grantees must report on programmatic activities and client level information on individuals served on a quarterly basis.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 2

Indicator: New PWWDC program in BBH Region 2

**Baseline Measurement:** No Baseline – New Initiative  
**First-year target/outcome measurement:** Release of Announcement of Funding Availability (AFA)  
**Second-year target/outcome measurement:** Fund 1 new PWWDC program in BBH Region 2

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

**Data Source:**

BBH AFA Records

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

**Description of Data:**

BBH will utilize its AFA process to solicit applications for this program in Region 2.

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

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

None

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

### Report of Progress Toward Goal Attainment

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

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

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

**Priority #:** 7

**Priority Area:** Persons Who Inject Drugs(PWID)

**Priority Type:** SAT

**Population(s):** PWID

**Goal of the priority area:**

Improve behavioral health outcomes for persons who inject drugs (PWID)

**Strategies to attain the goal:**

Strategy 1 Collaborate with the West Virginia Office of Drug Control Policy (ODCP) in the development of their statewide strategic plan to include PWID as a priority focus area.

Strategy 2 Increase access to naloxone through the BBH Prescription Drug Overdose (PDO) and State Targeted Response (STR) initiatives.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Number of Naloxone Kits Distributed  
**Baseline Measurement:** 5254 Total Naloxone Kits Distributed  
**First-year target/outcome measurement:** 5400 Total Naloxone Kits Distributed  
**Second-year target/outcome measurement:** 5600 Total Naloxone Kits Distributed  
**New Second-year target/outcome measurement(if needed):**  
**Data Source:**

BBH Prescription Drug Overdose (PDO) and State Targeted Response (STR) providers, BPH

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

**Description of Data:**

BBH PDO and STR providers report out the number of kits distributed.

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

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

None

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

## Report of Progress Toward Goal Attainment

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

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

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

**Priority #:** 8

**Priority Area:** Persons with or at risk of tuberculosis (TB) who are receiving SUD Treatment Services

**Priority Type:** SAT

**Population(s):** TB

**Goal of the priority area:**

Improve behavioral health outcomes for persons with or at risk of tuberculosis who are receiving SUD Treatment Services (TB)

**Strategies to attain the goal:**

Strategy 1 All SUD Treatment Service provider contracts will be actively monitored to ensure compliance with priority area.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** TB Contract Compliance

**Baseline Measurement:** 100% Provider Compliance

**First-year target/outcome measurement:** 100% Provider Compliance

**Second-year target/outcome measurement:** 100% Provider Compliance

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

**Data Source:**

BBH Statements of Work (SOW)

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

**Description of Data:**

BBH SOW's are the contract between BBH and the provider mandating TB compliance.

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

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

None

**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):**

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**Footnotes:**



### III: Expenditure Reports

**Table 2 - State Agency Expenditure Report**

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

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

| Activity<br>(See instructions for entering expenses in Row 1)                                  | A. SA Block Grant     | B. MH Block Grant | C. Medicaid (Federal, State, and Local) | D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.) | E. State Funds         | F. Local Funds (excluding local Medicaid) | G. Other      |
|--|-----------------------|-------------------|---|---|------------------------|---|---------------|
| 1. Substance Abuse Prevention* and Treatment   | \$4,382,498.00        |                   | \$1,827,103.00                          | \$1,835,883.00  | \$9,753,829.00         | \$0.00                                    | \$0.00        |
| a. Pregnant Women and Women with Dependent Children*   | \$0.00                |                   | \$0.00                                  | \$0.00  | \$937,130.00           | \$0.00                                    | \$0.00        |
| b. All Other   | \$4,382,498.00        |                   | \$1,827,103.00                          | \$1,835,883.00  | \$8,816,699.00         | \$0.00                                    | \$0.00        |
| 2. Substance Abuse Primary Prevention  | \$1,178,368.00        |                   | \$0.00                                  | \$12,345,813.00   | \$1,003,742.00         | \$0.00                                    | \$0.00        |
| 3. Tuberculosis Services   | \$0.00                |                   | \$0.00                                  | \$0.00  | \$0.00                 | \$0.00                                    | \$0.00        |
| 4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**          | \$0.00                |                   | \$0.00                                  | \$0.00  | \$0.00                 | \$0.00                                    | \$0.00        |
| 5. State Hospital  |                       |                   |   |   |                        |   |               |
| 6. Other 24 Hour Care  |                       |                   |   |   |                        |   |               |
| 7. Ambulatory/Community Non-24 Hour Care   |                       |                   |   |   |                        |   |               |
| 8. Mental Health Primary Prevention  |                       |                   |   |   |                        |   |               |
| 9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award) |                       |                   |   |   |                        |   |               |
| 10. Administration (Excluding Program and Provider Level)                                      | \$493,842.00          |                   | \$0.00                                  | \$647,960.00  | \$79,365.00            | \$0.00                                    | \$0.00        |
| <b>11. Total</b>   | <b>\$6,054,708.00</b> | <b>\$0.00</b>     | <b>\$1,827,103.00</b>                   | <b>\$14,829,656.00</b>  | <b>\$10,836,936.00</b> | <b>\$0.00</b>                             | <b>\$0.00</b> |

\* Prevention other than primary prevention

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

Please indicate the expenditures are actual or estimated.

Actual  Estimated

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**Footnotes:**

### III: Expenditure Reports

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

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

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

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

**Footnotes:**

### III: Expenditure Reports

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

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

*[Please enter total number of individuals served]*

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

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**Footnotes:**

### III: Expenditure Reports

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

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

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

| Expenditure Category  | FY 2018 SA Block Grant Award |
|---|------------------------------|
| 1. Substance Abuse Prevention* and Treatment  | \$5,238,597.00               |
| 2. Primary Prevention   | \$1,377,536.00               |
| 3. Tuberculosis Services  | \$0.00                       |
| 4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)** | \$0.00                       |
| 5. Administration (excluding program/provider level)                                  | \$646,616.00                 |
| <b>Total</b>  | <b>\$7,262,749.00</b>        |

\*Prevention other than Primary Prevention

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

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**Footnotes:**

Numbers were reviewed for accuracy. West Virginia did not meet the 20% prevention set-aside for this grant period. Several of our grantees did not draw down and expend all funds awarded to them during the grant period. Going forward West Virginia has awarded more than the required 20% to ensure the set-aside is met for future grant periods.

Upon further review of SAPT 2018 and block grants going forward, it was determined payroll expenses were not properly charged to the correct reporting period. Payroll for SAPT 2019 was on charged to SAPT 2018 and not moved to the appropriate grant. A posting modification has been prepared and submitted to correct the administrative expenses for SAPT 2018. A total of \$277,811.13 is in the process of being moved from SAPT 2018 to SAPT 2019.

Amount of SABG funds (from Table 4, Row 1) used for Oxford House for provider non-treatment services was \$127,500 and is not included on Table 7.

### III: Expenditure Reports

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

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

Expenditure Period Start Date:

Expenditure Period End Date:

| Strategy                                   | IOM Target   | SA Block Grant Award | Other Federal | State               | Local         | Other         |
|--|--------------|----------------------|---------------|---------------------|---------------|---------------|
| Information Dissemination                  | Selective    |                      |               |                     |               |               |
| Information Dissemination                  | Indicated    |                      |               |                     |               |               |
| Information Dissemination                  | Universal    |                      |               |                     |               |               |
| Information Dissemination                  | Unspecified  | \$896,417.00         |               | \$636,594.00        |               |               |
| <b>Information Dissemination</b>           | <b>Total</b> | <b>\$896,417.00</b>  | <b>\$0.00</b> | <b>\$636,594.00</b> | <b>\$0.00</b> | <b>\$0.00</b> |
| Education                                  | Selective    |                      |               |                     |               |               |
| Education                                  | Indicated    |                      |               |                     |               |               |
| Education                                  | Universal    |                      |               |                     |               |               |
| Education                                  | Unspecified  | \$38,496.00          |               | \$27,338.00         |               |               |
| <b>Education</b>                           | <b>Total</b> | <b>\$38,496.00</b>   | <b>\$0.00</b> | <b>\$27,338.00</b>  | <b>\$0.00</b> | <b>\$0.00</b> |
| Alternatives                               | Selective    |                      |               |                     |               |               |
| Alternatives                               | Indicated    |                      |               |                     |               |               |
| Alternatives                               | Universal    |                      |               |                     |               |               |
| Alternatives                               | Unspecified  | \$42,621.00          |               | \$30,268.00         |               |               |
| <b>Alternatives</b>                        | <b>Total</b> | <b>\$42,621.00</b>   | <b>\$0.00</b> | <b>\$30,268.00</b>  | <b>\$0.00</b> | <b>\$0.00</b> |
| Problem Identification and Referral        | Selective    |                      |               |                     |               |               |
| Problem Identification and Referral        | Indicated    |                      |               |                     |               |               |
| Problem Identification and Referral        | Universal    |                      |               |                     |               |               |
| Problem Identification and Referral        | Unspecified  | \$17,873.00          |               | \$12,693.00         |               |               |
| <b>Problem Identification and Referral</b> | <b>Total</b> | <b>\$17,873.00</b>   | <b>\$0.00</b> | <b>\$12,693.00</b>  | <b>\$0.00</b> | <b>\$0.00</b> |

|                                |                    |                       |                     |                       |               |               |
|--------------------------------|--------------------|-----------------------|---------------------|-----------------------|---------------|---------------|
| Community-Based Process        | Selective          |                       |                     |                       |               |               |
| Community-Based Process        | Indicated          |                       |                     |                       |               |               |
| Community-Based Process        | Universal          |                       |                     |                       |               |               |
| Community-Based Process        | Unspecified        | \$43,996.00           |                     | \$31,244.00           |               |               |
| <b>Community-Based Process</b> | <b>Total</b>       | <b>\$43,996.00</b>    | <b>\$0.00</b>       | <b>\$31,244.00</b>    | <b>\$0.00</b> | <b>\$0.00</b> |
| Environmental                  | Selective          |                       |                     |                       |               |               |
| Environmental                  | Indicated          |                       |                     |                       |               |               |
| Environmental                  | Universal          |                       |                     |                       |               |               |
| Environmental                  | Unspecified        | \$335,469.00          |                     | \$238,235.00          |               |               |
| <b>Environmental</b>           | <b>Total</b>       | <b>\$335,469.00</b>   | <b>\$0.00</b>       | <b>\$238,235.00</b>   | <b>\$0.00</b> | <b>\$0.00</b> |
| Section 1926 Tobacco           | Selective          |                       |                     |                       |               |               |
| Section 1926 Tobacco           | Indicated          |                       |                     |                       |               |               |
| Section 1926 Tobacco           | Universal          |                       |                     |                       |               |               |
| Section 1926 Tobacco           | Unspecified        | \$0.00                | \$724,571.00        | \$27,370.00           |               |               |
| <b>Section 1926 Tobacco</b>    | <b>Total</b>       | <b>\$0.00</b>         | <b>\$724,571.00</b> | <b>\$27,370.00</b>    | <b>\$0.00</b> | <b>\$0.00</b> |
| Other                          | Selective          |                       |                     |                       |               |               |
| Other                          | Indicated          |                       |                     |                       |               |               |
| Other                          | Universal          |                       |                     |                       |               |               |
| Other                          | Unspecified        |                       |                     |                       |               |               |
| <b>Other</b>                   | <b>Total</b>       | <b>\$0.00</b>         | <b>\$0.00</b>       | <b>\$0.00</b>         | <b>\$0.00</b> | <b>\$0.00</b> |
|                                | <b>Grand Total</b> | <b>\$1,374,872.00</b> | <b>\$724,571.00</b> | <b>\$1,003,742.00</b> |               |               |

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

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

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**Footnotes:**

### III: Expenditure Reports

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

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

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

| Activity            | SA Block Grant Award  | Other Federal Funds | State Funds           | Local Funds   | Other         |
|---------------------|-----------------------|---------------------|-----------------------|---------------|---------------|
| Universal Direct    | \$1,374,872.00        |                     | \$1,003,742.00        |               |               |
| Universal Indirect  |                       |                     |                       |               |               |
| Selective           |                       |                     |                       |               |               |
| Indicated           |                       |                     |                       |               |               |
| <b>Column Total</b> | <b>\$1,374,872.00</b> | <b>\$0.00</b>       | <b>\$1,003,742.00</b> | <b>\$0.00</b> | <b>\$0.00</b> |

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**Footnotes:**



### III: Expenditure Reports

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

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

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

| Targeted Substances                          |                                     |
|--|-------------------------------------|
| Alcohol                                      | <input checked="" type="checkbox"/> |
| Tobacco                                      | <input type="checkbox"/>            |
| Marijuana                                    | <input checked="" type="checkbox"/> |
| Prescription Drugs                           | <input checked="" type="checkbox"/> |
| Cocaine                                      | <input type="checkbox"/>            |
| Heroin                                       | <input checked="" type="checkbox"/> |
| Inhalants                                    | <input type="checkbox"/>            |
| Methamphetamine                              | <input checked="" type="checkbox"/> |
| Synthetic Drugs (i.e. Bath salts, Spice, K2) | <input type="checkbox"/>            |
| Targeted Populations                         |                                     |
| Students in College                          | <input checked="" type="checkbox"/> |
| Military Families                            | <input 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"/> |
| Underserved Racial and Ethnic Minorities     | <input checked="" type="checkbox"/> |

**Footnotes:**

### III: Expenditure Reports

**Table 6 - Resource Development Expenditure Checklist**

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

| Activity  | A. MHBG       | B. SABG Treatment | C. SABG Prevention | D. SABG Combined* |
|---|---------------|-------------------|--------------------|-------------------|
| 1. Information Systems  | \$0.00        | \$0.00            | \$0.00             | \$0.00            |
| 2. Infrastructure Support                                     | \$0.00        | \$0.00            | \$0.00             | \$0.00            |
| 3. Partnerships, community outreach, and needs assessment     | \$0.00        | \$0.00            | \$0.00             | \$0.00            |
| 4. Planning Council Activities (MHBG required, SABG optional) | \$0.00        | \$0.00            | \$0.00             | \$0.00            |
| 5. Quality Assurance and Improvement                          | \$0.00        | \$0.00            | \$0.00             | \$0.00            |
| 6. Research and Evaluation                                    | \$0.00        | \$0.00            | \$0.00             | \$0.00            |
| 7. Training and Education                                     | \$0.00        | \$0.00            | \$2,664.00         | \$0.00            |
| <b>8. Total</b>   | <b>\$0.00</b> | <b>\$0.00</b>     | <b>\$2,664.00</b>  | <b>\$0.00</b>     |

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

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

**Footnotes:**

Amount of SABG Primary Prevention funds (from Table 4, Row 2) used for SABG Prevention Resource Development Activities for SABG Prevention, Table 6, Column C = \$2,664.

### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

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

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

| Entity Number | I-BHS ID (formerly I-SATS) | i | Area Served (Statewide or SubState Planning Area) | Provider / Program Name              | Street Address             | City        | State | Zip        | Source of Funds<br>SAPT Block Grant |  |   |                       |  |                             |
|---------------|----------------------------|---|---|--------------------------------------|----------------------------|-------------|-------|------------|-------------------------------------|--|---|-----------------------|--|-----------------------------|
|               |                            |   |   |                                      |                            |             |       |            | A. All SA Block Grant Funds         | B. Prevention (other than primary prevention) and Treatment Services | C. Pregnant Women and Women with Dependent Children | D. Primary Prevention | E. Early Intervention Services for HIV | F. Syringe Services Program |
| 90028         | WV100319                   | ✓ | Sub-State Planning Area                           | Community Connections Inc            | 215 South Walker Street    | Princeton   | WV    | 24740      | \$298,282.00                        | \$0.00   | \$0.00  | \$298,282.00          | \$0.00                                 | \$0.00                      |
| 8             | WV301163                   | ✓ | Sub-State Planning Area                           | FMRS Health Systems Inc              | 101 South Eisenhower Drive | Beckley     | WV    | 25801      | \$893,908.00                        | \$893,908.00   | \$320,154.00  | \$0.00                | \$0.00                                 | \$0.00                      |
| 90035         | WV100114                   | ✓ | Sub-State Planning Area                           | Harrison County FRN                  | 118 North 6th Street       | Clarksburg  | WV    | 26301      | \$433,485.00                        | \$0.00   | \$0.00  | \$433,485.00          | \$0.00                                 | \$0.00                      |
| 5             | WV100139                   | ✓ | Sub-State Planning Area                           | Healthways Inc                       | 1471 1/2 Cove Road         | Weirton     | WV    | 26062      | \$318,750.00                        | \$318,750.00   | \$0.00  | \$0.00                | \$0.00                                 | \$0.00                      |
| 11            | WV100607                   | ✓ | Sub-State Planning Area                           | Logan Mingo Area Mental Health Inc   | P.O. Box 176               | Logan       | WV    | 25601      | \$208,899.00                        | \$208,899.00   | \$0.00  | \$0.00                | \$0.00                                 | \$0.00                      |
| 504           | WV100117                   | ✓ | Sub-State Planning Area                           | Mid Ohio Valley Fellowship Home Inc  | 1030 George Street         | Parkersburg | WV    | 26101      | \$85,000.00                         | \$85,000.00  | \$85,000.00   | \$0.00                | \$0.00                                 | \$0.00                      |
| 15            | WV100656                   | ✓ | Sub-State Planning Area                           | Potomac Highlands MH Guild Inc       | P.O. Box 1119              | Petersburg  | WV    | 26847      | \$464,766.00                        | \$280,000.00   | \$0.00  | \$184,766.00          | \$0.00                                 | \$0.00                      |
| 16            | WV100714                   | ✓ | Sub-State Planning Area                           | Pretera Center for MH Services Inc   | P.O. Box 8069              | Huntington  | WV    | 25705      | \$703,442.00                        | \$467,491.00   | \$0.00  | \$235,951.00          | \$0.00                                 | \$0.00                      |
| 90058         | WV100118                   | ✓ | Statewide   | Rea of Hope Fellowship Home          | 1429 Lee Street East       | Charleston  | WV    | 25301      | \$170,000.00                        | \$170,000.00   | \$170,000.00  | \$0.00                | \$0.00                                 | \$0.00                      |
| WV102269      | WV102269                   | ✗ | Sub-State Planning Area                           | Religious Coalition for Comm Renewal | 1117 Quarrier Street       | Charleston  | WV    | 25311      | \$125,565.00                        | \$125,565.00   | \$0.00  | \$0.00                | \$0.00                                 | \$0.00                      |
| 19            | WV301148                   | ✓ | Sub-State Planning Area                           | Southern Highlands CMHC Inc          | 200 12th Street Extension  | Princeton   | WV    | 24740      | \$421,875.00                        | \$421,875.00   | \$0.00  | \$0.00                | \$0.00                                 | \$0.00                      |
| 20            | WV301486                   | ✓ | Sub-State Planning Area                           | United Summit Center                 | 6 Hospital Plaza           | Clarksburg  | WV    | 26301      | \$480,000.00                        | \$480,000.00   | \$0.00  | \$0.00                | \$0.00                                 | \$0.00                      |
| 21            | WV101753                   | ✓ | Sub-State Planning Area                           | Valley Healthcare System             | 301 Scott Avenue           | Morgantown  | WV    | 26508-8804 | \$522,733.00                        | \$522,733.00   | \$0.00  | \$0.00                | \$0.00                                 | \$0.00                      |
| 23            | WV102108                   | ✓ | Sub-State Planning Area                           | Westbrook Health Services            | 2121 7th Street            | Parkersburg | WV    | 26105      | \$946,642.00                        | \$856,875.00   | \$255,000.00  | \$89,767.00           | \$0.00                                 | \$0.00                      |
| 59            | WV102040                   | ✓ | Sub-State Planning Area                           | Youth Health Service Inc             | 971 Harrison Avenue        | Elkins      | WV    | 26241      | \$412,621.00                        | \$280,000.00   | \$0.00  | \$132,621.00          | \$0.00                                 | \$0.00                      |
| Total         |                            |   |   |                                      |                            |             |       |            | \$6,485,968.00                      | \$5,111,096.00   | \$830,154.00  | \$1,374,872.00        | \$0.00                                 | \$0.00                      |

\* Indicates the imported record has an error.

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**Footnotes:**

An I-BHS number has been requested for the Religious Coalition for Community Renewal.

Oxford House was removed from this table as they do not provide direct treatment services. The expenditures on Table 4 and Table 7 will be updated accordingly.

Amount of SABG funds (from Table 4, Row 1) used for Oxford House for provider non-treatment services was \$127,500 and is not included on Table 7.

### III: Expenditure Reports

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

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

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

| Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment |                     |  |
|---|---------------------|--|
| Period<br>(A)   | Expenditures<br>(B) | <u>B1(2018) + B2(2019)</u><br>2<br>(C) |
| SFY 2018<br>(1)   | \$16,367,099.00     |  |
| SFY 2019<br>(2)   | \$12,172,176.00     | \$14,269,637.50                        |
| SFY 2020<br>(3)   | \$12,729,045.00     |  |

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

SFY 2018      Yes      X      No    \_\_\_\_\_  
 SFY 2019      Yes      X      No    \_\_\_\_\_  
 SFY 2020      Yes      X      No    \_\_\_\_\_

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

Yes    \_\_\_\_\_    No      X  

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

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

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

Yes    \_\_\_\_\_    No    \_\_\_\_\_

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

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

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

The MOE for this table was calculated based on general revenue expenditures for the period July 1, 2019 through June 30, 2020 for substance abuse services and program support. Reports are generated from the state's accounting system (WV OASIS). Those reports are based on all expenditures for substance abuse services that occurred during the time period being reported and are sorted by fund (general revenue) and organization (distinct reporting entity) specific to substance abuse services.

**Footnotes:**

### III: Expenditure Reports

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

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

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

#### Base

| Period   | Total Women's Base (A) |
|----------|------------------------|
| SFY 1994 | \$ 1,156,098.00        |

#### Maintenance

| Period   | Total Women's Base (A) | Total Expenditures (B) | Expense Type  |
|----------|------------------------|------------------------|---|
| SFY 2018 |                        | \$ 1,588,188.00        |   |
| SFY 2019 |                        | \$ 1,193,510.00        |   |
| SFY 2020 |                        | \$ 1,583,927.00        | <input checked="" type="radio"/> Actual <input type="radio"/> Estimated |

Enter the amount the State plans to expend in SFY 2021 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): \$ 2644320.00

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). Expenditures reported are actual for the time period being reported and are derived from funds awarded to providers for services to pregnant women and women with dependent children. A distinct funding code has been established in our accounting system to allow West Virginia to track and report the expenditures for services provided. A report is generated from the state's accounting system based on the time period being

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**Footnotes:**

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

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

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

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



|   |   |
|---|---|
| influence/driving while intoxicated education programs  | 6 |
| <b>5. Community-Based Process</b>   |   |
| 1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training                        | 6 |
| 2. Systematic planning  | 6 |
| 3. Multi-agency coordination and collaboration/coalition  | 6 |
| 4. Community team-building  | 6 |
| 5. Accessing services and funding   | 6 |
| <b>6. Environmental</b>   |   |
| 1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools  | 6 |
| 2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs | 6 |
| 3. Modifying alcohol and tobacco advertising practices  | 6 |
| 4. Product pricing strategies   | 6 |

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**Footnotes:**

The number 6 listed under providers refers to the 6 Regional Prevention providers who provide services statewide.

## IV: Population and Services Reports

**Table 10 - Treatment Utilization Matrix**

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

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

| Level of Care                                    | Number of Admissions $\geq$ Number of Persons Served |                              | Costs per Person (C, D & E) |                             |                                |
|--|--|------------------------------|-----------------------------|-----------------------------|--------------------------------|
|  | Number of Admissions (A)                             | Number of Persons Served (B) | Mean Cost of Services (C)   | Median Cost of Services (D) | Standard Deviation of Cost (E) |
| <b>DETOXIFICATION (24-HOUR CARE)</b>             |  |                              |                             |                             |                                |
| 1. Hospital Inpatient                            |  |                              | \$0.00                      | \$0.00                      | \$0.00                         |
| 2. Free-Standing Residential                     |  |                              | \$0.00                      | \$0.00                      | \$0.00                         |
| <b>REHABILITATION/RESIDENTIAL</b>                |  |                              |                             |                             |                                |
| 3. Hospital Inpatient                            |  |                              | \$0.00                      | \$0.00                      | \$0.00                         |
| 4. Short-term (up to 30 days)                    | 354  | 346                          | \$0.00                      | \$0.00                      | \$0.00                         |
| 5. Long-term (over 30 days)                      | 833  | 713                          | \$0.00                      | \$0.00                      | \$0.00                         |
| <b>AMBULATORY (OUTPATIENT)</b>                   |  |                              |                             |                             |                                |
| 6. Outpatient                                    | 13,832   | 9,914                        | \$0.00                      | \$0.00                      | \$0.00                         |
| 7. Intensive Outpatient                          | 2,387  | 1,987                        | \$0.00                      | \$0.00                      | \$0.00                         |
| 8. Detoxification                                | 152  | 150                          | \$0.00                      | \$0.00                      | \$0.00                         |
| <b>OUD MEDICATION ASSISTED TREATMENT</b>         |  |                              |                             |                             |                                |
| 9. OUD Medication-Assisted Detoxification        |  |                              | \$0.00                      | \$0.00                      | \$0.00                         |
| 10. OUD Medication-Assisted Treatment Outpatient |  |                              | \$0.00                      | \$0.00                      | \$0.00                         |

In FY 2020 SAMHSA modified the "Level of Care" (LOC) and "Type of Treatment Service/Setting" to "Medication-Assisted Treatment" and "Medication-Assisted Treatment," respectively.

In prior SABG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10.

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

**Footnotes:**

All data in this report is based on persons having a admission record within the reporting period and a disability group having a substance abuse component. An administrative discharge, based on the last date of service, was applied when there was not a discharge record for the patient within the period and the last date of service was within the reporting period and a period of ninety days lapse without services being provided occurred. An administrative admission, based on the first date of service, was applied when a person first received services within the reporting period and no admission record could be found.

#### IV: Population and Services Reports

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

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

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

| Age   | A. Total     | B. WHITE    |             | C. BLACK OR AFRICAN AMERICAN |            | D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER |          | E. ASIAN |          | F. AMERICAN INDIAN / ALASKAN NATIVE |          | G. MORE THAN ONE RACE REPORTED |            | H. Unknown |            | I. NOT HISPANIC OR LATINO |             | J. HISPANIC OR LATINO |          |
|---|--------------|-------------|-------------|------------------------------|------------|---|----------|----------|----------|-------------------------------------|----------|--------------------------------|------------|------------|------------|---------------------------|-------------|-----------------------|----------|
|   |              | Male        | Female      | Male                         | Female     | Male  | Female   | Male     | Female   | Male                                | Female   | Male                           | Female     | Male       | Female     | Male                      | Female      | Male                  | Female   |
| 1. 17 and Under   | 108          | 44          | 42          | 5                            | 9          | 0   | 0        | 0        | 0        | 0                                   | 0        | 4                              | 2          | 2          | 0          | 54                        | 53          | 0                     | 0        |
| 2. 18 - 24  | 1075         | 432         | 358         | 52                           | 42         | 0   | 0        | 1        | 1        | 0                                   | 0        | 68                             | 38         | 51         | 32         | 596                       | 465         | 1                     | 0        |
| 3. 25 - 44  | 7115         | 3157        | 2644        | 135                          | 106        | 3   | 1        | 0        | 1        | 8                                   | 6        | 366                            | 196        | 260        | 232        | 3883                      | 3150        | 3                     | 6        |
| 4. 45 - 64  | 3598         | 1602        | 1259        | 95                           | 55         | 0   | 0        | 0        | 1        | 7                                   | 2        | 166                            | 91         | 172        | 148        | 2024                      | 1539        | 1                     | 0        |
| 5. 65 and Over  | 296          | 129         | 94          | 5                            | 11         | 0   | 0        | 0        | 0        | 1                                   | 1        | 18                             | 2          | 16         | 19         | 167                       | 127         | 0                     | 0        |
| <b>6. Total</b>   | <b>12192</b> | <b>5364</b> | <b>4397</b> | <b>292</b>                   | <b>223</b> | <b>3</b>                                    | <b>1</b> | <b>1</b> | <b>3</b> | <b>16</b>                           | <b>9</b> | <b>622</b>                     | <b>329</b> | <b>501</b> | <b>431</b> | <b>6724</b>               | <b>5334</b> | <b>5</b>              | <b>6</b> |
| 7. Pregnant Women   | 229          |             | 207         |                              | 9          |   | 1        |          | 0        |                                     | 1        |                                | 11         |            | 0          |                           | 226         |                       | 0        |
| Number of persons served who were admitted in a period prior to the 12 month reporting period |              | 720         |             |                              |            |   |          |          |          |                                     |          |                                |            |            |            |                           |             |                       |          |
| Number of persons served outside of the levels of care described on Table 10                  |              | 0           |             |                              |            |   |          |          |          |                                     |          |                                |            |            |            |                           |             |                       |          |

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

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**Footnotes:**

All data in this report is based on persons having an admission record the reporting period and a disability group having a substance abuse component.

An administrative discharge, based on the last date of service, was applied when there was not a discharge record for the patient within the period and the last date of service was within the reporting period and a period of ninety days lapse without services being provided occurred.

An administrative admission, based on the first date of service, was applied when a person first received services within the reporting period and no admission record could be found.

'Pregnant Women' represents women who received services and was pregnant within the reporting period.

Race was not reported on 35 person(s). Ethnicity was not reported on 123 person(s).

Ethnicity was not reported on 3 pregnant women.

## IV: Population and Services Reports

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

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

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

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**Footnotes:**

West Virginia is not an HIV designated state.

## IV: Population and Services Reports

### Table 13 - Charitable Choice

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

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

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

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

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

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

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

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

Faith based and community service providers are members of all State, Regional and Local advisory councils coalitions and task forces. Faith Based providers are funded for prevention and recovery support services. Any consumer may request faith based services and those are included with the WV Help Line.

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#### Footnotes:

## V: Performance Indicators and Accomplishments

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

### Most recent year for which data are available

From:  
10/1/2019

To:  
9/30/2020

### Short-term Residential(SR)

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

|  | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients employed or student (full-time and part-time) [numerator]                | 24               | 4                |
| Total number of clients with non-missing values on employment/student status [denominator] | 100              | 100              |
| Percent of clients employed or student (full-time and part-time)                           | 24.0 %           | 4.0 %            |

### 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]                | 60               | 12               |
| Total number of clients with non-missing values on employment/student status [denominator] | 219              | 219              |
| Percent of clients employed or student (full-time and part-time)                           | 27.4 %           | 5.5 %            |

### 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]                | 2035             | 467              |
| Total number of clients with non-missing values on employment/student status [denominator] | 6685             | 6685             |
| Percent of clients employed or student (full-time and part-time)                           | 30.4 %           | 7.0 %            |

### 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]                | 247              | 48               |
| Total number of clients with non-missing values on employment/student status [denominator] | 997              | 997              |

|  |        |       |
|--|--------|-------|
| Percent of clients employed or student (full-time and part-time) | 24.8 % | 4.8 % |
|--|--------|-------|

### State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described. The DHHR's Management Information Systems (MIS) Data and Technology Team capture behavioral health episodic utilization data from the State's thirteen comprehensive service providers in coordination with KEPRO, the State Medicaid Authority's Utilization Management contractor. Providers submit information to KEPRO regardless of payer source for all services provided. In addition to capturing client services data and demographic data for all consumers served, KEPRO uses clinical information submitted for Medicaid-eligible consumers to provide prior authorization approvals for requested services. The organization uses aggregate data and individual agency data to develop technical assistance for providers to improve outcomes and for quality improvement.

### Data Source

What is the source of data for table 14? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

### Episode of Care

How is the admission / discharge basis defined for table 14? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

### Discharge Data Collection

How was discharge data collected for table 14? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission, OR

Follow-up data months post

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

Discharge data is collected for a sample of all clients who were admitted to treatment.

Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

Discharge records are not collected for approximately % of clients who were admitted for treatment.

### Record Linking

Was the admission and discharge data linked for table 14? (Select all that apply)

Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID: Master Client Index or Master Patient Index, centrally assigned

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

No, admission and discharge records were matched using probabilistic record matching.

### If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

Information is not collected at admission.

Information is not collected at discharge.



Information is not collected by the categories requested.

State collects information on the indicator area but utilizes a different measure.

**Data Plans If Data Is Not Available**

State must provide time-framed plans for capturing employment/education status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

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

**Footnotes:**

## V: Performance Indicators and Accomplishments

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

**Most recent year for which data are available**

From:  
10/1/2019

To:  
9/30/2020

**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]                           | 17               | 12               |
| Total number of clients with non-missing values on living arrangements [denominator] | 17               | 17               |
| Percent of clients in stable living situation  | 100.0 %          | 70.6 %           |

**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]                           | 35               | 27               |
| Total number of clients with non-missing values on living arrangements [denominator] | 35               | 35               |
| Percent of clients in stable living situation  | 100.0 %          | 77.1 %           |

**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]                           | 1020             | 1002             |
| Total number of clients with non-missing values on living arrangements [denominator] | 1096             | 1096             |
| Percent of clients in stable living situation  | 93.1 %           | 91.4 %           |

**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] | 108              | 100              |

|  |        |        |
|--|--------|--------|
| Total number of clients with non-missing values on living arrangements [denominator] | 121    | 121    |
| Percent of clients in stable living situation  | 89.3 % | 82.6 % |

### State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described. The DHHR's Management Information Systems (MIS) Data and Technology Team capture behavioral health episodic utilization data from the State's thirteen comprehensive service providers in coordination with KEPRO, the State Medicaid Authority's Utilization Management contractor. Providers submit information to KEPRO regardless of payer source for all services provided. In addition to capturing client services data and demographic data for all consumers served, KEPRO uses clinical information submitted for Medicaid-eligible consumers to provide prior authorization approvals for requested services. The organization uses aggregate data and individual agency data to develop technical assistance for providers to improve outcomes and for quality improvement.

### Data Source

What is the source of data for table 15? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

### Episode of Care

How is the admission / discharge basis defined for table 15? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

### Discharge Data Collection

How was discharge data collected for table 15? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission, OR

Follow-up data months post

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

Discharge data is collected for a sample of all clients who were admitted to treatment.

Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

Discharge records are not collected for approximately % of clients who were admitted for treatment.

### Record Linking

Was the admission and discharge data linked for table 15? (Select all that apply)

Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID: Master Client Index or Master Patient Index, centrally assigned

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

No, admission and discharge records were matched using probabilistic record matching.

### If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

Information is not collected at admission.

- Information is not collected at discharge.
- Information is not collected by the categories requested.
- State collects information on the indicator area but utilizes a different measure.

**Data Plans If Data Is Not Available**

State must provide time-framed plans for capturing stability of housing data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

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

**Footnotes:**

## V: Performance Indicators and Accomplishments

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

### Most recent year for which data are available

From:  
10/1/2019

To:  
9/30/2020

### 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]  | 259              | 265              |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 268              | 268              |
| Percent of clients without arrests   | 96.6 %           | 98.9 %           |

### 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]  | 690              | 712              |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 718              | 718              |
| Percent of clients without arrests   | 96.1 %           | 99.2 %           |

### 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]  | 5136             | 5178             |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 5216             | 5216             |
| Percent of clients without arrests   | 98.5 %           | 99.3 %           |

### 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]  | 1799             | 1836             |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 1862             | 1862             |

|                                    |        |        |
|------------------------------------|--------|--------|
| Percent of clients without arrests | 96.6 % | 98.6 % |
|------------------------------------|--------|--------|

### State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described. The DHHR's Management Information Systems (MIS) Data and Technology Team capture behavioral health episodic utilization data from the State's thirteen comprehensive service providers in coordination with KEPRO, the State Medicaid Authority's Utilization Management contractor. Providers submit information to KEPRO regardless of payer source for all services provided. In addition to capturing client services data and demographic data for all consumers served, KEPRO uses clinical information submitted for Medicaid-eligible consumers to provide prior authorization approvals for requested services. The organization uses aggregate data and individual agency data to develop technical assistance for providers to improve outcomes and for quality improvement.

### Data Source

What is the source of data for table 16? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

### Episode of Care

How is the admission / discharge basis defined for table 16? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

### Discharge Data Collection

How was discharge data collected for table 16? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission, OR

Follow-up data months post

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

Discharge data is collected for a sample of all clients who were admitted to treatment.

Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

Discharge records are not collected for approximately % of clients who were admitted for treatment.

### Record Linking

Was the admission and discharge data linked for table 16? (Select all that apply)

Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID: Master Client Index or Master Patient Index, centrally assigned

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

No, admission and discharge records were matched using probabilistic record matching.

### If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

Information is not collected at admission.

Information is not collected at discharge.

Information is not collected by the categories requested.

State collects information on the indicator area but utilizes a different measure.

**Data Plans If Data Is Not Available**

State must provide time-framed plans for capturing criminal justice involvement data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

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

**Footnotes:**

## V: Performance Indicators and Accomplishments

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

### Most recent year for which data are available

From:

10/1/2019

To:

9/30/2020

### Short-term Residential(SR)

**Alcohol Abstinence – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge**

|  | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol [numerator]   | 13               | 21               |
| Total number of clients with non-missing values on "used any alcohol" variable [denominator] | 50               | 50               |
| Percent of clients abstinent from alcohol  | 26.0 %           | 42.0 %           |

(1) If State does not have a "used any alcohol" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Alcohol (e.g. ,TEDS Code 02)

### Long-term Residential(LR)

**Alcohol Abstinence – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge**

|  | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol [numerator]   | 31               | 43               |
| Total number of clients with non-missing values on "used any alcohol" variable [denominator] | 79               | 79               |
| Percent of clients abstinent from alcohol  | 39.2 %           | 54.4 %           |

(1) If State does not have a "used any alcohol" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Alcohol (e.g. ,TEDS Code 02)

### Outpatient (OP)

**Alcohol Abstinence – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge**

|  | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol [numerator]   | 716              | 789              |
| Total number of clients with non-missing values on "used any alcohol" variable [denominator] | 1532             | 1532             |
| Percent of clients abstinent from alcohol  | 46.7 %           | 51.5 %           |

(1) If State does not have a "used any alcohol" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Alcohol (e.g. ,TEDS Code 02)

### Intensive Outpatient (IO)



**Alcohol Abstinence – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge**

|  | At Admission(T1) | At Discharge(T2) |
|--|------------------|------------------|
| Number of clients abstinent from alcohol [numerator]   | 184              | 199              |
| Total number of clients with non-missing values on "used any alcohol" variable [denominator] | 336              | 336              |
| Percent of clients abstinent from alcohol  | 54.8 %           | 59.2 %           |

(1) If State does not have a "used any alcohol" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Alcohol (e.g., TEDS Code 02)

**State Conformance To Interim Standard**

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described. The DHHR's Management Information Systems (MIS) Data and Technology Team capture behavioral health episodic utilization data from the State's thirteen comprehensive service providers in coordination with KEPRO, the State Medicaid Authority's Utilization Management contractor. Providers submit information to KEPRO regardless of payer source for all services provided. In addition to capturing client services data and demographic data for all consumers served, KEPRO uses clinical information submitted for Medicaid-eligible consumers to provide prior authorization approvals for requested services. The organization uses aggregate data and individual agency data to develop technical assistance for providers to improve outcomes and for quality improvement.

**Data Source**

What is the source of data for table 17? (Select all that apply)

- Client self-report
- Urinalysis, blood test or other biological assay
- Collateral source
- Administrative data source
- Other, Specify

**Episode of Care**

How is the admission / discharge basis defined for table 17? (Select one)

- Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.
- Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.
- Other, Specify

**Discharge Data Collection**

How was discharge data collected for table 17? (Select all that apply)

- Not applicable, data reported on form is collected at time period other than discharge.
- In-Treatment data days post admission, OR
- Follow-up data months post
- Other, Specify
- Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.
- Discharge data is collected for a sample of all clients who were admitted to treatment.
- Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.
- Discharge records are not collected for approximately % of clients who were admitted for treatment.

**Record Linking**

Was the admission and discharge data linked for table 17? (Select all that apply)

- Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID: Master Client Index or Master Patient Index, centrally assigned

- No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.
- No, admission and discharge records were matched using probabilistic record matching.

**If Data Is Unavailable**

If data is not reported, why is State unable to report? (Select all that apply)

- Information is not collected at admission.
- Information is not collected at discharge.
- Information is not collected by the categories requested.
- State collects information on the indicator area but utilizes a different measure.

**Data Plans If Data Is Not Available**

State must provide time-framed plans for capturing abstinence - alcohol use status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

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

**Footnotes:**

## V: Performance Indicators and Accomplishments

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

### Most recent year for which data are available

From:

10/1/2019

To:

9/30/2020

### Aggregates

**Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) (use Any Drug Use in last 30 days field) at admission vs. discharge**

|   | At Admission(T1) | At Discharge(T2) |
|---|------------------|------------------|
| Number of Clients abstinent from illegal drugs [numerator]                                | 615              | 701              |
| Total number of clients with non-missing values on "used any drug" variable [denominator] | 1617             | 1617             |
| Percent of clients abstinent from drugs   | 38.0 %           | 43.4 %           |

(2) If State does not have a "used any drug" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Drugs (e.g., TEDS Codes 03-20)

### State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described. The DHHR's Management Information Systems (MIS) Data and Technology Team capture behavioral health episodic utilization data from the State's thirteen comprehensive service providers in coordination with KEPRO, the State Medicaid Authority's Utilization Management contractor. Providers submit information to KEPRO regardless of payer source for all services provided. In addition to capturing client services data and demographic data for all consumers served, KEPRO uses clinical information submitted for Medicaid-eligible consumers to provide prior authorization approvals for requested services. The organization uses aggregate data and individual agency data to develop technical assistance for providers to improve outcomes and for quality improvement.

### Data Source

What is the source of data for table 18? (Select all that apply)

- Client self-report
- Urinalysis, blood test or other biological assay
- Collateral source
- Administrative data source
- Other, Specify

### Episode of Care

How is the admission / discharge basis defined for table 18? (Select one)

- Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.
- Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.
- Other, Specify

### Discharge Data Collection

How was discharge data collected for table 18? (Select all that apply)

- Not applicable, data reported on form is collected at time period other than discharge.
- In-Treatment data days post admission, OR

Follow-up data months post

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

Discharge data is collected for a sample of all clients who were admitted to treatment.

Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

Discharge records are not collected for approximately % of clients who were admitted for treatment.

### Record Linking

Was the admission and discharge data linked for table 18? (Select all that apply)

Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID: Master Client Index or Master Patient Index, centrally assigned

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

No, admission and discharge records were matched using probabilistic record matching.

### If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

Information is not collected at admission.

Information is not collected at discharge.

Information is not collected by the categories requested.

State collects information on the indicator area but utilizes a different measure.

### Data Plans If Data Is Not Available

State must provide time-framed plans for capturing abstinence – drug use status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

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

### Footnotes:

## V: Performance Indicators and Accomplishments

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

### Most recent year for which data are available

From:

10/1/2019

To:

9/30/2020

### Aggregates

#### 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]  | 460              | 427              |
| Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]                                       | 1617             | 1617             |
| Percent of clients participating in self-help groups   | 28.4 %           | 26.4 %           |
| Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1] | -2.0 %           |                  |

### State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described. The DHHR's Management Information Systems (MIS) Data and Technology Team capture behavioral health episodic utilization data from the State's thirteen comprehensive service providers in coordination with KEPRO, the State Medicaid Authority's Utilization Management contractor. Providers submit information to KEPRO regardless of payer source for all services provided. In addition to capturing client services data and demographic data for all consumers served, KEPRO uses clinical information submitted for Medicaid-eligible consumers to provide prior authorization approvals for requested services. The organization uses aggregate data and individual agency data to develop technical assistance for providers to improve outcomes and for quality improvement.

### Data Source

What is the source of data for table 19? (Select all that apply)

Client self-report

Client self-report confirmed by another source:

Collateral source

Administrative data source

Other, Specify

### Episode of Care

How is the admission / discharge basis defined for table 19? (Select one)

Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.

Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.

Other, Specify

### Discharge Data Collection

How was discharge data collected for table 19? (Select all that apply)

Not applicable, data reported on form is collected at time period other than discharge.

In-Treatment data days post admission, OR

Follow-up data months post

Other, Specify

Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.

Discharge data is collected for a sample of all clients who were admitted to treatment.

Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

Discharge records are not collected for approximately % of clients who were admitted for treatment.

### Record Linking

Was the admission and discharge data linked for table 19? (Select all that apply)

Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID: Master Client Index or Master Patient Index, centrally assigned

No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

No, admission and discharge records were matched using probabilistic record matching.

### If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

Information is not collected at admission.

Information is not collected at discharge.

Information is not collected by the categories requested.

State collects information on the indicator area but utilizes a different measure.

### Data Plans If Data Is Not Available

State must provide time-framed plans for capturing self-help participation status data on all clients, if data is not currently available

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

**Footnotes:**

## V: Performance Indicators and Accomplishments

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

**Most recent year for which data are available**

From: 10/1/2019

To: 9/30/2020

| Level of Care                                    | Average | Median | Interquartile Range |
|--|---------|--------|---------------------|
| <b>DETOXIFICATION (24-HOUR CARE)</b>             |         |        |                     |
| 1. Hospital Inpatient                            |         |        |                     |
| 2. Free-Standing Residential                     |         |        |                     |
| <b>REHABILITATION/RESIDENTIAL</b>                |         |        |                     |
| 3. Hospital Inpatient                            | 35      | 16     | 17                  |
| 4. Short-term (up to 30 days)                    | 594     | 27     | 47                  |
| 5. Long-term (over 30 days)                      | 585     | 26     | 80                  |
| <b>AMBULATORY (OUTPATIENT)</b>                   |         |        |                     |
| 6. Outpatient                                    | 1853    | 896    | 3700                |
| 7. Intensive Outpatient                          | 914     | 9      | 751                 |
| 8. Detoxification                                | 678     | 6      | 350                 |
| <b>OUD MEDICATION ASSISTED TREATMENT</b>         |         |        |                     |
| 9. OUD Medication-Assisted Detoxification        |         |        |                     |
| 10. OUD Medication-Assisted Treatment Outpatient |         |        |                     |

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

In prior SABG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10. The LOC was changed to "Medication-Assisted Treatment" and the Treatment Service/Setting was changed to "Medication-Assisted Treatment."

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

**Footnotes:**

BBH does not collect detoxification data from hospitals.

BBH does not collect Opioid replacement therapy data.



## V: Performance Indicators and Accomplishments

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

| A.<br>Measure                                       | B.<br>Question/Response  | C.<br>Pre-populated Data | D.<br>Supplemental Data, if any |
|---|--|--------------------------|---------------------------------|
| 1. 30-day Alcohol Use                               | <p><b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.</p>  |                          |                                 |
|   | Age 12 - 20 - CY 2017 - 2018   | 19.5                     |                                 |
|   | Age 21+ - CY 2017 - 2018   | 40.1                     |                                 |
| 2. 30-day Cigarette Use                             | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.</p>   |                          |                                 |
|   | Age 12 - 17 - CY 2017 - 2018   | 4.5                      |                                 |
|   | Age 18+ - CY 2017 - 2018   | 31.6                     |                                 |
| 3. 30-day Use of Other Tobacco Products             | <p><b>Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]<sup>[1]</sup>?[Response option: Write in a number between 0 and 30.]</p> <p><b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>  |                          |                                 |
|   | Age 12 - 17 - CY 2017 - 2018   | 4.1                      |                                 |
|   | Age 18+ - CY 2017 - 2018   | 14.2                     |                                 |
| 4. 30-day Use of Marijuana                          | <p><b>Source Survey Item:</b> 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><b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.</p>   |                          |                                 |
|   | Age 12 - 17 - CY 2017 - 2018   | 5.4                      |                                 |
|   | Age 18+ - CY 2017 - 2018   | 9.5                      |                                 |
| 5. 30-day Use of Illegal Drugs Other Than Marijuana | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]<sup>[2]</sup></p> <p><b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).</p> |                          |                                 |
|   | Age 12 - 17 - CY 2017 - 2018   | 1.9                      |                                 |

|  |                          |     |  |
|--|--------------------------|-----|--|
|  | Age 18+ - CY 2017 - 2018 | 2.7 |  |
|--|--------------------------|-----|--|

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

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

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

| A.<br>Measure                         | B.<br>Question/Response  | C.<br>Pre-<br>populated<br>Data | D.<br>Supplemental<br>Data, if any |
|---------------------------------------|--|---------------------------------|------------------------------------|
| 1. Perception of Risk From Alcohol    | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]<br/> <b>Outcome Reported:</b> Percent reporting moderate or great risk.</p> |                                 |                                    |
|                                       | Age 12 - 20 - CY 2017 - 2018   | 75.2                            |                                    |
|                                       | Age 21+ - CY 2017 - 2018   | 81.8                            |                                    |
| 2. Perception of Risk From Cigarettes | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk]<br/> <b>Outcome Reported:</b> Percent reporting moderate or great risk.</p>                         |                                 |                                    |
|                                       | Age 12 - 17 - CY 2017 - 2018   | 93.1                            |                                    |
|                                       | Age 18+ - CY 2017 - 2018   | 90.1                            |                                    |
| 3. Perception of Risk From Marijuana  | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]<br/> <b>Outcome Reported:</b> Percent reporting moderate or great risk.</p>                                   |                                 |                                    |
|                                       | Age 12 - 17 - CY 2017 - 2018   | 64.6                            |                                    |
|                                       | Age 18+ - CY 2017 - 2018   | 54.2                            |                                    |

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

| A.<br>Measure   | B.<br>Question/Response   | C.<br>Pre-populated Data | D.<br>Supplemental Data, if any |
|---|---|--------------------------|---------------------------------|
| 1. Age at First Use of Alcohol  | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of alcohol.</p>             |                          |                                 |
|   | Age 12 - 20 - CY 2017 - 2018  |                          |                                 |
|   | Age 21+ - CY 2017 - 2018  |                          |                                 |
| 2. Age at First Use of Cigarettes   | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of cigarettes.</p>   |                          |                                 |
|   | Age 12 - 17 - CY 2017 - 2018  | 12.4                     |                                 |
|   | Age 18+ - CY 2017 - 2018  | 15.7                     |                                 |
| 3. Age at First Use of Tobacco Products Other Than Cigarettes                   | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product]<sup>[1]</sup>?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.</p>  |                          |                                 |
|   | Age 12 - 17 - CY 2017 - 2018  | 12.8                     |                                 |
|   | Age 18+ - CY 2017 - 2018  | 19.7                     |                                 |
| 4. Age at First Use of Marijuana or Hashish                                     | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of marijuana or hashish.</p>   |                          |                                 |
|   | Age 12 - 17 - CY 2017 - 2018  | 14.2                     |                                 |
|   | Age 18+ - CY 2017 - 2018  | 18.3                     |                                 |
| 5. Age at First Use Heroin  | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first use of heroin.</p>  |                          |                                 |
|   | Age 12 - 17 - CY 2017 - 2018  | 16.0                     |                                 |
|   | Age 18+ - CY 2017 - 2018  | 24.1                     |                                 |
| 6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever]<sup>[2]</sup> in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]</p> <p><b>Outcome Reported:</b> Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.</p> |                          |                                 |

|                              |      |  |
|------------------------------|------|--|
| Age 12 - 17 - CY 2017 - 2018 | 15.3 |  |
| Age 18+ - CY 2017 - 2018     | 46.9 |  |

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

| A.<br>Measure                                    | B.<br>Question/Response  | C.<br>Pre-<br>populated<br>Data | D.<br>Supplemental<br>Data, if any |
|--|--|---------------------------------|------------------------------------|
| 1. Disapproval of Cigarettes                     | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>  |                                 |                                    |
|  | Age 12 - 17 - CY 2017 - 2018   | 91.8                            |                                    |
| 2. Perception of Peer Disapproval of Cigarettes  | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.</p> |                                 |                                    |
|  | Age 12 - 17 - CY 2017 - 2018   | 87.5                            |                                    |
| 3. Disapproval of Using Marijuana Experimentally | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>  |                                 |                                    |
|  | Age 12 - 17 - CY 2017 - 2018   | 78.2                            |                                    |
| 4. Disapproval of Using Marijuana Regularly      | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>   |                                 |                                    |
|  | Age 12 - 17 - CY 2017 - 2018   | 78.3                            |                                    |
| 5. Disapproval of Alcohol                        | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>                               |                                 |                                    |
|  | Age 12 - 20 - CY 2017 - 2018   | 88.3                            |                                    |

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

| A.<br>Measure                  | B.<br>Question/Response   | C.<br>Pre-<br>populated<br>Data | D.<br>Supplemental<br>Data, if any |
|--------------------------------|---|---------------------------------|------------------------------------|
| Perception of Workplace Policy | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]"</p> <p><b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p> |                                 |                                    |
|                                | Age 15 - 17 - CY 2017 - 2018  |                                 |                                    |
|                                | Age 18+ - CY 2017 - 2018  | 47.4                            |                                    |

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

| A.<br>Measure                        | B.<br>Question/Response   | C.<br>Pre-<br>populated<br>Data | D.<br>Supplemental<br>Data, if any |
|--------------------------------------|---|---------------------------------|------------------------------------|
| Average Daily School Attendance Rate | <p><b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a>.</p> <p><b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p> |                                 |                                    |
|                                      | School Year 2017  | 92.9                            |                                    |

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

| A.<br>Measure                      | B.<br>Question/Response   | C.<br>Pre-<br>populated<br>Data | D.<br>Supplemental<br>Data, if any |
|------------------------------------|---|---------------------------------|------------------------------------|
| Alcohol-Related Traffic Fatalities | <b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System<br><b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100. |                                 |                                    |
|                                    | CY 2018   | 24.1                            |                                    |

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

| A.<br>Measure                     | B.<br>Question/Response   | C.<br>Pre-populated Data | D.<br>Supplemental Data, if any |
|-----------------------------------|---|--------------------------|---------------------------------|
| Alcohol- and Drug-Related Arrests | <b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports<br><b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100. |                          |                                 |
|                                   | CY 2018   | 17.3                     |                                 |

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

| A.<br>Measure   | B.<br>Question/Response  | C.<br>Pre-<br>populated<br>Data | D.<br>Supplemental<br>Data, if any |
|---|--|---------------------------------|------------------------------------|
| 1. Family Communications Around Drug and Alcohol Use (Youth)                          | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No]"</p> <p><b>Outcome Reported:</b> Percent reporting having talked with a parent.</p> |                                 |                                    |
|   | Age 12 - 17 - CY 2017 - 2018   | 55.8                            |                                    |
| 2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17) | <p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?<sup>[1]</sup>[Response options: 0 times, 1 to 2 times, a few times, many times]"</p> <p><b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.</p>   |                                 |                                    |
|   | Age 18+ - CY 2017 - 2018   | 90.6                            |                                    |

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

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

| A.<br>Measure                      | B.<br>Question/Response  | C.<br>Pre-<br>populated<br>Data | D.<br>Supplemental<br>Data, if any |
|------------------------------------|--|---------------------------------|------------------------------------|
| Exposure to<br>Prevention Messages | <b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ?<br><b>Outcome Reported:</b> Percent reporting having been exposed to prevention message. |                                 |                                    |
|                                    | Age 12 - 17 - CY 2017 - 2018   | 85.5                            |                                    |

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

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

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

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

### General Questions Regarding Prevention NOMS Reporting

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

The WV DHHR Management Information Systems (MIS) Data and Technology Team utilizes a Primary Prevention data base to collect Substance Abuse Primary Prevention data from the State's six Regional Prevention Grantees. This system, developed and operated on the Microsoft SharePoint platform, reports both duplicated and non-duplicated counts of persons in a variety of demographic groups, such as age, gender, race and ethnicity. These data are used also used to report back to providers the age, gender, race, ethnicity and type of service provided based on the Institute of Medicines categories and utilization of the Center for Substance Abuse's six primary prevention strategies.

**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.

BBH data collection systems allow for identification of the races and/or multi-racial as a selection option.

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

| Category                               | Total         |
|--|---------------|
| <b>A. Age</b>                          | <b>13,973</b> |
| 0-4                                    | 1,047         |
| 5-11                                   | 6,789         |
| 12-14                                  | 3,122         |
| 15-17                                  | 1,944         |
| 18-20                                  | 17            |
| 21-24                                  | 48            |
| 25-44                                  | 99            |
| 45-64                                  | 9             |
| 65 and over                            | 13            |
| Age Not Known                          | 885           |
| <b>B. Gender</b>                       | <b>13,973</b> |
| Male                                   | 1,759         |
| Female                                 | 4,473         |
| Gender Unknown                         | 7,741         |
| <b>C. Race</b>                         | <b>13,973</b> |
| White                                  | 10,532        |
| Black or African American              | 321           |
| Native Hawaiian/Other Pacific Islander | 21            |
| Asian                                  | 167           |
| American Indian/Alaska Native          | 11            |
| More Than One Race (not OMB required)  | 382           |

|  |               |
|--|---------------|
| Race Not Known or Other (not OMB required) | 2,539         |
| <b>D. Ethnicity</b>                        | <b>13,973</b> |
| Hispanic or Latino                         | 153           |
| Not Hispanic or Latino                     | 12,635        |
| Ethnicity Unknown                          | 1,185         |

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

| Category                               | Total          |
|--|----------------|
| <b>A. Age</b>                          | <b>1339988</b> |
| 0-4                                    | 0              |
| 5-11                                   | 633            |
| 12-14                                  | 624            |
| 15-17                                  | 1872           |
| 18-20                                  | 226            |
| 21-24                                  | 1              |
| 25-44                                  | 570            |
| 45-64                                  | 1649           |
| 65 and over                            | 102            |
| Age Not Known                          | 1334311        |
| <b>B. Gender</b>                       | <b>1339988</b> |
| Male                                   | 182115         |
| Female                                 | 177337         |
| Gender Unknown                         | 980536         |
| <b>C. Race</b>                         | <b>1339988</b> |
| White                                  | 342893         |
| Black or African American              | 2116           |
| Native Hawaiian/Other Pacific Islander | 21             |
| Asian                                  | 800            |
| American Indian/Alaska Native          | 67             |
| More Than One Race (not OMB required)  | 3961           |



|  |                |
|--|----------------|
| Race Not Known or Other (not OMB required) | 990130         |
| <b>D. Ethnicity</b>                        | <b>1339988</b> |
| Hispanic or Latino                         | 1820           |
| Not Hispanic or Latino                     | 267723         |
| Ethnicity Unknown                          | 1070445        |

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

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

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

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Table Not Completed

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

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

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

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

All Statements of Work (SOW's) and contracts include guidelines requiring evidence based practice. Technical Assistance and training is provided by BBH staff for all providers on Evidence Based Programming.

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

Quarterly provider reports collected by BBH.

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

|  | <b>A.<br/>Universal<br/>Direct</b> | <b>B.<br/>Universal<br/>Indirect</b> | <b>C.<br/>Universal<br/>Total</b> | <b>D.<br/>Selective</b> | <b>E.<br/>Indicated</b> | <b>F.<br/>Total</b> |
|--|------------------------------------|--------------------------------------|-----------------------------------|-------------------------|-------------------------|---------------------|
| 1. Number of Evidence-Based Programs and Strategies Funded | 138                                | 120                                  | 258                               | 6                       | 0                       | 264                 |
| 2. Total number of Programs and Strategies Funded          | 138                                | 586                                  | 724                               | 6                       | 0                       | 730                 |
| 3. Percent of Evidence-Based Programs and Strategies       | 100.00 %                           | 20.48 %                              | 35.64 %                           | 100.00 %                |                         | 36.16 %             |

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

**Footnotes:**

## V: Performance Indicators and Accomplishments

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

|                    | Total Number of Evidence-Based Programs/Strategies for IOM Category Below | Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies |
|--------------------|---|--|
| Universal Direct   | Total #<br>243  | \$<br>1,341,743  |
| Universal Indirect | Total #<br>0  | \$<br>0  |
| Selective          | Total #<br>6  | \$<br>33,129   |
| Indicated          | Total #<br>0  | \$<br>0  |
|                    | Total EBPs: 249   | Total Dollars Spent: \$1,374,872.00  |

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

**Footnotes:**

# V: Performance Indicators and Accomplishments

## Prevention Attachments

### Submission Uploads

| FFY 2021 Prevention Attachment Category A: |         |            |
|--|---------|------------|
| File                                       | Version | Date Added |
|  |         |            |

| FFY 2021 Prevention Attachment Category B: |         |            |
|--|---------|------------|
| File                                       | Version | Date Added |
|  |         |            |

| FFY 2021 Prevention Attachment Category C: |         |            |
|--|---------|------------|
| File                                       | Version | Date Added |
|  |         |            |

| FFY 2021 Prevention Attachment Category D: |         |            |
|--|---------|------------|
| File                                       | Version | Date Added |
|  |         |            |

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

**Footnotes:**